

Oregon Expanded Functions – Orthodontic Dental Assisting: EFODA Pathway I



2012 Certificate Application

2012 Application Fees Valid Through December 31, 2012

This application is for dental assistants seeking an Oregon Expanded Functions – Orthodontic Assisting Certificate under Pathway I (see chart on next page). **This pathway allows candidates to apply for a certificate who have graduated from a dental assisting program accredited by the Commission on Dental Accreditation (CODA).**

Certification in Expanded Functions – Orthodontic Assisting (EFODA) is regulated by the Oregon Board of Dentistry (OBD). DANB, under contract with the OBD, administers the certification program, a service that includes providing information regarding exams and certifications, distributing application materials, and issuing certificates.

Instructions:

1. **Complete all items on the application. (Incomplete applications will be returned and the \$40 nonrefundable fee retained.)**
2. **Enclose proof of completion of a CODA-accredited dental assisting program. (See Appendix A for a list of programs.)**
3. **Mail/fax the completed application and enclosed documents to DANB with the \$40 certificate fee. Note: When you provide a check as payment, you authorize DANB to either use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. When DANB uses information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day your payment is received, and you will not receive your check back from your financial institution. A \$25 service fee will be assessed on any check returned for non-payment. Results/certificate will be held until all service fees are received. A candidate cannot schedule any other DANB exams or purchase any DANB materials until all fees are paid.**
5. **DANB will issue your EFODA Certificate within 3-4 weeks of DANB receipt of required documentation.**

Candidate Information

SSN _____ - _____ - _____ CODA School Code (from Appendix A) _____ Date of Completion _____

Name _____

Prior Name, if any _____ (Last) _____ (First) _____ (Middle Name or Initial) Email _____

Address _____ City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Home (____) _____ Cell (____) _____ Fax (____) _____

I work in a: general dental office specialty dental practice other (please specify) _____

I hereby swear (or affirm) that the above application information is correct, I will comply with all policies, and said answers are made for the purpose of inducing DANB to issue a certificate to me based on its standards and those of the OBD. Further, I understand that proof of Oregon Expanded Functions Dental Assistant certification, if earned, will be released to the OBD.

Signature X _____ Date X _____

3884-30
OR-EFODA Cert

FAX your application to: 312-642-8507 <i>Do not fax twice or you will be charged twice!</i>	or MAIL to: DANB 444 N. Michigan Ave., Suite 900 Chicago, IL 60611	QUESTIONS? Call 1-800-367-3262 or go online at www.danb.org
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Select Payment Option

Candidate's Name _____ SSN _____ - _____ - _____

Check/Money Order payable to the Dental Assisting National Board, Inc. or DANB
Checks must include candidate's name the name of the certificate.

3884-30
OR-EFODA Cert

Credit Card Authorization: Allows DANB to charge the credit card account. VISA MC DISC AM EX
Credit Card Number _____ Expiration Date ____/____/____ Amount **\$40.00**

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number(____) _____

By signing, the cardholder acknowledges intent to apply for the aforementioned Certificate in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained shall be used to indicate receipt of purchase.

Oregon Expanded Functions – Orthodontic Dental Assisting: EFODA Pathway I

A. Summary of Pathway Requirements for Expanded Functions – Orthodontic Dental Assisting in Oregon

In order to be certified in Expanded Functions – Orthodontic Dental Assisting in Oregon, a dental assistant must successfully complete **all** of the following requirements in **one** of the following four pathways:

Pathway I

- A. Be a graduate of a CODA-accredited dental assisting program

Pathway II

- A. Pass the DANB Certified Dental Assistant (CDA) Exam or Certified Orthodontic Assistant (COA) Exam
- B. Pass the Oregon Expanded Functions – Orthodontic Dental Assisting Exam (ORXO)
- C. Be endorsed by a licensed dentist/orthodontist on the *Licensed Dentist Endorsement* form as having successfully performed listed functions and submit completed application

Pathway III

- A. Pass the Oregon Basic Dental Assisting Exam (ORB)
- B. Pass the Oregon Expanded Functions – Orthodontic Dental Assisting Exam (ORXO)
- C. Be endorsed by a licensed dentist/orthodontist on the *Licensed Dentist Endorsement* form as having successfully performed listed functions and submit completed application

Pathway IV

- A. Obtain certification by credential. (Contact OBD office at 971-673-3200 for further information.)

See page 4 for a list of CODA-accredited dental assisting programs.

If the program you attended is not on this list and you **do hold** a CDA or COA Certification, you must apply through Pathway II. Call 1-800-367-3262 or visit www.danb.org to request the appropriate application packet.

If the program you attended is not on this list and you **do not hold** a CDA or a COA Certification, you must apply through Pathway III. Call 1-800-367-3262 or visit www.danb.org to request the appropriate application packet.

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Application Statements

Please read the following statements carefully. Candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for the Oregon Expanded Functions – Orthodontic Dental Assisting Certificate. Under penalty of perjury, I declare that the information provided on my application is true.
2. I hereby release DANB, its directors, officers, examiners and agents, from any and all liability arising out of or in connection with any action or omission by any of them in connection with the application, state registration and/or state or national certification process, the failure to issue me an application form and/or certificate (state or national), or any demand for forfeiture or return of such application form and/or certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost, or expense, including attorneys' fees, arising out of or in connection with said application, administration, state registration and/or state or national certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR THE OREGON EXPANDED FUNCTIONS CERTIFICATE RESTS SOLELY AND EXCLUSIVELY WITH DANB, BASED ON CRITERIA ESTABLISHED BY THE STATE OF OREGON, AND THAT THE DECISION OF DANB IS FINAL.

Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the state of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the state of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that, should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation

3. I understand that, except as provided below, this application and any information or material received or generated by DANB in connection with this application or the examination process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB Certifications, including the Certified Dental Assistant (CDA), Certified Preventive Functions Dental Assistant (CPFDA), Certified Orthodontic Assistant (COA), Certified Dental Practice Management Administrator (CDPMA) or Certified Oral and Maxillofacial Surgery Assistant (COMSA) Certifications; any DANB Certificates of Competency, including the Radiation Health and Safety (RHS), Infection Control (ICE), Coronal Polish (CP), Sealants (SE), Topical Anesthetic (TA) and Topical Fluoride (TF) Certificates of Competency; and any state-specific certificates administered by DANB on behalf of a state regulatory body, including the Arizona Radiologic Proficiency Certificate, Arizona Coronal Polishing Certificate, Oregon Radiologic Proficiency Certificate, Oregon Expanded Functions Dental Assistant Certificate and Oregon Expanded Functions Orthodontic Dental Assistant Certificate. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB Certification status, and my city and state of residence. My full address will not be posted online by DANB. I understand that if I do not want DANB to display my city and state of residence as part of the online credential verification process, then I must submit a written request for omission of this information to following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. (I understand that my name, credentials held [issued by DANB as described above] and current DANB Certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.)
4. I understand that by providing my email address on the application form, I am consenting to receive email messages from DANB and its affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any third party without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at <http://www.danb.org/termsandconditions.asp>.



