



Dental Assisting National Board, Inc.
Measuring Dental Assisting Excellence®

This application packet includes applications for the following:

- **Oregon Clinical Radiologic Proficiency (ORCL) exam**
- **Oregon Clinical Radiologic Proficiency (ORCR) certificate – Pathway I**

When applying for a state-specific DANB-administered exam and/or DANB-issued state certificate, you are responsible for reading, understanding and complying with the policies and procedures in the ***State Candidate Handbook***, available at www.danb.org.

DANB accepts 2018 applications through Dec. 31, 2018.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Eligibility Pathways for Clinical Radiologic Proficiency Certificate in Oregon

Certification for Radiologic Proficiency is regulated by the Oregon Board of Dentistry (OBD). The Dental Assisting National Board, Inc. (DANB), under contract with the OBD, administers the Radiologic Proficiency Certificate program, a service that includes providing information regarding exams and certificates, distributing materials, and issuing certificates.

A dental assistant must meet the following requirements to receive a Clinical Radiologic Proficiency Certificate in Oregon:

Pathway I

1. Provide documentation that shows completion of **ONE** of the following:
 - (a) A radiologic proficiency course of instruction at a dental assisting program accredited by the Commission on Dental Accreditation (CODA). (See www.danb.org)
 - (b) A radiology course taught by an OBD-approved radiologic proficiency course provider (See Appendix A).
 - (c) A radiologic proficiency course of instruction, approved by the Oregon Radiation Protection Services (RPS). (See Appendix B)

AND

2. Pass the DANB® Radiation Health and Safety (RHS®) or Certified Dental Assistant™ (CDA®) exam.

AND

3. Pass the Oregon Clinical Radiologic Proficiency exam.

The DANB RHS or CDA exams and the Oregon clinical exam may be taken in **any order**.

Pathway II

- A. Be x-ray certified in another state that has training and certification requirements substantially similar to Oregon's requirements

OR

Obtain verification of competence from a licensed dentist of having been employed for at least 1,000 hours in the past two years as a dental assistant taking radiographs



Apply for Oregon Clinical Radiologic Proficiency certificate from DANB after completing all of the requirements in one the above pathways.

All inquiries regarding DANB exams, certificate, eligibility requirements and requests for certificate applications should be addressed to: DANB at 1-800-367-3262.

All inquiries regarding the state dental practice act should be addressed to: Oregon Board of Dentistry, 1500 SW 1st Ave., Ste. #770, Portland, OR 97201; 1-971-673-3200.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Oregon Clinical Radiologic Proficiency Exam Instructions

Proof of Approved Radiology Course Completion

All candidates must submit proof of approved radiology course completion with their Oregon Clinical Radiologic Proficiency exam application. Acceptable documentation includes:

- Copy of transcript, diploma, radiology course completion certificate
- Signed and dated letter (on letterhead) from a school/course provider verifying completion of the radiology course

Please note that the certificate of knowledge-based competence that is issued by DANB upon passing the Radiation Health and Safety (RHS) exam is not proof of successfully completing an Oregon-Approved radiology course.

FMX Instructions

All candidates have one hour to expose, process (if submitting a conventional full mouth series) **and** mount the radiographic images. An FMX consists of 14 to 18 periapical and 4 bitewing radiographic images. The candidate must be supervised by a qualified instructor, dentist, hygienist or Oregon X-Ray Certified Assistant. No portion may be completed in advance. A maximum of three retakes of individual images in the series are permitted. The retakes must be completed in the one hour permitted for the clinical exam. Only the candidate may determine the necessity of retakes. The radiographic images must be acquired on an adult patient with at least 24 fully erupted teeth. If this criterion is not met, the candidate will automatically fail. **The full mouth series must be submitted to DANB for evaluation within six months after it is taken.**

Conventional Film Submission

Candidates submitting a conventional FMX must expose, develop and mount the full mouth series of radiographs. Candidates must submit actual conventional film-based mounted radiographic images with their application.

- Candidates must use Dual Pac film so a copy can be retained with the patient's records. Radiographic images submitted to DANB will not be returned to the candidate.
- Images must be mounted, secured with transparent tape and marked with the candidate's name and date radiographic images were taken. If a radiographic image slips out of the mount, this results in an automatic fail.
- Pocket mounts are required. Suggestions: EZ-View Clear Pocket or EZ-View Masked Pocket Mounts, 18- to 22-window series, Rinn Corporation, 1-800-323-0970; or AdaMount Radiograph Mounts, 618 to 621 series, Ada ProdCompany, 1-800-471-4411 or www.adaproducts.net. If you speak to a customer service agent, you may be able to obtain sample mounts from these companies. Other brands of pocket mounts will be accepted.

Digital Image Submission

Candidates submitting a digital FMX must first submit a completed exam application to DANB before submitting their digital image. Please note that the candidate must acquire the full mouth series **BEFORE** submitting the exam application to DANB.

- Once the application is received and processed, the candidate will receive instructions by email for electronic submission of the digital image.
- If the digital FMX is not received within 30 days of the application postmark, or the deadline given in the instruction email, the application will be returned as incomplete (and DANB will retain the \$75 nonrefundable application fee).
- **The candidate must submit an 18 to 22 FMX mount in jpeg format that has been exported from the digital imaging software. Screenshots of the FMX or single radiographic images will not be accepted and the application will be returned as incomplete (and DANB will retain the \$75 nonrefundable application fee).**
- DANB must have the candidate's email address on record in order to provide submission instructions. The email must be provided on the ORCL exam application.

Incomplete Exam Applications

It is the responsibility of the candidate to ensure the application is complete. If an application is incomplete, a letter indicating the reasons for the incomplete application will be sent to the candidate and the payer (if different). A refund for the exam fee, minus any stated nonrefundable fees, will be sent within 30 days of notice of the incomplete application. Refunds will be made only to the payer.

An exam application is considered incomplete for reasons including but not limited to:

- Missing information (e.g., candidate and/or payment information)
- Appropriate documentation is not enclosed
- No date or signature
- Insufficient payment
- Expired exam application
- The candidate did not submit actual conventional radiographs with their application OR
- The candidate submitted a screenshot of the FMX or single digital radiographic images instead of a single 18 to 22 FMX mount in jpeg format that has been exported from the digital imaging software. Screenshots of the FMX and single digital radiographic images will not be accepted OR
- Candidate did not submit digital FMX within 30 days of the application postmark date

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Fair Testing Policy

DANB does not discriminate on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation or disability.

DANB seeks to ensure a fair and equitable testing experience for all individuals while ensuring the security and reliability of the process. Improper behavior is not acceptable before, during or after an exam appointment, and each candidate's behavior is monitored during testing. Consequences of improper behavior may include invalidation of exam results and/or revocation of ability to take future exams. For examples of improper behavior, see DANB's Disciplinary Policy & Procedures, available at www.danb.org.

Official Exam Results

Each candidate will be notified by DANB in writing of his/her Oregon Clinical Radiologic Proficiency exam results. Results are mailed within three to four weeks after the full mouth radiographic series is received by DANB for evaluation. Exam results and certificates that are returned because of an undeliverable address will be held for 90 days after the exam results were mailed. DANB will call the candidate to request a new mailing address. After the 90 days expires, the candidate must submit a *Request for a Duplicate Exam Results* form and/or a *Request for a Duplicate Certificate* form with a \$50 fee for each request.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Application Statements

Please read the following Application Statements carefully. These statements apply to all DANB state exams.
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 examination by DANB and issuance to me of a certificate and issuance of my certificate to the Oregon Board of Dentistry (OBD), in accordance with and subject to the procedures and regulations of DANB and the OBD. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet covering eligibility for and the exam and DANB policies, including but not limited to the DANB Code of Professional Conduct. I agree to disqualification from the exam and return to DANB of any results granted me by the OBD based on DANB exam results in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or regulations. I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my credentials or professional standing.
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 this application, the certification process, any exam given by DANB, any scoring relating thereto, the failure to issue me a certificate, or any demand for forfeiture or return of such 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 certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR A NATIONAL CERTIFICATION OR CERTIFICATE OF KNOWLEDGE-BASED COMPETENCE RESTS SOLELY AND EXCLUSIVELY WITH DANB 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 exam 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, any DANB certificates of knowledge-based competence, and any state-specific certificates administered by DANB on behalf of a state regulatory body. 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 further understand and agree that DANB may, from time to time, provide my name, address and phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the 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 official 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 other 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 www.danb.org.
5. I authorize DANB to release my exam results to state regulatory agencies. Individuals cannot opt out of DANB release of exam results to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior during the administration of or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including rescinding exam results and denying or revoking certification.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

2018 ORCL Exam Application

This application will be accepted through Dec. 31, 2018.

1. Candidate must sign, date and submit all required documentation and fees to DANB.
Incomplete applications will be denied and a refund minus the \$75 nonrefundable processing fee will be issued.
2. Mail or fax completed application and supporting documentation to DANB. Full payment is required at the time of application.

Section A: Film Submission Information

I am submitting a (only select one):

- Conventional film-based full mouth series Digital full mouth series

Section B: Signature and Date (Please sign and date with a pen.)

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the application fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the exam; and I herewith enclose the fee. I hereby agree that prior or subsequent to examination, the OBD or DANB may investigate my eligibility and may refuse to issue the exam results and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.

Signature Date

Section C: Candidate Information (Please type or print with a pen.)

Last Four SSN Date of Birth / /

Name (must match current ID exactly):

Last First Middle Name/Initial

Prior Name (if applicable) Email

Home Address City State Zip

Phone Numbers:

Office Home Cell

Section D: Eligibility Requirements

CODA-Accredited Program Code (see www.danb.org)

OR-CL 3886

Oregon Approved-Radiography Course Code (see Appendix):

Section E: Payment (Please type or print with a pen.)

Candidate's Name

Check/Money Order payable to DANB (must include candidate's name and be in US dollars)

OR-CL 3886

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount **\$200.00**

Credit Card Number CVV Expiration /

Cardholder's Name

Cardholder's Billing Address City

State Zip Daytime Phone Number

Cardholder's Signature

By signing, the cardholder acknowledges intent to register for the aforementioned DANB exam 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 at the exam administration shall be used to indicate receipt of purchase. A candidate who fails to show up for the exam for which he/she registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the *Application Statements* for further requirements.)

Mail: DANB • 444 N. Michigan Ave., Suite 900 Chicago, IL 60611
Questions? 1-800-367-3262 or www.danb.org

Fax: 1-312-642-8507

Do not submit twice or you will be charged twice.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

2018 Oregon Patient Consent and Prescription Form

This form will be accepted through Dec. 31, 2018.

1. Section B must be filled out by the patient.
2. Section C must be completed by the licensed dentist prescribing the radiographs. It is permissible to attach a dentist prescription form with this application in lieu of completing Section B below. However, all the information included in Section B must also be on the prescription form, or this exam application will be denied as incomplete.

All information in sections must be complete, or this exam application will be denied as incomplete.

Section A: Candidate Information

Candidate Name

Section B: Patient Consent

Patient Name Patient Phone

I consent to be exposed to at least 14 periapical and 4 bitewing radiographs. I understand that these radiographs will be taken by a student as a clinical examination for an Oregon Radiologic Proficiency Certificate requirement. I am also 18 years old or older.

Signature Date

Section C: Prescription for a Radiographic Full Mouth Series

Dentist Name

License Number Phone

I prescribe for (insert patient's name) 14 to 18 periapical and 4 bitewing radiographs. **Note: If submitting a conventional film-based full mouth series, the candidate must use DUAL PAC film so that a copy may be retained with the patient's records. Radiographic images submitted to DANB will not be returned to the candidate.**

Signature Date

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

2018 Instructor Consent and Full Mouth Series Details

This form will be accepted through Dec. 31, 2018.

Exam Overview

Candidates must expose and mount a full mouth series of radiographs within an hour. A full mouth series consists of 14 to 16 periapical and 4 bitewing radiographs.

The patient must be 18 years of age or older and have at least 24 fully erupted teeth. No portion of the exam may be completed in advance. The candidate must be supervised by a qualified instructor, dentist, hygienist or Oregon X-ray Certified Assistant. A maximum of three (3) retakes of radiographic images in the series are permitted. The retakes must be completed in the one hour permitted for this clinical exam. Only the candidate may determine the necessity of the retakes. The FMX must be submitted for evaluation within six months after it is taken.

Conventional Radiographic Images

DANB retains all radiographic images. Candidates must use DUAL PAC film so that a copy can be retained with the patient's records. Radiographic images must be mounted, secured with transparent tape and marked with candidate's name and the date radiographic images were acquired. The candidate has one hour to expose, process and the mount the images.

Digital Radiographic Images

The candidate has one hour to expose and mount the radiographic images. Candidate will be provided instructions on submission **AFTER** application is submitted to and processed by DANB.

Section A: Certification of Instructor

Instructor/Oregon-Approved Course Provider Name

ADA/CERP Program Name or OBD/RPS-Approved Instructor Permit Number

Dentist/Hygienist/Oregon X-Ray Certified Assistant Name

(The dentist, hygienist or Oregon X-ray Certified Assistant must attach a copy of license or X-ray Certificate or this application is incomplete.)

Phone

Conventional Radiographic Images - I certify that the candidate below exposed and developed a full mouth series of radiographic images in accordance with the instruction above.

Digital Radiographic Images - I certify that the candidate below exposed a full mouth series of radiographic images in accordance with the instructions above.

Signature

Date

Section B: Exam Information

Candidate Name

Date of Exam

1. My FMX has (REQUIRED):

- 14 periapicals and 4 bitewings
- 16 periapicals and 4 bitewings
- 18 periapicals and 4 bitewings

2. Radiographic images are mounted (REQUIRED):

- Lingual view (All images are mounted with the raised dot away from the observer.)
- Buccal view (All images are mounted with the raised dot toward the observer.)

3. Using the universal numbering system, list the tooth numbers of missing teeth, if any:

4. Anatomic Factors:

If this patient exhibits any of the following factors that may affect the evaluation of this full mouth series of radiographic images, check those that apply.

- | | |
|--|--|
| <input type="checkbox"/> Crowded dentition | <input type="checkbox"/> Short frenum |
| <input type="checkbox"/> Narrow arch | <input type="checkbox"/> Large maxillary tori |
| <input type="checkbox"/> Shallow palate | <input type="checkbox"/> Large mandibular tori |
| <input type="checkbox"/> Shallow floor | <input type="checkbox"/> Excessive root resorption |

5. Please specify the name of the software you used to expose the radiographs (Digital Candidates Only):

I certify that I have taken the full mouth series of radiographs unassisted and that I have retaken no more than three (3) radiographic images, within the one hour allotted for the clinical examination. I further certify that I have not allowed anyone to review or evaluate my radiographs prior to sending them to the Dental Assisting National Board, Inc. (DANB).

Signature

Date

Mail: DANB • 444 N. Michigan Ave., Suite 900 Chicago, IL 60611
Questions? 1-800-367-3262 or www.danb.org

Fax: 1-312-642-8507
Do not submit twice.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

2018 ORCR Certificate Application – Pathway I

This application will be accepted through Dec. 31, 2018

1. Candidate must sign, date and submit all required documentation and nonrefundable certificate fee to DANB.
Incomplete applications will be denied.

OR-CR Certificate
3884c10

2. Mail or fax completed application and supporting documentation to DANB. Full payment is required at the time of application.

Section A: Signature and Date (Please sign and date with a pen.)

I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB and OBD policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the certificate fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the certificate. I hereby agree that prior or subsequent to issuance, the OBD or DANB may investigate my eligibility and may refuse to issue the certificate and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the certificate fee accompanying the application.

Signature Date

Section B: Candidate Information (Please type or print with a pen.)

SSN -- --

Name (must match current ID exactly):

Last First Middle Name/Initial

Prior Name (if applicable) Email

Home Address City State Zip

Phone Numbers:

Office Home Cell

Section C: Payment (Please type or print with a pen.)

Candidate's Name

OR-CR Certificate
3884c10

Check/Money Order payable to DANB (must include candidate's name and be in US dollars)

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount **\$50.00**

Credit Card Number CVV Expiration /

Cardholder's Name

Cardholder's Billing Address City

State Zip Daytime Phone Number

Cardholder's Signature

By signing, the cardholder acknowledges intent to register for the aforementioned DANB exam 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 at the exam administration shall be used to indicate receipt of purchase. A candidate who fails to show up for the exam for which he/she registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the *Application Statements* for further requirements.)

Mail: DANB • 444 N. Michigan Ave., Suite 900 Chicago, IL 60611
Questions? 1-800-367-3262 or www.danb.org

Fax: 1-312-642-8507
Do not submit twice or you will be charged twice.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Appendix A: Oregon Board of Dentistry Approved Radiologic Proficiency Course Providers

Please use the information below to locate the DANB program code for the Oregon Board of Dentistry (OBD)-approved radiologic proficiency course you completed. The purpose of the list is only to provide exam candidates with the DANB program code needed to complete certain DANB exam applications. Although DANB makes every effort to ensure the accuracy of this list, it should not be used to determine the current OBD acceptance of a course. Any inquiries into the OBD course status of a radiologic proficiency course should be directed to OBD at 1-971-673-3200.

Program Code	Company/School/Individual Name	City	State	Phone/Website	Approval Issued	Approval Expires
6002	Maria J. Corona	Vancouver	WA	360-574-6351	09/07/1999 2/1/2012	9/7/2011 2/1/2018
6003	Cathy J. Taylor	Bend	OR	541-259-1354	5/28/1999	5/28/2019
6007	Deborah Davies, RDH	Bend	OR	541-382-5001	10/18/1999	10/18/2019
6008	Bonnie Marshall	Battleground	WA	360-687-7764	11/2/1999	11/2/2019
6012	Juliana Panchura, DMD	Bend	OR	541-771-1765	11/29/1999 3/18/2013	11/21/2011 3/18/2019
6013	Mary Davidson, RDH	The Dalles	OR	541-298-1105	4/29/1999	4/29/2019
6015	James Tyack, DMD	Clatskanie	OR	503-728-2114	12/20/1999	12/20/2019
6016	Susan Daniels, RDH	Klamath Falls	OR	541-882-7372	3/17/2010 1/24/2014	3/17/2012 1/24/2018
6018	Jan Landis	Wilsonville	OR	503-240-4051	03/12/2004 07/03/2017	09/07/2015 07/03/2019
6027	Tamara Maahs, RDH	Springfield	OR	541-741-3044	4/11/2000	4/11/2018
6028	Michelle Cummins, RDH	Springfield	OR	541-746-3980	4/11/2000	4/11/2018
6030	Bradley E. Johnson, DMD	Bend	OR	541-389-1107	4/17/2000	4/17/2018
6040	Megan Dean	Klamath Falls	OR	541-885-5578	1/7/2009 2/21/2014	1/7/2013 2/21/2018
6054	Lynnette (Page, Cox) George	Corbett	OR	503-695-5356	8/30/2001	8/30/2019
6068	Robert Felthousen	Medford	OR	541-956-7147	12/13/2010 9/8/2017	12/13/2016 9/8/2019
6069	Jacquelynn S. Ford	Sedro Woolley	WA		7/8/2002	7/8/2018
6073	Debra Silva	Jacksonville	OR	541-899-8411	09/20/2002 1/16/2015	09/20/2014 1/16/2019
6074	Deborah Bishop, RDH	Klamath Falls	OR	541-884-4550	12/5/2002	12/5/2018
6076	Darcy McCrea	Boring	OR	503-256-8572	1/7/2003	1/7/2019
6084	Mary (Daugherty) Elliott	Happy Valley	OR	503-789-6120	6/7/2004 4/27/2010	6/7/2006 4/27/2018
6088	Sandhya Susnjara, DMD	Happy Valley	OR	503-698-8613	5/9/2005	5/9/2019
6095	Jay B. Wettstein, DMD	Ontario	OR	541-889-6666	01/06/2006 5/5/2015	01/06/2012 5/5/2019
6097	Jenifer Plummer	Gold Beach	OR	541-698-6064	2/22/2006 7/31/2015	2/22/2014 7/31/2017
6103	Sharon Poynter	Portland	OR	503-706-3669	5/31/2006	5/31/2016
6106	Robert Meharry, DDS	Hermiston	OR	541-567-3321	5/31/2006	5/31/2018
6108	Janet Siminoe	Klamath Falls	OR	541-892-2076	6/28/2006 7/31/2015	6/28/2014 7/31/2017
6115	Niani Jones	Vancouver	WA	360-200-5427	02/07/2007 1/6/2014	02/07/2009 1/6/2018
6120	Sharen Strong, DMD	Bandon	OR	541-347-5555	08/08/2007 06/21/2013	08/08/2009 06/21/2019
6121	Brent Bakken, DDS	Hermiston	OR	541-289-1020	8/24/2007	8/24/2017
6122	Eric Dahle, DMD	Ontario	OR	541-881-1794	8/24/2007	8/24/2017
6123	Teresa (Miller) Dean	Grants Pass	OR	541-941-8735	9/14/2007 3/21/2012	9/14/2011 3/21/2018
6127	Merry H. Farley	Keno	OR	541-273-7457	12/21/2007 8/19/2014	12/21/2009 8/19/2018
6128	Sheri Hankel	Astoria	OR	503-325-2131	1/8/2008	1/8/2018
6133	Robbin D. Burns	Vancouver	WA	360-546-0705	5/25/2011	5/25/2019
6140	Megan Dean	Klamath Falls	OR		2/21/2014	2/21/2018

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Appendix A: Oregon Board of Dentistry Approved Radiologic Proficiency Course Providers Continued

Program Code	Company/School/Individual Name	City	State	Phone/Website	Approval Issued	Approval Expires
6145	Nancy Anderson	Ontario	OR	541-889-3837	2/18/2010 8/19/2014	2/18/2014 8/19/2018
6152	Veronica Knitter	Grants Pass	OR	541-955-2933	3/16/2011	3/16/2019
6155	Jillian Lomax	Salem	OR	503-984-2630	05/25/2011 05/05/2017	05/25/2013 05/05/2019
6157	Lori A. Ross	Camas Valley	OR	541-884-5833	7/26/2011	7/26/2017
6165	Donna Helm	Gresham	OR	503-667-4978	6/4/2012	6/4/2018
6166	Brandy LaPlante, RDH	Sixes	OR	541-253-1060	7/22/2012	7/22/2018
6168	Nicole Noonan	Portland	OR	503-281-4181	5/3/2012	5/3/2018
6169	Richard C. Dowling, DMD	Bandon	OR	541-347-4461	7/22/2012	7/22/2018
6170	Sabrina L. Coley, RDH	Ontario	OR	208-405-9411	8/22/2012	8/22/2018
6172	Magda D'Angelis-Morris, DMD	Gladstone	OR	971-235-2852	9/20/2012 02/5/2015	9/20/2014 2/5/2019
6173	Amy Elder	Eugene	OR	541-606-3438	10/10/2012 01/16/2015	10/10/2014 1/16/2019
6174	Brad A. Chvatal, DMD	Eugene	OR	541-683-8490	10/10/12 03/04/16	10/10/14 03/04/18
6177	Cassie Jo Dresser	Albany	OR	541-981-0433	12/20/2012	12/20/2018
6179	Cris Houser, RDH	Eugene	OR	541-484-0974	2/26/2013	2/26/2019
6180	Terra Hoy, RDH	Cottage Grove	OR	541-767-3881	4/26/2013	4/26/2019
6182	Shauna Pier, DDS	Mt. Angel	OR	503-845-6891	5/7/2013	5/7/2019
6183	Izmene A. Velderrain- Torres	Salem	OR	503-586-4421	6/21/2013	6/21/2017
6186	Tricia A. Ray, DMD	Salem	OR	503-363-1661	7/26/2013	7/26/2019
6188	Maryann Boss, R.D.H.	Lebanon	OR	541-513-1182	8/15/2013 12/24/15	8/15/2015 12/24/2017
6191	Adam Kirkpatrick, DDS	Lebanon	OR	541-259-2225	9/12/2013	9/12/2017
6194	Brittany Summers	Springfield	OR	541-285-0575	10/22/2013	10/22/2017
6195	John McDonald, DMD	Salem	OR	503-585-5400	12/11/2013	12/11/2017
6196	Keith Kano DDS	Coos Bay	OR	541-267-2329	12/11/2013	12/11/2017
6197	Brice Chang, DDS	Camas	WA	541-254-1147	12/11/2013	12/11/2017
6198	Travis R. Schuller, DMD	Canyon City	OR	541-670-4572	12/24/2013 09/26/2016	12/24/2015 09/26/2018
6199	Cole R. Johnson, DMD	Salem	OR	503-967-6665	12/24/2013	12/24/2017
6200	Lindsay Campbell, RDH	Payette	ID	208-447-7879	1/8/2014 7/15/2016	1/8/2016 7/15/2018
6701	Marilee Tennant, RDH	Eugene	OR	541-619-4869	3/12/2014	3/12/2018
6702	Kassi Bonyge	Eugene	OR	541-510-3745	3/12/2014	3/12/2018
6703	David Underwood, RDH	North Bend	OR	541-756-5490	3/20/2014	3/20/2018
6704	Richard Leong, DDS	Medford	OR	541-773-3703	4/29/2014	4/29/2018
6706	Mercedes Del Valle, DDS	Eugene	OR	541-954-1249	5/29/2014	5/29/2018
6708	Kari J. Hiatt	Portland	OR	503-853-6705	9/12/2014	9/12/2018
6709	Abel Ahumada Alaniz, DMD	Portland	OR	503-262-1996	9/12/2014	9/12/2018
6712	JaNae Jamison, RDH	Portland	OR	503-327-4777	8/19/2014	8/19/2018
6715	Amy M. Anderson, RDH	Coos Bay	OR	541-294-7025	3/12/2015	3/12/2019
6717	Edward E. Ward, DMD	Portland	OR	503-285-5307	3/26/2015	3/26/2019
6718	John D. Miller, DDS	Salem	OR	503-581-1569	3/26/2015	3/26/2019
6719	Aurora A. Mondragon	Hood River	OR	541-380-0575	4/21/2015	4/21/2019
6720	Alexandria Dewey	Tigard	OR	503-547-5508	5/5/2015	5/5/2019
6723	The Dale Foundation: DANB RHS Review			http://www.dalefoundation.org/	6/25/2015	None
6724	Helen L. Massar, RDH	Portland	OR	503-267-6502	10/7/2015	10/7/2017

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Appendix A: Oregon Board of Dentistry Approved Radiologic Proficiency Course Providers Continued

Program Code	Company/School/Individual Name	City	State	Phone/Website	Approval Issued	Approval Expires
6725	Jaymi S. Nichols, RDH	Eugene	OR	541-484-4740	10/7/2015	10/7/2017
6726	Tracee A. Godfrey	Vancouver	WA	360-433-0788	10/7/2015	10/7/2017
6727	Kristin Whitney	Vancouver	WA	360-433-0788	10/7/2015	10/7/2017
6728	Anna Marie Lopez	Portland	OR	503-760-2823	10/28/2015	10/28/2017
6729	Desirie Mezzanato	Tualatin	OR	503-980-5144	10/28/2015	10/28/2017
6730	Jennifer Freeman	Reedsport	OR	541-662-6028	12/16/2015	12/16/2017
6731	Valerie Maser	Portland	OR	503-760-2823	12/16/2015	12/16/2017
6732	Hannah Rich, RDH	Portland	OR	971-277-8989	12/24/2015	12/24/2017
6733	Tiffany Mahikoa, RDH	Coos Bay	OR	503-953-4659	1/21/2016	1/21/2018
6734	Tanya Stewart	Portland	OR	503-281-4181	4/4/2016	4/4/2018
6735	Kathy Withrow	Portland	OR	503-281-4181	5/9/2016	5/9/2018
6736	Sheila Braack, RDH	Roseburg	OR	541-784-5661	5/19/2016	5/19/2018
6737	Travis R. Schuller, DMD	Madras	OR	541-620-0632	9/26/2016	9/26/2018
6738	Michelle P. Stafford, DDS	Portland	OR	503-626-9700	9/26/2016	9/26/2018
6739	Frances C. Post, RDH	Florence	OR	541-912-2955	10/5/2016	10/5/2018
6740	Lisa M. Bryant	Bend	OR	925-667-6112	10/17/2016	10/17/2018
6741	Lisa McGarity	Grants Pass	OR	541-479-5505	10/17/2016	10/17/2018
6742	John P. Waschak, DDS	Grants Pass	OR	541-476-8383	12/14/2016	12/14/2018
6743	Angela Bernal	Medford	OR	541-531-8176	12/14/2016	12/14/2018
6744	Christopher M. Scheuerman, DMD	Vernonia	OR	503-429-0880	10/05/2007 02/17/2017	10/05/2013 02/17/2019
6745	Cristina Rust, DMD	Portland	OR	503-646-1811	2/23/2017	2/23/2019
6746	Gita Yitta, DMD	Central Point	OR	917-645-2901	3/14/2017	3/14/2019
6747	Melinda Bentley, RDH	Prineville	OR	541-699-8819	4/7/2017	4/7/2019
6748	Nazira Sharkhmanova	Vancouver	WA	360-521-1414	4/7/2017	4/7/2019
6749	Dana J. Triplitt	Portland	OR	817-360-7848	4/25/2017	4/25/2019
6750	Claudia Sandivel Perez, RDH	Bandon	OR	206-778-7696	5/22/2017	5/22/2019
6751	Porscha Boyd, RDH	Coos Bay	OR	541-404-3932	6/9/2017	6/9/2019
6752	Heather Hampton	Coos Bay	OR	541-232-8839	7/3/2017	7/3/2019
6753	Robert Carr, DMD	Umatilla	OR	541-571-3888	7/3/2017	7/3/2019
6754	Rian Henderson	North Bend	OR	541-756-1117	7/3/2017	7/3/2019
6755	Natalie Jacobs Batman	Portland	OR	360-907-2554	7/3/2017	7/3/2019
6756	James B. Nelson, DDS	McMinnville	OR	503-472-1159	9/1/2017	9/1/2019
6757	Dennis Perala, DMD	Bend	OR	541-383-0754	9/21/2017	9/21/2019
6758	Peter M. Yonan, DMD	Bend	OR	541-383-0754	9/21/2017	9/21/2019
6759	Travis J. Hunsaker, DDS	Salem	OR	503-363-2536	10/16/2017	10/16/2019
6760	Todd Schroeder, DDS	Milton-Freewater	OR	541-938-0400	10/18/2017	10/18/2019

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Appendix B: Oregon Radiation Protection Services Approved Radiologic Proficiency Course Providers

Please use the information below to locate the DANB program code for the Oregon Radiation Protection Services (RPS)-approved radiologic proficiency course you completed. The purpose of the list is only to provide exam candidates with the DANB program code needed to complete certain DANB exam applications. Although DANB makes every effort to ensure the accuracy of this list, it should not be used to determine the current RPS acceptance of a course. Any inquiries into the RPS course status of a radiologic proficiency course should be directed to RPS at 1-877-290-6767.

Program Code	Company/School/Individual Name	City	State	Phone
6202	Anthem College	Beaverton	OR	(503) 906-9028
6203	Career School of Dental Assisting	Central Point	OR	(541) 779-2647
6204	The Center for Advanced Learning	Gresham	OR	(360) 576-8784
6205	Mt. Hood Community College	Gresham	OR	(503) 491-6422
6206	The Oregon Academy of Dental Assisting	Eugene	OR	(541) 688-3856
6301	Concorde Career College/San Bernardino	San Bernardino	CA	(909) 884-8891
6303	Western Career College/Sacramento	Sacramento	CA	(800) 321-2386
6304	North West College	Pomona	CA	(919) 623-1552
6307	The Academy of Professional Careers	Boise	ID	(208) 672-9500
6308	Rio Salado Community College	Tempe	AZ	(480) 517-8533
6400	Central County Occupational Center	San Jose	CA	(408) 723-6400
6401	North Valley Occupational Center	Van Nuys	CA	(818) 365-9645
6402	Dental Assisting Services of New Jersey	Farmingdale	NJ	(732) 919-1816
6403	University of Jordan	Amman, Jordan		
6404	Mission Trails Regional Occupational Program	Salinas	CA	(831) 753-4209
6405	Dental Professionals of California	Canyon County	CA	(661) 252-2152
6409	Carrington College - Portland	Portland	OR	
6411	Practical Dental Assisting of Oregon, LLC	Corvallis	OR	(541) 760-8259
6412	Cascadia Career Institute	Vancouver	WA	
6414	Mohave Community College	Bullhead City	AZ	(928) 758-3926
6416	Bryman College	San Jose	CA	(408) 557-9855
6418	Milan Institute (Academy of Prof. Careers)	Boise	ID	
6419	Carrington College – Boise	Boise	ID	(208) 377-8080
6424	Caliber Training Center	New York	NY	
6425	Mandi The College of Allied Health	New York	NY	
6426	Allied Medical Institute	Eugene	OR	
6428	The Columbia George Community College	The Dalles	OR	
6432	Certified Dental Careers, LLC	Lake Oswego	OR	
6433	Willamette Valley Dental Assisting School	Salem	OR	
6434	Corinthian College. dba Ashmead College	Tigard	OR	
6435	Oregon Institute of Technology	Klamath Falls	OR	(541) 885-1808
6444	Baylor College of Dentistry	Dallas	TX	
6445	Cascade Job Corps Center	Sedro-Woolley	WA	
6446	Carrington College - Spokane	Spokane	WA	(509) 532-8888
6447	Pima Medical Institute	Seattle	WA	
6448	National School of Dental Assisting	Camas	WA	(360) 882-9595
6451	Clark College	Vancouver	WA	(360) 699-6398
6452	Daymar Institute	Clarksville	TN	(931) 552-7600
6453	Kaplan College	Sacramento	CA	(916) 649-8168
6454	Charter College - Pasco	Pasco	WA	(509) 546-3900

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Appendix B: Oregon Radiation Protection Services Approved Radiologic Proficiency Course Providers Continued

Program Code	Company/School/Individual Name	City	State	Phone
6455	Charter College - Vancouver	Vancouver	WA	(360) 448-2000
6456	Everest College - Portland	Portland	OR	(503) 222-3225
6457	Simi Valley Adult School and Career Institute	Simi Valley	CA	(805) 579-6200
6458	Carrington College - Mesa	Mesa	AZ	(480) 717-3546
6459	Northshore Dental Assisting Academy	Kenmore	WA	(425) 408-9400
6460	Summit Career College	Colton	CA	(909) 422-8950
6461	Pima Medical Institute	Mesa	AZ	(480) 644-0267
6462	College of Southern Nevada	Las Vegas	NV	(702) 651-5000
6463	OHSU Dental School	Portland	OR	(503) 494-8857
6464	Klamath Community College	Klamath Falls	OR	(541) 880-2235
6465	Elite Dental Assisting Academy	Vancouver	WA	
6466	Pima Medical Institute	Colorado Springs	CO	
6467	Lyceum-Northwest University	Pangasinan, Philippines		
6505	Concorde Career College	Portland	OR	(503) 281-4181

Oregon RPS-Approved Dental Radiography Courses (Located at, but not CODA-accredited dental assisting programs)

Program Code	Company/School/Individual Name	City	State	Phone
6500	Blue Mountain Community College	Pendleton	OR	(541) 276-1260
6501	Central Oregon Community College	Bend	OR	(541) 383-7701
6502	Chemeketa Community College	Salem	OR	(503) 399-5265
6503	Portland Community College	Portland	OR	(503) 977-4236
6504	Linn-Benton Community College	Albany	OR	(541) 917-4811
6507	Lane Community College	Eugene	OR	(541) 463-5617
6508	Bridgerland Applied Technology College	Logan	UT	(435) 753-6760

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Application Checklist

Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Oregon and DANB rules, regulations, policies and procedures as noted in this application packet? (See *Application Statements*, p.6)
- Enclosed a completed exam application, including:
 - Candidate Information section completed in its entirety (email address must be provided if submitting a digital full mouth series)?
 - Signature and date?
 - Enclosed completed *Patient Consent and Prescription Form*?
 - Enclosed completed *Instructor Consent and Full Mouth Series Details* form?
 - Proof of completion of a course of instruction in radiology?
 - A full mouth series of radiographic images that were taken within 6 months (conventional candidates only)
 - FMX is secured with transparent tape and properly labeled (conventional candidates only)
- Enclosed completed certificate application?
- Enclosed the exam and/or certificate fee or provided credit card information?
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be faxed?

Mail to:

Dental Assisting National Board, Inc. (DANB)
444 N. Michigan Ave., Suite 900
Chicago, IL 60611

Fax credit card payments only to:

DANB
1-312-642-8507

If you have not:

- completed the application in full,
- enclosed, signed and dated your application, and
- provided payment (check, money order, cashier's check) or payment information (credit card)

your application will be considered incomplete and will not be processed.

Incomplete exam applications will be denied and a refund minus the \$75 nonrefundable application fee will be issued.

Incomplete certificate applications will be denied and the \$50 nonrefundable certificate fee will be retained by DANB.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Evaluation Criteria

RATING	IMAGE CONTRAST, DENSITY and SHARPNESS	IMAGE COVERAGE	
		PERIAPICALS	BITEWINGS
DIAGNOSTIC	Standard illumination permits differentiation among the various structures of the teeth, the periodontal ligament spacings, the support bone, and normal anatomic landmarks.	The exposure must depict a minimum of 1 mm completely surrounding each crown and a minimum 2 mm beyond the periodontal ligament, depicted together with interproximal alveolar crests, contact areas and surrounding bone regions, including any edentulous areas. To better expose the apex, have the patient bite down all the way on the bite block. The exposure must also depict at least 4 mm past the second molar areas.	The posterior interproximal contacts are open and 2 mm of alveolar crest are visible. The occlusal plane is centered on the radiographic image.
MARGINAL	Differentiation among the various structures of the teeth, the periodontal ligament spacings, the supporting bone and anatomic landmarks requires special viewing illumination: Radiographic image density is excessive or insufficient OR contrast is excessive or insufficient OR image details are inadequate, but other radiographic images in the series allow interpretation of the regions in question.	The exposure must depict between 0 and 1 mm completely surrounding each crown, and all crowns must be visible. There must be between 0 and 2 mm beyond the periodontal ligament, depicted together with interproximal alveolar crests, contact areas and surrounding bone regions, including any edentulous areas. To better expose the apex, have the patient bite down all the way on the bite block. The exposure must also depict between 0 and 4 mm past the second molar areas.	Overlapped interproximal areas of the cementoenamel junction are acceptable, provided this area can be viewed on some other radiographic image. The occlusal plane is not centered on the image, but the interproximal areas and less than 2 mm of alveolar crest are visible.
NON-DIAGNOSTIC	For interpretation of possible pathologic changes in the dentition and/or the surrounding bone. Radiographic image density is inadequate OR radiographic image contrast is inadequate OR image detail is inadequate.	Radiographic image coverage is insufficient to diagnose pathologic changes in the interproximal, periradicular and/or retromolar regions, OR full mouth series is incomplete.	Radiographic image coverage is insufficient to diagnose pathologic changes in the interproximal regions, OR full mouth series is incomplete.

Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Evaluation Criteria Continued

RATING	IMAGE DEFECTS	TECHNICAL ERRORS	MOUNTING
DIAGNOSTIC	Images of all teeth and other structures are shown in proper relative size and contour, with minimal distortion.	Radiographic images are free from cone cuts, evidence of patient movement and extraneous artifacts.	Either all radiographic images are mounted with the raised dot toward the observer (buccal view) OR all radiographic images are mounted with the raised dot away from the observer (lingual view). All radiographic images are mounted in the correct position.
MARGINAL	Images of some teeth and other structures are slightly distorted (foreshortened or elongated), but the full mouth series provides sufficient diagnostic information.	When present, cone cuts, processing errors, evidence of patient movement and extraneous artifacts do not prohibit differentiation among the various structures of the teeth, periodontal ligament spacings, the supporting bone and anatomic landmarks.	Not applicable.
NON-DIAGNOSTIC	Images of teeth and other structures are distorted to the extent the interpretation of normal structures compared to pathologic changes is not possible.	Radiographic images exhibit cone cuts, evidence of patient movement or extraneous artifacts, to the extent that the radiographic images are rendered non-diagnostic.	Radiographic images are mounted incorrectly (buccal and lingual views mixed OR radiographic images mounted in incorrect positions).

Evaluation Process

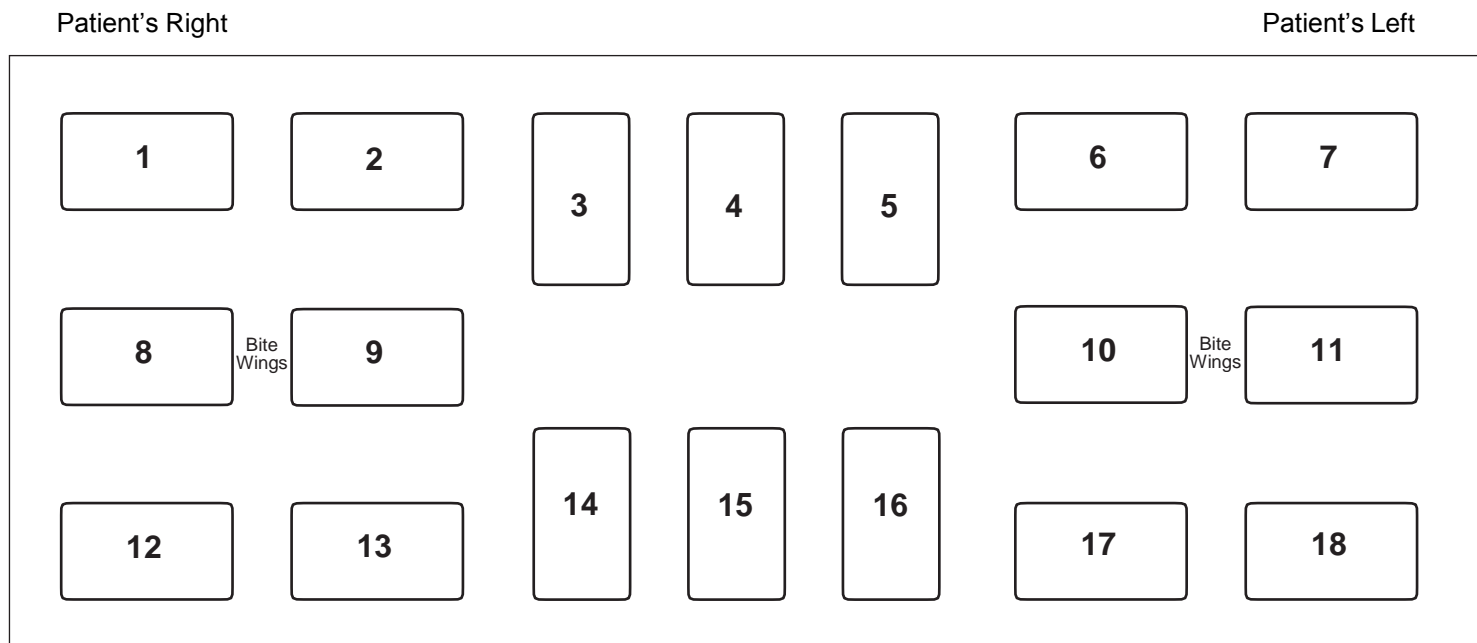
Each full mouth series will be evaluated by one trained judge, based on the enclosed evaluation criteria. **If the patient criteria are not met, or if the radiographic images have slipped out of the mount, the candidate automatically fails.**

DANB Evaluators must determine that the candidate's full mouth series is diagnostically acceptable, based on the evaluation criteria, in order for the candidate to pass the exam. If anatomical data are missing from a radiographic image but can be observed on an adjacent image, the full mouth series will be considered marginal and not non-diagnostic. If there are any radiographic images that are non-diagnostic (do not allow for diagnosis and the missing anatomical data cannot be observed on another image and therefore would require a retake of the image), this full mouth series will be considered non-diagnostic and the candidate will fail the exam.

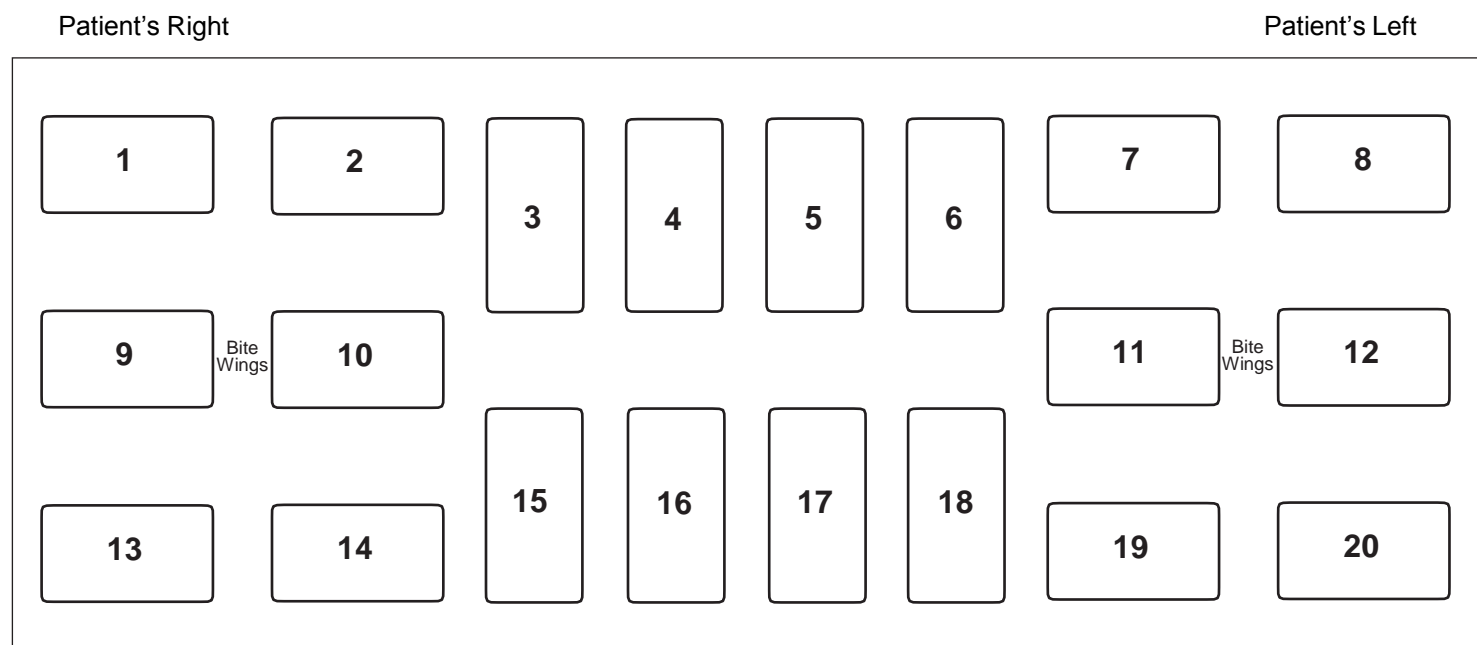
Oregon Clinical Radiologic Proficiency Exam and Certificate – Pathway I

Mounting Diagram

If you are submitting **14 periapical and 4 bitewing** radiographic images for evaluation, mount them as directed in this 18-window diagram.*



If you are submitting **16 periapical and 4 bitewing** radiographic images for evaluation, mount them as directed in this 20-window diagram. (If size 1 films are used in the anterior with 5 maxillary periapical images and 3 mandibular periapical images, please mount the maxillary left canine image in slot #18)*



* Vertical bitewing should be mounted horizontally in the proper slot with the top edge of the radiographic image to the left.