



# Delaware Dental Radiologic Technology (DDRT) Exam

## 2015 Exam Application

Valid Through Dec. 31, 2015

This application provides information concerning the Delaware Dental Radiologic Technology (DDRT) exam and the requirements for dental assistants applying to expose radiographs in the state of Delaware. The DDRT exam is administered by DANB under an agreement with the Delaware Division of Public Health, Office of Radiation Control (Delaware ORC). *Inquiries regarding the exam should be addressed to DANB at the address on the bottom of this page.*

Within guidelines established by state law, the Delaware ORC determines exam policy and standards. The Delaware ORC issues a state certificate after the examinee has passed the DDRT exam. All inquiries regarding the Delaware state certificate should be addressed to the **Delaware Division of Public Health, Office of Radiation Control (ORC)**, 417 Federal St., Dover, DE 19901; or phone: 302-744-4546.

### Delaware State Requirements

To expose radiographs in the state of Delaware, dental assistants must hold a state certificate as Dental Radiation Technician from the Delaware Division of Public Health, Office of Radiation Control (Delaware ORC), by:

1. **FIRST** applying for and passing the Delaware Dental Radiologic Technology (DDRT) exam administered by DANB or passing the national DANB® Radiation Health and Safety (RHS®) exam (as a stand-alone exam or as part of DANB's national Certified Dental Assistant™ [CDA®] exam), **AND THEN**
2. **SECOND** submitting a completed state certificate application (Form R-16-S for DDRT, or Form R-16-N for RHS or CDA) to the **State of Delaware, Office of Radiation Control**.

To obtain Form R-16-S or Form R-16-N, contact the Delaware ORC, Jesse Cooper Building, 417 Federal St., Dover, DE 19901; phone 302-744-4546; or visit the Delaware ORC website:

- Form R-16-S direct link: [www.dhss.delaware.gov/dhss/dph/hsp/files/radcertst.pdf](http://www.dhss.delaware.gov/dhss/dph/hsp/files/radcertst.pdf)
- Form R-16-N direct link: [www.dhss.delaware.gov/dhss/dph/hsp/files/radcertnat.pdf](http://www.dhss.delaware.gov/dhss/dph/hsp/files/radcertnat.pdf)

Currently, the state of Delaware has no provisions for recognizing certificates issued by other states.

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# Delaware Dental Radiologic Technology Exam

## State Requirement for Exposing X-Rays

This application packet provides information on the Delaware Dental Radiologic Technology (DDRT) exam. Passing this exam and applying for a state certificate to the Delaware Division of Public Health/Office of Radiation Control (Delaware ORC) is required for individuals who are not licensed practitioners (physicians, dentists or DANB Certified Dental Assistant (CDA) certificants) to legally expose radiographs in Delaware.

## Applying for a DANB Exam

- |  |   |
|--|---|
| <b>3-4 week processing/<br/>mailing time</b>           | <ol style="list-style-type: none"> <li>1. Candidate mails/faxes exam application, documentation (if applicable) and fees to DANB.</li> <li>2. DANB processes candidate exam application.</li> <li>3. If the exam application is accepted as complete, DANB mails exam candidate a Test Admission Notice.</li> </ol> |
| <b>60-day window to<br/>schedule and take<br/>exam</b> | <ol style="list-style-type: none"> <li>4. Candidate schedules exam location, date and time with testing vendor Pearson VUE.</li> <li>5. Candidate sits for DANB exam. An unofficial pass/fail exam result will be provided after completing the exam.</li> </ol>  |
| <b>2-3 weeks from exam<br/>date</b>                    | <ol style="list-style-type: none"> <li>6. DANB mails exam candidate an official exam result.</li> </ol>   |

## Submitting an Exam Application

Exam applications may be mailed or faxed to DANB. The candidate should read this packet carefully to ensure the completed application is submitted with all required documents and fees.

**Signing and dating the application is required.** By signing and dating the application, the candidate affirms that the application and documentation are accurate and that the candidate agrees to abide by all applicable DANB policies described in this packet, including the *Application State-ments* on page 9. The signature also allows DANB to release exam results to state regulatory agencies.

## Payment Instructions

DANB accepts payment by check, money order or credit card (Visa, MasterCard, American Express or Discover). Check or money order payments must be payable to DANB in U.S. dollars and written in English. The application is a contract to test, and the check or credit card authorization is the contract to pay. The candidate should put his/her name on the check.

## Background Information Policy

DANB national exam applications contain three background information questions that all exam candidates must answer. For details, see the *Background Information* section (page 9).

## Returned Checks

If a candidate applies for an exam with a check that is returned by the bank for any reason (including but not limited to nonsufficient funds, stop payment, closed account or refer to maker), DANB will assess a \$25 nonsufficient funds (NSF) fee to the candidate's account and notify the candidate.

The candidate will not be allowed to take the exam until a cashier's check or money order for the full application and exam fee plus the \$25 NSF fee has been received. If full payment has not been received within 30 days, the application will be null and void and the candidate's account will remain on finance hold. The candidate must pay \$75 (the \$25 NSF fee and \$50 nonrefundable processing fee) before DANB will remove the finance hold and process any exam application. No new business will be allowed for the candidate until the finance hold has been removed.

## Incomplete Exam Applications

The candidate is responsible for submitting a complete exam application. Incomplete applications are returned to the candidate, and 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 the \$50 nonrefundable application fee, 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

## Duplicate Exam Application Policy

If two applications are received for the same exam, completed applications will be accepted, and duplicate payments will be returned, minus the \$50 nonrefundable application fee, within 30 days, after the payment clears.

## Group Testing

Groups of four or more candidates may request to take any DANB exam on the same day, at or around the same time. Download the *Group Testing Form* from [www.danb.org](http://www.danb.org) or contact DANB at 1-800-367-3262 with questions.

## Candidates with Disabilities

DANB exams are designed to provide an equal opportunity for each candidate to demonstrate his/her knowledge-based competency. The exam will be administered to best ensure that it accurately reflects a candidate's aptitude, achievement levels or other skills intended to be measured, rather than reflecting a candidate's impaired sensory, manual or speaking skills except where those skills are factors the examination purports to measure.

# Delaware Dental Radiologic Technology Exam

DANB adheres to the provisions outlined in the Americans with Disabilities Act. In accordance with this act, DANB will make every reasonable effort to offer the exams in a manner that is accessible to people with disabilities. If auxiliary aids or alternative arrangements are required, DANB will attempt to make the necessary provisions, unless providing such would fundamentally alter the measurement of skills and knowledge the exam is intended to test, would result in undue burden, or would provide an unfair advantage to the disabled candidate.

To allow sufficient time to make the necessary arrangements for modifications or auxiliary aids, the candidate must submit the *Reasonable Accommodations Request* forms (found on [www.danb.org](http://www.danb.org)) with the required documentation and exam application, specifying exactly what aid or modification is requested by a physician or psychologist. DANB will only accept the forms found on [www.danb.org](http://www.danb.org). DANB reserves the right to authorize the use of auxiliary aids or modifications in such a way as to maintain the exam integrity and security. DANB exams are administered only in the English language. Modifications will not be approved for a candidate who requests accommodations because English is a second language. Contact DANB at 1-800-367-3262 with questions.

## DANB's Nondiscrimination Policy

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

## Retaking a Passed Exam

DANB certificants/candidates may take and pass DANB national certification exams [CDA®, COA®, CPFDA®, CRFDA®] or component exams [ICE®, RHS®, GC, OA, CP, SE, TA, TF, AMP, IM, TMP, IS, RF] only once. These exams may be retaken if required for certification (the exam was passed longer than five years ago for CDA or COA component exams or three years ago for CPFDA or CRFDA component exams) or if directed to retake the component exam by DANB to recertify or reinstate certification. Any candidate/certificant in violation of this policy will have his/her application denied and returned, and will be assessed the \$50 nonrefundable processing fee.

## Scheduling a DANB Exam

### Receiving the Test Admission Notice

DANB will send the candidate a *Test Admission Notice* within three to four weeks of receiving the completed exam application. The *Test Admission Notice* confirms that the candidate is eligible to take the exam and includes instructions to schedule the exam appointment.

The candidate must check the *Test Admission Notice* for any of the following errors and report them to DANB immediately at 1-800-367-3262:

- The exam the candidate registered for is not the one listed
- The candidate's name is spelled incorrectly
- The candidate's ID reflects a different name than the one used to register to test (e.g., married, maiden, hyphenated, mother's last name)

The name on the *Test Admission Notice* must match the ID that the candidate will bring to the test center. The middle name does not need to be spelled out, but the initial must match (e.g., "M" on the ID and "Mary" on the *Test Admission Notice* is acceptable and vice versa).

The candidate will be turned away from testing if the name on the ID does not match the *Test Admission Notice*. The candidate would need to reapply; see the *Request a New Testing Window Due to a Missed Exam* section in this packet for details.

## The 60-Day Testing Window

The candidate must take the exam within the 60-day window listed on the *Test Admission Notice*.

## Scheduling an Exam Appointment

The candidate should schedule the exam appointment as soon as he/she receives the *Test Admission Notice*. The *Test Admission Notice* includes instructions to schedule the exam appointment at a Pearson VUE location. To find the nearest test center, visit [www.vue.com/danb](http://www.vue.com/danb).

Appointments are scheduled on a first-come, first-served basis. Test centers may have limited availability. Changes to test centers may occur without notice. DANB cannot guarantee the availability of specific test center locations, dates or times from Pearson VUE.

## Exam Appointment Confirmation

After the candidate schedules the exam appointment, he/she will receive a confirmation via email (if the candidate's email address was included on the exam application) or regular mail. Candidates should open and read all email and mail from Pearson VUE. There will be important information regarding the exam appointment.

## Rescheduling an Exam Appointment

The candidate may reschedule an exam appointment or extend the 60-day testing window. Regardless who paid for an exam, only the candidate may reschedule an exam appointment. **To reschedule the exam appointment within the 60-day window**, the candidate must contact Pearson VUE. The candidate may reschedule the exam appointment up to 24 hours before his/her scheduled exam start time at

# Delaware Dental Radiologic Technology Exam

no additional fee. See the *Test Admission Notice* for Pearson VUE contact information.

## Requesting a New Testing Window

If a candidate cannot schedule or reschedule an exam before the end of his/her 60-day testing window and would like to request a new testing window, he/she must complete both steps below:

**STEP 1: Cancel the exam appointment:** If an exam appointment has been scheduled, the candidate **must** cancel his/her appointment with Pearson VUE at least 24 hours before the scheduled exam start time. An exam appointment can be canceled online by visiting Pearson VUE's website, [www.vue.com/danb](http://www.vue.com/danb), or by calling Pearson VUE's toll-free hot line during normal business hours. Failure to cancel an exam appointment will result in forfeiture of the full application/exam fees, and the application is null and void.

**STEP 2: Request a new 60-day testing window:** Mail or fax the *Request a New Testing Window* form to DANB within 60 days (pay \$55 nonrefundable processing fee) or within 61-120 days (pay \$110 nonrefundable processing fee) after the end of your original testing window. A candidate may request a new testing window up to two times. After the second request for a new testing window, a current exam application with any required documentation and full fees must be submitted.

## Requesting a New Testing Window Due to a Missed Exam Appointment

If the candidate arrives more than 15 minutes after an exam appointment start time, the candidate will be accommodated at the discretion of the test center administrator. If the administrator is unable to accommodate the candidate, or if the candidate does not take a scheduled exam because the candidate missed the appointment (for any reason except a valid emergency) or the candidate was denied entry, the candidate may reapply for the exam with a reduced fee using the *Request a New Testing Window Due to a Missed Exam Appointment* form within 60 days of the missed exam appointment (if received after 60 days, the candidate must reapply for the exam with the required documentation and pay the full fees). DANB will mail the form to eligible candidates. A candidate may request a new testing window due to a missed exam appointment one time. If another appointment is missed (for any reason except a valid emergency) or the exam is not taken within the new testing window, a current exam application with full fee must be submitted. Contact DANB at 1-800-367-3262 with questions. If the candidate has had an emergency, please see Request a New Testing Window Due to an Emergency below.

## Requesting a New Testing Window Due to an Emergency

If a candidate misses an exam appointment due to a personal emergency, the candidate must submit a *Request to Receive a New Testing Window Due to an Emergency* form explaining the emergency, including supporting documents. The candidate must submit the request within 60 days of the scheduled exam date. Download the form at [www.danb.org](http://www.danb.org). Call 1-800-367-3262 with any questions about what constitutes an emergency and appropriate supporting documentation. Approved requests will receive a new 60-day testing window at no additional fee.

## Canceling a Testing Window for a Partial Refund

**STEP 1: Cancel the exam appointment:** If an exam appointment has been scheduled, the candidate **must** cancel his/her appointment with Pearson VUE at least 24 hours before the scheduled exam start time. An exam appointment can be canceled online by visiting Pearson VUE's website, [www.vue.com/danb](http://www.vue.com/danb), or by calling Pearson VUE's toll-free hotline at 1-800-525-2586 during normal business hours. Failure to cancel a scheduled exam appointment will result in forfeiture of the full application/exam fees, and the application is null and void.

**STEP 2: Request to cancel the 60-day testing window:** Mail or fax the *Request to Cancel a Testing Window* form so that it is received by DANB before the end of the 60-day testing window. DANB will issue a refund minus the \$35 cancellation fee and \$50 nonrefundable application fee (a total of \$85 retained by DANB). DANB will issue the refund of the payer.

## When Pearson VUE Cancels an Exam Appointment

In the event of weather or other emergency, Pearson VUE will attempt to notify candidates by phone of a cancellation and will reschedule at no additional fee.

## Taking a DANB Exam

### What to Bring to the Test Center

#### Bring the *Test Admission Notice* and one form of ID.

The ID must be a currently valid, non-expired government-issued photo and signature-bearing ID, in roman characters. A driver's license, passport, military ID card, state ID card, U.S. government-issued permanent resident card are all acceptable. Test centers may use an electronic fingerprinting, palm vein and/or photographic security system for identification purposes only. Test centers may use a video/audio recording system to enhance exam security. The candidate must not bring any reference materials or notes into any test center area. The candidate will be provided with an erasable notepad and marker to use during the exam. No visitors or unauthorized individuals will be permitted in any test center area during testing sessions.

# Delaware Dental Radiologic Technology Exam

## Test Center Environment

The candidate will receive a tutorial before the exam to help the candidate feel comfortable with the computerized format. Time spent on the tutorial will not count as part of the exam time period. The tutorial is not a practice test. The tutorial describes how to mark answers.

There are no breaks during the exam. Candidates may be excused to visit the restroom, one at a time. During the absence, the exam time clock will continue to run. No additional time will be provided. There is no requirement for specific clothing, but it is a good idea to wear comfortable clothing in layers to adjust for minor fluctuations in room temperature. It is also a good idea to wear soft-soled shoes to allow the candidate to leave his/her seat without disrupting others.

## Candidate Behavior Before, During and After an Exam Appointment

**The behavior of each candidate taking the exam will be monitored.** Improper behavior is not acceptable before, during or after an exam appointment. DANB seeks to ensure a fair and equitable testing experience for all individuals and to ensure the security and reliability of the process. *DANB's Disciplinary Policy & Procedures* form, which is available at [www.danb.org](http://www.danb.org), contains examples of improper behavior.

## Exam Security

**The exam is confidential.** Any individual who removes or attempts to remove testing-related materials from the test center, or who attempts to memorize, distribute or otherwise misuse an exam, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of DANB, will be subject to legal action. Any candidate or certificant who engages in improper behavior also will be subject to disciplinary action by DANB, which may include denial or revocation of certification or recertification. *DANB's Disciplinary Policy & Procedures document is available at [www.danb.org](http://www.danb.org).*

The test center administrator will notify DANB of anyone who talks during the exam, gives or receives assistance, or otherwise engages or appears to engage in dishonest or improper behavior before, during, or after the exam. Those candidates may be required to cease taking the exam and leave the test center. The test center administrator will send a report to DANB regarding the incident. After reviewing a reported incident, DANB will determine whether there is reason to believe that a candidate has engaged in cheating or other improper behavior, or has otherwise violated the security of the exam. If DANB determines that the incident report is valid, DANB may, at its discretion, pursuant to the procedures set forth in *DANB's Disciplinary Policy & Procedures* form, take disciplinary actions, including but not limited to the following:

- Order the candidate to retake the exam at a time and place to be determined by DANB
- Invalidate or refuse to release the score of the candi-

date

- Deny the candidate's current application for certification
- Require the candidate to wait a specified period of time before reapplying to take the exam
- Revoke the candidate's eligibility to sit for future exams
- Take a combination of any of the above actions or other action that DANB may deem appropriate.

If a test center administrator allows a candidate to take an exam that the candidate is not registered for, those results will not be valid. The original application will be considered null and void, and the full application and exam fees will be forfeited. The candidate will be required to reapply with a new application with any required documentation and payment of the full application fees.

## Exam Integrity

To ensure a consistently high-quality testing program, each exam is routinely reviewed for reliability and validity. Each exam question is statistically analyzed and evaluated for performance. DANB exam committees, with final DANB Board approval, establish passing standards (the minimum score required to pass a particular DANB exam) using standard psychometric procedures for criterion-referenced tests. A candidate is expected to perform at or above the Board-established standard to pass each exam.

## After the Exam

### Name/Address Changes

The candidate must notify DANB of address changes or any errors in the candidate's name. Call 1-800-367-3262 or email [danbmail@danb.org](mailto:danbmail@danb.org). A candidate must submit a *Name Change Request* form and required documentation to change a name with DANB. The form is available at [www.danb.org](http://www.danb.org).

### DANB Communications

All communications sent to and from DANB are DANB's property. DANB cannot guarantee that communications will remain confidential; clients have no expectation of privacy with respect to items sent or received. DANB may disclose communications as necessary to comply with legal processes. DANB responds to phone and email messages within two business days.

### Hand Scoring

DANB will hand score an exam on request. The candidate must submit a *Request for Hand Scoring of Exam Results* form and a \$50 hand scoring fee to DANB within 30 days after the official score date printed on the exam results or certificate received. The form is available on DANB's website at [www.danb.org](http://www.danb.org). Hand scoring results of the exam are completed within 30 days of a request. If the pass/fail status is reversed as a result of the hand scoring, the \$50 fee will be refunded.

# Delaware Dental Radiologic Technology Exam

## Official Exam Results

The candidate will receive preliminary results at the test center upon completing the exam. DANB presents exam results as a pass or fail. DANB provides sub-content area performance ratings for candidates who receive a fail status, which provide useful information regarding performance in each of the content areas on the exam. Sub-content results are rated as high priority or average priority. Sub-content area performance ratings are a reflection on how well a candidate did in a particular content area of the exam and cannot be used in any way to determine overall exam status. Knowledge of an area of weakness is a useful tool to help plan for further study.

The candidate is not considered to have passed or failed an exam until DANB generates and mails the official exam results approximately two to three weeks after the exam was administered. Exam scores and certificates that are returned because of an undeliverable address will be held for 90 days. DANB will call the candidate to request a new mailing address. If DANB cannot reach the candidate and the 90-day period expires, DANB will destroy the original results. If the candidate contacts DANB with an address change after the 90-day period, DANB will release new results after the candidate submits a *Request for a Duplicate Exam Results* form and/or a *Request for a Duplicate Certificate* form with a \$25 fee for each request.

## Retaking a Failed Exam

If the candidate takes an exam and does not pass, the candidate must reapply for the exam with a new application, any required documentation and fee in order to take the exam again. State laws may require additional education after failed attempts. Visit [www.danb.org](http://www.danb.org) for state contact information.

There is no limit on how many times the candidate may retake a failed exam.

## Release of Exam Results

Exam pass/fail results will not be released to employers or any individuals other than the candidate, except on written request of the candidate. DANB releases exam results or certification verifications to some state regulatory agencies.

## Appealing a Decision

If a candidate wishes to appeal a DANB decision regarding eligibility, administrative or exam content issues, he/she may submit a *Request for Reconsideration Under DANB's Review and Appeal Process* form and a \$25 appeal fee to DANB's Executive Director within 30 days of the date on the DANB correspondence that prompts the candidate to appeal (e.g., date on the letter indicating the candidate's application was incomplete, date on candidate exam results). The policy governing requests for reconsideration is available by contacting DANB at 1-800-367-3262.

## Verification of Certificates and Certification

DANB will verify DANB certification and DANB exam pass/fail status and the effective date(s) of certification over the phone to anyone on request, since these items are matters of public record and may be disclosed. DANB will not verify passing status of state exams over the phone, but will verify if a candidate has earned a state certificate or license issued by DANB on behalf of a state board of dentistry. The *Request for Candidate/Certificant Verification* form is available at [www.danb.org](http://www.danb.org). Only a candidate/certificant or employer may request written verification. DANB may offer verification on its website. See the *Application Statements* for more details.

## Duplicate Exam Results

Duplicate exam results are available for exams taken within the last five years. The candidate must submit a *Request for a Duplicate Exam Results* form and the \$25 fee for each exam results request. Exam results older than five years are not available, although DANB will verify certifications earned and exams passed more than five years ago.

## Duplicate Certificates

Duplicate certificates are available for \$25. Any state certificate or license issued by DANB on behalf of a state board of dentistry, as well as for any national DANB exam where a certificate has been earned, is available. Because DANB provides several opportunities for a candidate to correct errors, this \$25 duplicate certificate fee also applies for any reprint of a certificate due to a spelling error. Download the *Request for a Duplicate Certificate* form at [www.danb.org](http://www.danb.org).

## Conditional Certificates and Official Exam Results

In some cases, DANB may grant a conditional authorization to test an exam candidate who answered "yes" to background information questions and is in the process of completing court or regulatory agency requirements. Not every person who answers "yes" to a background information question will be placed on conditional status. Conditional status will be offered to an exam candidate only in certain circumstances at DANB's discretion. A candidate who has been placed on conditional status will receive an official exam result and, if earned, a certificate of knowledge-based competency marked "conditional." If a person is conditionally certified or has received a conditional certificate of knowledge-based competency or official exam result, this means that the certificate and/or results will remain valid only if certain conditions are met in a timely manner. In many cases, the conditions will include fulfillment of all obligations to a court of law or regulatory agency. Full details about conditional certificates and official exam results and related processes and procedures will be provided to each individual who is placed on conditional status by DANB.

# Delaware Dental Radiologic Technology Exam

## Exam Content

The DDRT exam is composed of 100 multiple-choice questions. Areas tested in the exam are listed below. Candidates are allowed 75 minutes to complete the exam. Please note: DANB uses “image receptor” when referring to either conventional film or sensors used for digital imaging.

Please visit [www.danb.org](http://www.danb.org) to download the DANB RHS exam blueprint (this is the exam blueprint used for the DDRT exam). In preparation to take the DDRT exam, it is recommended that the candidate:

- Review the DANB RHS exam blueprint
- Become familiar with the terminology presented
- Assess his/her knowledge regarding all content areas.

Sub-Content Area	% on exam
Expose and evaluate	26
Quality Assurance and Radiology Regulations	21
Radiation Safety for Patients and Operators	31
Infection Control	22

## Exam Reference Materials

DANB exam committees used the list of textbooks and other reference materials below in constructing the DDRT exam. These lists do not include all textbooks and materials that are available for the study of dental assisting; they

are simply the resources that the Exam Committee subject matter experts have determined to provide the latest information covering the knowledge needed to match or surpass a determined level of competency in the practice of dental assisting. Making the lists available is intended to be helpful to the candidate in preparing for the exams. It is not intended to be an endorsement for any of the publications listed. It is not necessary to use any of these books in order to pass the exam; conversely, reading all of these books will not guarantee that you will pass the exam. Candidates should prepare for DANB’s DDRT exam using as many different preparatory sources as possible. Candidates can obtain the reference materials listed by contacting the publisher directly or through various bookstores; some are available online

1. *Radiology for the Dental Professional*, 9th edition. Frommer, H. and Stabulas-Savage, J.
2. *Dental Radiography Principles and Techniques* (with CD-ROM), 4th edition. Ianucci, J.
3. *Essentials of Dental Radiography for Dental Assistants and Hygienists*, 9th edition. Johnson, O. and Thomson, E.
4. *Radiographic Imaging for the Dental Team*, 4th edition. Miles, D. and VanDis, M.
5. “An Introduction to Basic Concepts in Dental Radiography,” Course #715. American Dental Assistants Association.



Interactive E-Learning for  
Oral Healthcare Professionals

## Interactive courses. Instant access.

The DALE Foundation offers several interactive e-learning courses to help you prepare for the DDRT exam that you can complete online – anywhere, anytime.

## Review Courses

- DANB RHS Review

## Study Aids

- DANB RHS Practice Test
- Glossary of Dental Terms



Visit [www.dalefoundation.org](http://www.dalefoundation.org) to learn more.

# Delaware Dental Radiologic Technology Exam

## Application Statements

Please read the following statements carefully. Candidate's signature on the registration form 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 of my exam results to the Delaware Division of Public Health in accordance with and subject to the procedures and regulations of DANB and the Delaware Division of Public Health. 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 DANB's Application covering the administration of the Delaware Dental Radiologic Technology and DANB policies, including, but not limited to DANB's Code of Professional Conduct. I agree to disqualification from the exam and to forfeiture and return to DANB of any results granted me by the Delaware Division of Public Health based on DANB exam results in the event that any of the answers or statements made by me in this application form 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 the application, exam administration, state registration and/or state or national certification process, any exam given by DANB, any scoring relating thereto, the failure to issue me an application form, exam results and/or certificate (state or national), or any demand for forfeiture or return of such registration form, exam results and/or certificate ("Certification Activities") 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 THE Delaware Dental Radiologic Technology exam RESTS SOLELY AND EXCLUSIVELY WITH DANB, BASED ON CRITERIA ESTABLISHED BY THE STATE OF DELAWARE, 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, including the Certified Dental Assistant (CDA), Certified Preventive Functions Dental Assistant (CPFDA), Certified Restorative Functions Dental Assistant (CRFDA), Certified Orthodontic Assistant (COA), Certified Dental Practice Management Administrator (CDPMA) or Certified Oral and Maxillofacial Surgery Assistant (COMSA) certifications; any DANB certificates of knowledge-based competency, including the Radiation Health and Safety (RHS), Infection Control (ICE), Coronal Polish (CP), Sealants (SE), Topical Anesthetic (TA), Topical Fluoride (TF), Anatomy, Morphology and Physiology (AMP), Impressions (IM) Temporaries (TMP) and Isolation (IS); 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 want to opt out 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.
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/Privacy-Policy.aspx>.
5. I authorize DANB to release my exam results to state reporting 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 and from receiving exam results 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 examination.
7. I understand that the content of the DANB exam 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 examination, may subject me to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of exam results.
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. Passing candidates will not be eligible to retain their results if the exam fee is not paid in full.



# Delaware Dental Radiologic Technology Exam

## Background Information Policy and Questions

### Background Information Policy

DANB's DDRT exam application contains three background information questions that all exam candidates must answer. These questions require the DANB DDRT exam candidate to disclose if he/she has had any felony convictions within the last five years or is currently serving a sentence for a felony conviction; has ever been disciplined by a regulatory, certifying or examination agency; has ever been investigated or dismissed by an educational institution for cheating or another ethical violation; or has ever been declared mentally incompetent by a court of law. DANB will review each response and make a determination, in consultation with legal counsel, on a case-by-case basis. DANB reserves the right, under extraordinary circumstances, to bring individuals for review under *DANB's Disciplinary Policy and Procedures*.

### Background Information Questions

The candidate must answer each question in the box in the background information section on the exam application. Failure to answer the background information questions will result in an incomplete application.

1. Is your answer "yes" to either of the following?
  - In the last five years, have you been convicted of, or pled guilty or no contest to, a felony or any crime punishable by confinement in a state or federal prison for any length of time?
  - Are you currently serving a sentence of confinement, home detention, parole, probation, or other court-ordered supervision, or are you subject to reporting requirement (e.g., sex offender or violent offender registry) in connection with a felony conviction, including for any conviction that occurred more than five years ago?

*It is not necessary to report misdemeanor convictions. If you are uncertain whether a conviction was for a felony or a misdemeanor, you must mark "yes."*

2. Have you ever been the subject of any of the following:
  - Suspension, revocation, or voluntary surrender of your dental assisting license, registration, or other state-recognized dental assisting credential?
  - Suspension, revocation, or voluntary surrender of a license, registration, or other state-recognized credential in any profession?
  - Loss of authorization to practice dental assisting or any profession as an employee of the federal government?
  - Loss of authorization to practice dental assisting or any profession in a jurisdiction that does not require registration, licensure, or other recognized employment credential?
  - Disciplinary action by a professional regulatory board, certifying or examination agency, or other professional body?
  - Investigation by or dismissal from an educational institution for cheating or any other an ethical violation?
3. Have you ever been declared mentally incompetent by a court of law?

### Documentation Required if a Candidate Answers "Yes"

If a candidate answers "yes" to any background information question, he/she must attach a signed and dated personal statement describing the circumstances surrounding each occurrence, the offense or reason for the conviction or disciplinary action, the date of the adverse action, the penalties imposed, and the dates when penalties for each occurrence were or will be completed.

The candidate must also provide official documentation related to each occurrence, as described in more detail below:

- For felony convictions (i.e., a "yes" answer to the first question), documentation may include a true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable; documents should show the offense underlying each conviction, the date of conviction, the penalties imposed by the court and evidence that all of the requirements imposed by the court were completed
- For regulatory, credentialing or educational disciplinary action (i.e., a "yes" answer to the second question), documentation may include a true and official statement from the disciplining agency or educational institution describing the offense and penalties imposed and, if applicable, providing evidence of completion or expiration of all penalties, including reinstatement of license or credential
- For a court declaration of mental incompetence (i.e., a "yes" answer to the third question), documentation may include true copies of all relevant court orders and related documents



# 2015 Delaware Dental Radiologic Technology (DDRT) Exam

This 2015 application will be accepted through Dec. 31, 2015.  
After Dec. 31, 2015, download a 2016 application packet from [www.danb.org](http://www.danb.org).

## Fee: \$175

### Instructions:

- Carefully read the *Application Statements* on page 9.
- Complete all items on the application.**  
(Incomplete applications will be returned and the \$50 nonrefundable application fee retained.)
- Mail/fax the completed, signed registration form to DANB with the application/exam fee or credit card information. **Note:** Application fees are not refundable.
- In approximately three to four weeks, a *Test Admission Notice* will be mailed, allowing the candidate to call and schedule an exam appointment. Candidates are encouraged to call early, as centers and dates fill quickly.

### Signature and Date

Must be signed and dated or the application will be returned as incomplete.

*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 on page 9, and I intend to be legally bound by them. I understand that the \$50 application fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the examination; and I herewith enclose the exam fee. I hereby agree that prior to exam or subsequent to my exam, the Delaware Division of Public Health or DANB may investigate my eligibility and may refuse to issue examination 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 X \_\_\_\_\_ Date X \_\_\_\_\_

### Background Information

Must be filled out completely or the application will be returned as incomplete.

Read the questions in their entirety on page 10. Failure to answer all three questions will result in the application being returned as incomplete. If you checked Yes for any question, make sure to include required documentation.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No 1. Regarding felony convictions within the last five years | <input type="checkbox"/> No 2. Regarding having ever been disciplined by a regulatory board, credentialing agency or educational institution | <input type="checkbox"/> No 3. Regarding ever being declared mentally incompetent by a court of law |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> Yes   | <input type="checkbox"/> Yes  |

### Candidate Information

Must be filled out completely or the application will be returned as incomplete.

Please print clearly.

I am a U.S. citizen.  Yes  No Non-U.S. citizens will be provided a temporary number by DANB in lieu of a Social Security #.

I work in a state different than the one in which I reside.  Yes  No If yes, what state: \_\_\_\_\_

English is the language I speak at home.  Yes  No I work in a dental office.  Yes  No

I work in a dental office that uses:  digital radiography  automatic processing  manual processing (check all that apply)

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (must match your ID exactly) \_\_\_\_\_  
(Last) (First) (Middle Name or Initial)

Prior Name (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

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

3750-DDRT

### Payment Information

Must be filled out completely or the application will be returned as incomplete.

Candidate's Name \_\_\_\_\_ Candidate's SSN# \_\_\_\_\_

Check/Money Order (payable to the Dental Assisting National Board, Inc. or DANB)

Checks must include candidate's name and the name of the exam.

DDRT Exam 3750

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount \$175

Credit Card Account Number \_\_\_\_\_ CVV \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature X \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

By signing, the cardholder acknowledges intent to register the candidate for the aforementioned DANB® examination 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 examination administration shall be used to indicate receipt of purchase. Candidates who fail to show up for the examination for which they registered and have not cancelled their examination as described in this Guide are still required to pay for the examination. (See Application Statements, page 9, for further requirements.)

Mail: DANB 444 N. Michigan Ave., Suite 900 Chicago, IL 60611

OR

Fax: 312-642-8507

Questions? 1-800-367-3262 or [www.danb.org](http://www.danb.org)

Do not fax twice or you will be charged twice.

# Delaware Dental Radiologic Technology Exam

## Application Checklist

Have you:

- Read the instructions and information?
- Read and agreed to be bound by Delaware and DANB rules, regulations, policies and procedures as noted?
- Filled out the application in its entirety?
- Signed and dated the application?
- Enclosed the application/exam fee (\$150) by check or credit card?
- Enclosed the *Reasonable Accommodations Request* forms, if needed? Note: These forms can be found on [www.danb.org](http://www.danb.org).
- Made a copy of your entire application packet for your records?
- Addressed your envelope?  
**Dental Assisting National Board, Inc. (DANB)**  
**444 N. Michigan Ave., Suite 900**  
**Chicago, IL 60611**

OR prepared your information (credit card payments only) to be faxed?

**Dental Assisting National Board, Inc. (DANB)**  
**Fax: 312-642-8507**

***If you have not***

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

***your registration form will be considered incomplete.***

Incomplete application forms will be returned, minus the \$50 nonrefundable application fee.