



# Delaware Dental Radiologic Technology (DDRT) Exam

## 2012 Exam Application

2012 Application and Exam Fees Valid Through December 31, 2012

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; 302-744-4546.

### Delaware State Requirements

To expose radiographs in the state of Delaware, dental assistants must possess a state certificate as a Dental Radiation Technician from the Delaware Division of Public Health/Office of Radiation Control (Delaware ORC). A dental assistant may qualify for the state certificate by **first** passing the Delaware Dental Radiologic Technology (DDRT) Exam **or** the DANB Radiation Health and Safety (RHS) exam **and then** submitting a completed Form R-16 to the Delaware ORC.

**Delaware State Requirements:** To obtain a **state certificate application (Form R-16)**, visit our website or contact the Delaware Division of Public Health, Office of Radiation Control, at 417 Federal Street, Dover, DE 19901; 302-744-4546; or visit [www.dhss.delaware.gov/dhss/dph/hsp/orc.html](http://www.dhss.delaware.gov/dhss/dph/hsp/orc.html). Direct link to form: [dhss.delaware.gov/dhss/dph/hsp/files/radcertst.pdf](http://dhss.delaware.gov/dhss/dph/hsp/files/radcertst.pdf).

The Delaware Division of Public Health, Office of Radiation Control (Delaware ORC) enforces the requirements of state regulations regarding the safe and legal practice of operating dental x-ray equipment and performing dental radiologic procedures. Effective September 1, 2006, the state of Delaware recognizes the Delaware Dental Radiologic Technology (DDRT) exam or the DANB Radiation Health and Safety (RHS) exam (passed on or after September 1, 2006) to qualify for a state certificate as a Dental Radiation Technician.

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

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## 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 Assistants) to legally expose radiographs in Delaware.

## Applying For a DANB Exam

### 3-4 week processing/ mailing time

1. Candidate mails/faxes exam application, documentation (if applicable) and fees to DANB.
2. DANB processes candidate exam application.
3. If the exam application is accepted as complete, DANB mails exam candidate a Test Admission Notice.

### 60-day window to schedule and take exam

4. Candidate schedules exam location, date and time with testing vendor Pearson VUE.
5. Candidate sits for DANB exam. An unofficial pass/fail report will be provided after completing the exam.

### 3-4 weeks from exam date

6. DANB mails exam candidate an Official Score Report.

## Test Center Locations

DANB exams are administered on computer at Pearson VUE test centers all year.

### Delaware Computerized Testing Locations

Dover Newark

## Submitting an Exam Application

Exam applications should be mailed or faxed to DANB. The candidate should read this packet carefully to ensure the application is submitted accurately with all the 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 test 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. The application is a contract to test, and the check or credit card authorization is the contract to pay. The candidate should put his or her name on the check. DANB only accepts U.S. currency.

## 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 Applications

The candidate is responsible for submitting a complete 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 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 can 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, ext. 452, with questions.

## Candidates With Disabilities

DANB exams are designed to provide an equal opportunity for each candidate to demonstrate his or her clinical knowledge. 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.

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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 Form* (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 form 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 examinations are administered only in the English language. Modifications will not be approved for a candidate who requests accommodations because English is a second language. Call 1-800-367-3262, ext. 452, 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.

## Taking the Same Exam in a 12-Month Period

The candidate is only allowed to pass the DDRT exam once within a 12-month period. Any DANB candidate or Certificant who applies to take the DDRT exam and already passed the exam within a 12-month period will be in violation of this policy. The application will be returned and the exam fee refunded, minus the \$50 nonrefundable application fee.

There is no limit on how many times the candidate can re-take a failed exam.

## Scheduling a DANB Exam

### Receiving the Test Admission Notice

DANB will send the candidate a *Test Admission Notice* within 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 errors and report them to DANB immediately at 1-800-367-3262.

### Call DANB immediately if:

- 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)

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 *Rescheduling a Missed Exam* section in this packet for details.

### The 60-Day Eligibility Window

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

### Scheduling an Appointment

The candidate should schedule the exam appointment as soon as he or 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 testing center, visit [www.vue.com/danb](http://www.vue.com/danb) or see the *Test Center Locations* section in this packet.

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.

### Exam Appointment Confirmation

After the candidate schedules the exam appointment, he or 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/or mail from Pearson VUE. There will be important information regarding the appointment.

### Rescheduling an Exam or Extending an Eligibility Window

The candidate can reschedule an exam or extend the 60-day eligibility window. Regardless who paid for an exam, only the candidate may reschedule an exam.

### Rescheduling Within the 60-Day Window

To reschedule the exam appointment within the 60-day window, the candidate must contact Pearson VUE. The candi-

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date can reschedule the appointment up to 24 hours before his or her scheduled exam time at no additional fee. See the *Test Admission Notice* for Pearson VUE contact information.

## Extending the 60-Day Window

The candidate may extend the exam window for a \$35 fee. The candidate must complete the following steps:

**STEP 1: Cancel the appointment:** The candidate must cancel his or her exam appointment with Pearson VUE at least 24 hours before the scheduled exam time. See the *Test Admission Notice* for Pearson VUE contact information.

**STEP 2: Request to reschedule the 60-day window.** Submit the *Request to Reschedule an Exam Eligibility Window* form and \$35 fee within **60 days after the end of the 60-day eligibility window**. Go to [www.danb.org](http://www.danb.org) to download the form. Within three weeks, the candidate will receive a new *Test Admission Notice* with a new 60-day window. Note: A candidate may reschedule an exam up to three times. After the third reschedule, a current exam application with full fee must be submitted.

## Rescheduling Due to an Emergency

If a candidate misses an exam due to a personal emergency, the candidate must submit a *Request to Reschedule Due to an Emergency* form explaining the emergency, including supporting documents. The candidate must submit the request within 30 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 be rescheduled at no additional fee.

## Canceling an Exam for a Refund

The candidate may cancel an exam if he or she no longer wishes to test. The candidate must submit a *Request to Cancel an Exam* form (available at [www.danb.org](http://www.danb.org)) to **DANB at least two business days before the end of his or her eligibility window to receive a refund** (minus the \$35 cancellation fee and \$50 nonrefundable application fee). DANB will issue the refund to the payer.

The candidate must **also** cancel the appointment with Pearson VUE at least 24 hours before the scheduled exam time. See the *Test Admission Notice* for Pearson VUE contact information.

## When Pearson VUE Cancels an Exam

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

## Taking a DANB Exam

### What to Bring to the Exam Site

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

The ID must be a currently valid, non-expired government or school-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 or current school year ID 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 exam area. The candidate will be provided with an erasable noteboard and pen to use during the exam. No visitors or unauthorized individuals will be permitted in any exam area during testing sessions.

### Exam 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 and return to questions for review and comment. The tutorial is also available on the DANB website at [www.danb.org](http://www.danb.org).

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 or her seat without disrupting others.

### Late Arrival or Failure to Appear

If the candidate arrives more than 15 minutes after a scheduled appointment, the candidate will be accommodated at the discretion of the test center administrator. If the test center administrator is unable to accommodate the candidate, the candidate then forfeits the full application/exam fees, and the application is null and void; the candidate must reapply. If the candidate fails to appear for a scheduled exam, the candidate forfeits the full application/exam fees, and the application is null and void, unless the candidate qualified for an emergency reschedule (see section above).

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

Improper behavior is not acceptable before, during or after an exam. 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.

**The behavior of each candidate taking the exam will be monitored. The exam is confidential.** Any individual who removes or attempts to remove testing-related materials from

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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 the *DANB Policy & Procedures for Disciplinary Review and Appeal* 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 candidate
- 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 and payment of the full exam and 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).

### Contacting DANB

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 \$25 hand scoring fee to DANB within 30 days after the official score date printed on the score report 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 \$25 fee will be refunded.

### Official Exam Results

The candidate will receive preliminary results at the test center upon completing the exam. The candidate is not considered to have passed or failed an exam until DANB generates and mails the official score report(s) approximately two to four 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 a name or address change after the 90-day period, DANB will release new results after the candidate submits a *Request for a Duplicate Score Report* form and/or a *Request for a Duplicate Certificate* form with a \$25 fee for each request.

### Retaking an Exam

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

### 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 score reports or credential verifications to some state regulatory agencies.

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DANB also releases aggregate results to program directors for candidates who are graduates from or students in the program director's dental assisting programs.

## Appealing a Decision

If a candidate wishes to appeal a DANB decision regarding eligibility, administrative or exam content issues, he or 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 score report). The policy governing requests for reconsideration is available by contacting DANB's Coordinator, Executive Liaisons, at 1-800-367-3262, ext. 462.

## Verification of Certificates and Certification

DANB will verify DANB certification, RHS and ICE 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. A *Request for Credential Verification* form is available at [www.danb.org](http://www.danb.org). Only a candidate or employer may request written credential verification; please see the *Request for Credential Verification* form on [www.danb.org](http://www.danb.org) for details. DANB may offer credential verification on its website. See the *Application Statements* for more details.

## Duplicate Score Reports

Duplicate score reports are available for exams taken within the last five years. The candidate must submit a *Request for a Duplicate Score Report* form and the \$25 fee for each score report request. Exam score reports older than five years are not available, although DANB will verify credentials earned 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 Duplicate Certificate* form at [www.danb.org](http://www.danb.org).

## Exam Content

The Delaware Dental Radiologic Technology (DDRT) Exam is composed of 100 "one best answer" multiple choice questions. Candidates will have 75 minutes to complete the exam.

**Sample Question:** The following question illustrates the format found on the DDRT exam. It should be noted that the sample question is presented for format, and does not necessarily reflect question content or level of difficulty of the exam.

**Directions:** In the question below, select the one choice that answers the question best.

1. A film that has been exposed to scattered radiation will appear
  - A. brown.
  - B. fogged.
  - C. green.
  - D. clear.

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## DANB RHS Review

DANB CDE credits: 12

Fee: \$125

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



DANB created the DALE Foundation to provide online educational courses and resources to help advance the dental team. The DALE Foundation's website offers exciting new products, including the DANB RHS Review and DANB RHS Practice Test.

Completing the DANB RHS Review is a great way to expand your resume and your role within your practice. By the end of the course, you will be able to: identify major anatomical landmarks of the teeth, jaw, oral cavity and adjacent structures of the skull, understand basic radiation biology concepts, practice radiation safety procedures for both operator and patients, operate radiographic exposure equipment, catch and correct common intraoral and extraoral radiographic exposure errors, use radiographic processing equipment and digital equipment, detect and fix common radiographic processing errors, mount and label dental radiographs, apply effective infection control techniques, and implement necessary Quality Assurance procedures.

## DDRT Exam – Detailed Content Outline

### (42%) I. EXPOSE AND EVALUATE

#### A. Select appropriate radiographic technique.

1. Describe use and purpose of various intraoral and extraoral radiographs, such as:
  - a. periapical.
  - b. bitewing.
  - c. occlusal.
  - d. panoramic.
  - e. cephalometric and other extraoral views.
2. Select appropriate radiographic film to examine, view or survey conditions, teeth, or landmarks, such as:
  - a. caries.
  - b. temporomandibular joint.
  - c. periodontal conditions.
  - d. apical pathology.
  - e. sinus areas.
  - f. dental anomalies, such as supernumerary teeth.
  - g. edentulous arches.
  - h. localization of impacted teeth, foreign objects, etc.
  - i. dental implants.

#### B. Select appropriate equipment for radiographic techniques.

1. Describe purpose or advantage of accessories for radiographic techniques, including film holders, cotton rolls, bitewing tabs, bite blocks, lead apron and thyroid collar.
2. Select appropriate film size and film speed (sensitivity) depending on patient characteristics and exposure technique indicated.
3. Describe purpose and advantage of dual (double) film packets.
4. Storage.
  - a. Inspect and evaluate film storage areas for proper temperature, humidity, radiation protection and inventory control.
    1. Identify and correct errors related to improperly storing exposed and unexposed radiographic film.

- C. Select infection control techniques and barriers to minimize cross-contamination in the operatory according to ADA/CDC and OSHA guidelines.
- D. Select patient management techniques before, during and after radiographic exposure.
  1. Address patient concerns about x-radiation, including patient refusal of radiography.
  2. Describe techniques for patient management while exposing radiographs, including patients with special needs.
- E. Expose dental films, using various techniques.
  1. Define radiographic exposure concepts, including:
    - a. film speed.
    - b. kilovoltage.
    - c. milliamperage.
    - d. collimation.
    - e. filtration.
    - f. film density.
    - g. latent image.
  2. Intraoral
    - a. Define factors that influence quality of exposure, such as:
      1. mA setting.
      2. kVp setting.
      3. primary beam angles (horizontal and vertical).
      4. PID (cone) length.
      5. exposure time.
    - b. Compare paralleling and bisecting angle techniques, including advantages and disadvantages of each.
    - c. Name the parts and functions of an x-ray film packet.
  3. Extraoral
    - a. Identify function and maintenance of film cassettes and intensifying screens.
    - b. Describe appropriate technique for exposing (patient positioning)
      1. panoramic film.
      2. cephalometric film.
- F. Demonstrate basic knowledge of digital radiography and other modern imaging techniques.
  1. Advantages/disadvantages of digital radiography
  2. Image receptors
  3. Infection control for digital equipment
- G. Evaluate radiographs for diagnostic value.
  1. Describe features of a diagnostically acceptable radiograph.
  2. Identify and correct errors related to exposing intraoral radiographs, including:
    - a. elongation.
    - b. foreshortening.
    - c. horizontal overlapping.
    - d. cone cutting.
    - e. light image.
    - f. dark image.
    - g. film bending.

(continued)

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- h. reverse film (herringbone or tire track effect).
  - i. blank (clear) film.
  - j. blurred image.
  - k. superimposed image.
  - l. double exposure.
  - m. film placement errors.
3. Identify and correct errors related to exposing panoramic radiographs, including patient positioning errors.

## (13%) II. PROCESS

- A. Prepare, maintain and replenish radiographic solutions for manual and automatic processors.
1. Describe functions of processing solutions.
  2. Describe procedures for maintaining the integrity of processing solutions.
- B. Process exposed intra- and extraoral radiographs by use of manual and automatic techniques, but not limited to:
1. Identify optimum conditions and procedures for processing radiographs.
  2. Identify and correct errors related to radiographic processing, including:
    - a. fogging.
    - b. light and dark images.
    - c. clear (blank) film.
    - d. partial images.
    - e. overlapped films.
  3. Identify and correct errors due to improper film handling, including:
    - a. scratches.
    - b. white or black lines.
    - c. static electricity artifacts.
    - d. fingerprints.
- C. Practice infection control for radiographic processing, following ADA/CDC and OSHA guidelines.
- D. Properly store chemical agents used in radiography procedures according to the local regulatory agency, in compliance with the OSHA Hazard Communication Standard.
- E. Properly dispose of all chemical agents and other materials used in dental radiography procedures.
- F. Implement quality assurance procedures (e.g., daily recording of solution temperatures, dates of solution changes, test film runs, clean and maintain equipment, knowledge of periodic inspections).

## (11%) III. MOUNT AND LABEL

- A. Mount radiographs using buccal (facial) view.
1. Identify anatomical landmarks that aid correct mounting.
  2. Match specific tooth views to specified tooth mount windows.
  3. Demonstrate appropriate technique for optimum viewing.

- B. Identify anatomical structures, dental materials and patient information observed on radiographs, including differentiating between radiolucent and radiopaque areas.
- C. Prepare radiographs for legal requirements, viewing and duplication.
1. Identify methods for duplicating radiographs.
  2. Identify information that must legally appear on the mount label.
  3. Identify reasons for exposing and retaining radiographs.

## (21%) IV. RADIATION SAFETY-PATIENT

- A. Apply the principles of radiation protection and health physics and hazards in the operation of radiographic equipment.
1. Demonstrate knowledge of the factors affecting x-ray production, including kVp, mA, and exposure time.
    - a. Describe the characteristics of x-radiation.
  2. Demonstrate understanding of x-ray machine factors that influence radiation safety, including concepts of filtration, shielding, collimation and PID (cone) length.
  3. Demonstrate understanding of radiation physics:
    - a. primary radiation.
    - b. scattered (secondary) radiation.
  4. Describe protocol for suspected x-ray machine malfunctions.
- B. Practice patient safety measures to provide protection from x-radiation.
1. Identify major causes of unnecessary x-radiation exposure.
  2. Demonstrate understanding of radiation biology.
    - a. Short- and long-term effects of x-radiation on cells and tissues.
    - b. Demonstrate understanding of concepts of radiation doses, and effective dose.
  3. Identify ways to reduce radiation exposure to patients (ALARA).
  4. Identify guidelines that determine frequency of exposure.

## (13%) V. RADIATION SAFETY-OPERATOR/OTHER STAFF

- A. Practice operator safety measures to provide protection from x-radiation.
1. Identify sources of x-radiation to operators/other staff while exposing radiographs.
  2. Identify safety measures to reduce operator x-ray exposure.
  3. Demonstrate understanding of radiation physics and biology pertaining to the operator exposure.
- B. Describe techniques for monitoring individual radiation exposure.
1. Describe the ALARA principle as related to operator safety.
  2. Explain the function of a personal monitoring device.

# 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 issuing of my exam scores 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 examination/s and to forfeiture and return to DANB of any scores granted me by the Delaware Division of Public Health based on DANB exam scores 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 examination given by DANB, any scoring relating thereto, the failure to issue me an application form, exam score report and/or certificate (state or national), or any demand for forfeiture or return of such registration form, score report and/or certificate and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost, or expense, including attorneys' fees, arising out of or in connection with said application, administration, score reporting, state registration and/or state or national certification activities. I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR THE Delaware dental radiologic technology examination 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 examination process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB Certifications, including the Certified Dental Assistant (CDA), Certified Preventive Functions Dental Assistant (CPFDA), Certified Orthodontic Assistant (COA), Certified Dental Practice Management Administrator (CDPMA) or Certified Oral and Maxillofacial Surgery Assistant (COMSA) Certifications; any DANB Certificates of Competency, including the Radiation Health and Safety (RHS), Infection Control (ICE), Coronal Polish (CP), Sealants (SE), Topical Anesthetic (TA) and Topical Fluoride (TF) Certificates of Competency; and any state-specific certificates administered by DANB on behalf of a state regulatory body, including the Arizona Radiologic Proficiency Certificate, Arizona Coronal Polishing Certificate, Oregon Radiologic Proficiency Certificate, Oregon Expanded Functions Dental Assistant Certificate and Oregon Expanded Functions Orthodontic Dental Assistant Certificate. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any of the DANB-administered credentials listed above and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB Certification status, and my city and state of residence. My full address will not be posted online by DANB. I understand that if I do not want DANB to display my city and state of residence as part of the online credential verification process, then I must submit a written request for omission of this information to following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. (I understand that my name, credentials held [issued by DANB as described above] and current DANB Certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.)
4. I understand that by providing my email address on the application form, I am consenting to receive email messages from DANB and its affiliates related to their products and services or news affecting the dental assisting profession. I understand that DANB agrees not to provide my email address to any third party without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at <http://www.danb.org/termsandconditions.asp>.
5. I authorize DANB to release my examination score(s) to state reporting agencies. I also authorize DANB to use information from my application and examination(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 examination and from receiving examination scores 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 examination 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 examination to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB examination materials, including but not limited to the content of any examination 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 scores.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an examination 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 examination fee. I further understand that taking the examination, 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 examination whether I pass or fail. I agree not to dispute the examination fee. Passing candidates will not be eligible to retain their scores if the examination fee is not paid in full.





# 2012 Delaware Dental Radiologic Technology Application Form

2012 Application and Exam Fees Valid Through December 31, 2012

## Fee: \$100

**Instructions:**

1. Carefully read the *Application Statements* on page 9.
2. **Complete all items on the application.**  
(Incomplete applications will be returned and the \$50 nonrefundable application fee retained.)
3. Mail/fax the completed, signed registration form to DANB with the \$100 application/exam fee or credit card information.
4. In approximately four weeks, a *Test Admission Notice* will be mailed, allowing the candidate to call and schedule the testing date. Candidates are encouraged to call early, as centers and dates fill quickly.  
**Testing must be completed within the 60-day period indicated on the *Test Admission Notice*.**

### Candidate Information

Please print clearly.

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

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

(Previous Name, if applicable) \_\_\_\_\_ Email \_\_\_\_\_

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

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

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

I hereby 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 examination fee. I hereby agree that prior to examination 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** \_\_\_\_\_

3750-DDRT

### Payment Information

Candidate's Name \_\_\_\_\_ Candidate's SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.**

**Delaware Dental Radiologic  
Technology Exam**

**Exam Code 3750**

VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

**Credit Card Authorization:** Allows DANB to charge your credit card account. Please complete all information.

Credit Card Account Number \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount: **\$100.00**

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.)

# Delaware Dental Radiologic Technology Exam

## Exam 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 Form in its entirety?
- Signed and dated the Application Form?
- Enclosed the application/exam fee (\$100) by check or credit card?
- Enclosed the *Reasonable Accommodations Request Form*, if needed? Note: This form 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 (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 (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.