

Michigan Department of Licensing and Regulatory Affairs  
**Board of Dentistry**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918  
www.michigan.gov/healthlicense

## DENTAL ASSISTANT LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all required documentation sent to the Board of Dentistry. Questions regarding your application can be directed to the Michigan Board of Dentistry at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

### **GENERAL INSTRUCTIONS:**

Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application. Please provide details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may result in a delay in the processing of your application.

Please note: as of January 2008, RDA exam candidates will no longer be tested on their skill in the application and removal of a dental dam during the clinical portion of the Michigan RDA examination. The clinical portion of the RDA examination currently includes only the Temporary Crown and Amalgam Restoration sections.

### **REGISTERED DENTAL ASSISTANTS**

1. Submit the application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable.
4. A FINAL, OFFICIAL transcript from the ADA accredited dental assisting educational program you attended must be sent to this office directly from your school as soon as it is available. Applicants desiring to be scheduled for the Michigan RDA examination before the actual graduation date must graduate within 45 days of the examination. The RDA registration will NOT be issued until a final transcript is received that shows the date you graduated from the RDA program. A letter that verifies the graduation date must be received in this office directly from the Director of the program.
5. Please attach proof of current CPR certification to your application.
6. If you graduated from an approved RDA educational program prior to March 2004, you must complete an additional 35 hours of clinical and didactic instruction in expanded functions. You must have the Program Director from the approved RDA program where you took the additional training complete the enclosed Verification of Training form or provide other Board-approved equivalent documentation. The Program Director must send the completed form to the Board office.

7. You must pass the Michigan Written and Clinical RDA Examination. To be made eligible for the RDA examination, the above information must be received in this office no later than 30 days before the scheduled exam date. Examination and deadline dates may be obtained by calling (517) 335-0918 or by accessing our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense). Please refer to the attached examination brochure for detailed information regarding the RDA examination.

8. Please have your Program Director complete and return the attached Verification of Training and Competency in the Application and Removal of a Dental Dam form. The completed form must be submitted to the Board office directly from your RDA educational program.

## **LIMITED LICENSE**

The Public Health Code of Michigan (1978 PA 368, as amended) provides that the Michigan Board of Dentistry may grant the following types of limited licenses:

1. Educational Limited License - to a person who is enrolled in postgraduate education.
2. Non-clinical Academic Limited License - to a person who functions ONLY in a non-clinical academic, research or administrative setting and who does not hold themselves out to the public as being actively engaged in the practice of dentistry or otherwise solicit patients.
3. Clinical Academic Limited License - to a person practicing only in a clinical academic setting and who does not hold themselves out to the public as being actively engaged in the practice of dentistry, or otherwise solicit patients.

The Board of Dentistry Administrative Rules and procedures require the submission of the following for each type of limited license:

1. Proof of graduation (official transcript) from an ADA approved dental assistant program OR a certified copy of the diploma and transcript from an unapproved school of dental assistant. The latter shall be translated into English, if necessary.
2. Name, address and division/department of institution in which the applicant is being employed/enrolled;
3. Name, degree and title of applicant's supervising dentist;
4. Description of duties, responsibilities or courses of the applicant; and
5. Beginning date of employment or the beginning and anticipated ending date of the education program.

## **GENERAL INFORMATION**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Dentistry in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, Application Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Dentistry in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) for more information on the specific requirements.  
**PLEASE NOTE:** You are not required to complete any continuing education credits in order to renew your license for the first time because you will not have held your license for a full three-year period.
5. ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

## CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS – (Michigan Locations only)

Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at [www.michigan.gov/lsvendor](http://www.michigan.gov/lsvendor). Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Division. Receipts **should not** be mailed to the office, but kept for your own records.

You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Health Professions Division will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.

Information about fees and scheduling your fingerprint appointment with Identogo can be found at [www.identogo.com](http://www.identogo.com) or by calling 1-866-226-2952.



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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS  
(For applicants out of state or out of country)**

1. There are two ways you can have your fingerprints taken:
  - \* Option 1 (Preferable) - Contact Identogo at [www.identogo.com](http://www.identogo.com) or by calling 1-866-226-2952 or another LiveScan vendor in the state where you reside, take the completed form, have your fingerprints taken digitally, and have them **PRINTED OUT**.
  - \* Option 2 - Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the digital printout or the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to Identogo to the following address:
 

Identogo/Livescan Processing Unit  
1650 Wabash Ave Suite D  
Springfield IL 62704
3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

**Applicant Instructions:** Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg.#:	
City:		State:		ZIP Code:	
Daytime Telephone Number w/ Area Code:			State or Country of Birth:		
Date of Birth (MM/DD/YYYY):			Race:		Sex:
Height:	Weight:		Eye Color:		Hair Color:
Please select the type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc.):					
<input type="checkbox"/> Acupuncture 90889P		<input type="checkbox"/> Medicine 90897K		<input type="checkbox"/> Physical Therapy 90906M	
<input type="checkbox"/> Athletic Trainer 90890J		<input type="checkbox"/> Nursing- LPN 90899J		<input type="checkbox"/> Physician Assistant 90907E	
<input type="checkbox"/> Audiology 90891P		<input type="checkbox"/> Nursing- RN 90898T		<input type="checkbox"/> Podiatry 90908L	
<input type="checkbox"/> Chiropractic 90892H		<input type="checkbox"/> Nursing Home Admin 90901K		<input type="checkbox"/> Psychology 90909A	
<input type="checkbox"/> Counseling 90893M		<input type="checkbox"/> Occupational Therapy 90902T		<input type="checkbox"/> Respiratory Care 90910L	
<input type="checkbox"/> Dentistry 90894E		<input type="checkbox"/> Optometry 90903J		<input type="checkbox"/> Social Work 90912K	
<input type="checkbox"/> Marriage & Family Therapy 90895L		<input type="checkbox"/> Osteopathic Medicine 90904P		<input type="checkbox"/> Speech-Lang Pathology 90913T	
<input type="checkbox"/> Massage Therapy 90896A		<input type="checkbox"/> Pharmacy 90905H		<input type="checkbox"/> Veterinary Medicine 90914J	

**THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY**

Fingerprint Date:	TCN:
Type of ID Presented:	

**REQUESTING AGENCY INFORMATION**

Agency Name:	Reason Fingerprinted:	Cost:
MI DEPT OF LARA-	LHP – Licensed Health Care Professional (MCL333.16174)	

Michigan Department of Licensing and Regulatory Affairs

**Board of Dentistry**

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 www.michigan.gov/healthlicense

LARA/LDN-030 (04/11)

**APPLICATION FOR A REGISTERED DENTAL ASSISTANT LICENSE**

Authority: Public Act 368 of 1978, as amended  
 If this form is not completed, a license will not be issued.

**Type or Print Only**

<b>I AM APPLYING FOR THE FOLLOWING:</b>			<b>Board Use Only</b>	
<input type="checkbox"/> Registered Dental Assistant License and Examination Fee: \$100.00 71-2903-01			License Number: _____	
<input type="checkbox"/> Registered Dental Assistant Clinical Academic License Fee: \$30.00 71-2903-03			Date of Licensure: _____	
<input type="checkbox"/> Registered Dental Assistant Non-Clinical Academic License Fee: \$30.00 71-2903-03				
<input type="checkbox"/> Registered Dental Assistant Educational Limited License Fee: \$20.00 71-2903-05				
Your check or money order drawn on a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> must accompany this application. <b>DO NOT SEND CASH.</b> Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.				
Legal First Name	Legal Middle Name	Legal Last Name		
U.S. Social Security Number	Date of Birth	Daytime Telephone Number (     )		
Street Address				
City	State	ZIP Code		
E-Mail Address				
All Previous Names and/or Birth Name Used (if applicable)				
Have you ever held a health professional license in Michigan?				
<input type="checkbox"/> No <input type="checkbox"/> If yes, list Michigan permanent I.D./license number and expiration date: _____				

**Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name
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7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?  Yes  No

8. Do you hold or have you ever held a dental assistant license in any state?  Yes  No  
 List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)**

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

**Please provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.**

Name and Address of Institution	Dates of Attendance		Degree
	From	To	

**CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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## Michigan Department of Licensing and Regulatory Affairs

**Board of Dentistry**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**VERIFICATION OF 35 HOURS OF SPECIFIC RDA FUNCTIONS TRAINING**

Authority: Public Act 368 of 1978, as amended

**SECTION I - APPLICANT INFORMATION**

**Applicant** Please complete the information in Section I and mail this form to the school where you obtained the 35 hours of specific RDA functions training. **Please Note:** The completion of this form is only required for individuals who completed their RDA educational program prior to March 2004.

First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date	
Street Address			
City	State	ZIP Code	
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)		

Applicant's Signature	Date
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**APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO THE PROGRAM DIRECTOR FOR COMPLETION OF SECTION II.**

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**THIS SIDE TO BE COMPLETED BY THE PROGRAM DIRECTOR**

**INSTRUCTIONS FOR COMPLETING SECTION II:**

The applicant listed on previous page must verify the completion of 35 hours of specific RDA functions training. Please complete Section II and the certification below concerning training received by the applicant. When the form is complete, mail it directly to the Board of Dentistry at the address shown on page 1 of this form.

**SECTION II - VERIFICATION OF TRAINING**

Name of School		Telephone Number	
Street Address			
City	State	ZIP Code	
Dates of Training			
From:		To:	

**CERTIFICATION**

I certify that \_\_\_\_\_ has completed instruction  
(Applicant's Name)

that includes:

A course in assisting and monitoring the administration of nitrous oxide analgesia that includes a minimum of 5 hours of didactic training in

- Nitrous oxide analgesia medical emergency techniques
- Pharmacology of nitrous oxide
- Nitrous oxide techniques

A minimum of 20 hours of didactic instruction and a measurement of clinical competency in

- Taking final impressions
- Placing, condensing & carving amalgam restorations

A minimum of 10 hours of didactic and clinical instruction in

- Performing pulp vitality testing
- Placing and removing matrices and wedges
- Applying cavity liners and bases
- Placing and packing nonepinephrine retraction cords
- Applying desensitizing agents
- Taking impressions for orthodontic appliances, mouth guards, bit splints, and bleaching trays
- Drying endodontic canals with absorbent points
- Etching and placing adhesives prior to placement of orthodontic brackets

\_\_\_\_\_  
 Authorized Signature (Dean, Registrar, etc.)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Type or Print Name and Title

( S C H O O L   S E A L )

**Board of Dentistry**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**VERIFICATION OF TRAINING AND COMPETENCY IN THE  
APPLICATION AND REMOVAL OF A DENTAL DAM**

Authority: Public Act 368 of 1978, as amended

**SECTION I - APPLICANT INFORMATION**

**Applicant** Please complete the information in Section I and **submit** this form to the RDA school where you completed your dental assistant certification program.

First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	E-mail Address	
Street Address			
City	State	ZIP Code	
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)		

Applicant's Signature	Date
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**APPLICANT: UPON COMPLETION OF SECTION I, SUBMIT THIS FORM TO THE RDA PROGRAM DIRECTOR AT YOUR SCHOOL FOR COMPLETION OF SECTION II.**

**TO BE COMPLETED BY THE PROGRAM DIRECTOR****SECTION II - VERIFICATION OF TRAINING**

Please complete Section II and the certification on the next page concerning the competency of this applicant in the application and removal of a dental dam. When the form is complete, mail it directly to the Board of Dentistry at the address shown on this form.

Name of School	Telephone Number	
Street Address		
City	State	ZIP Code

Applicant's Name
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Please provide the information requested below using the evaluation criteria on the next page. The applicant must satisfactorily complete seven (7) out of the nine (9) criteria to attain competency in the application and removal of a dental dam. Criteria #1 and #8 must be acceptable for competency.

Application	(A) Acceptable	(B) Unacceptable (document)
1. *Clamp Stable/Ligation		
2. Dam Properly Punched		
3. Inverted and/or Ligated to Prevent Leakage		
4. Frame Properly Placed		
5. Stabilization		
6. Dam Placement		
Removal		
7. Soft Tissue Condition		
8. *Contacts & Sub-gingival Area Free of Material		
9. Aseptic Technique Observed		

### CERTIFICATION

I certify that \_\_\_\_\_ has completed the required training in the application and removal of a dental dam as established by the ADA. This applicant is competent in the knowledge and skill required in the application and removal of a dental dam.

\_\_\_\_\_  
Authorized Signature (Program Director, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name and Title

(SCHOOL SEAL)

The following criteria should be used to evaluate the applicant's competency in the application and removal of a dental dam. This page is for your use only and does not need to be returned to our office.

## EVALUATION CRITERIA FOR APPLICATION AND REMOVAL OF DENTAL DAM

The applicant must satisfactorily complete seven (7) out of the nine (9) criteria listed to show competency in the dental dam. Criteria #1 and #8 MUST be acceptable in order to conclude that the applicant is competent in the skills required for application and removal of a dental dam.

### APPLICATION:

1. Clamp Stable/Ligated on the Most Posterior Anchor Tooth. For the safety of the patient, if a clamp is used, floss must be tied to it prior to prior being tried in the patient's mouth. The correct clamp must be stable. If the clamp pops off after a gentle touch, it is unacceptable.
2. Dam Properly Punched. Leakage caused by improper placement or size of the holes is unacceptable.
3. Inverted and/or Ligated to Prevent Leakage. The dental dam must be inverted around each tooth to prevent leakage. If this is not possible, a ligature may be tied around one or more teeth. It is unacceptable if the area is not dry.
4. Frame Properly Placed. A Frame that is slightly off-center would not indicate an unacceptable score. However, if there is a danger of the post hitting the patient's eye or if it is placed in such a way that it hinders access to treating the tooth, it is unacceptable.
5. Stabilization. Libation or an alternate means is necessary to anchor the dam on the distal contact of the most anterior anchor tooth. If the dam does not stay in place, it is unacceptable.
6. Dam Placement. A slightly off-centered dam would not indicate an unacceptable score. Examples of unacceptable placement would be a dam that covers the nose or a dam that does not cover the upper and lower lips. Isolation of the teeth must extend from a first or second molar to the central incisor or canine of the opposite side.

### REMOVAL:

7. Soft Tissue Condition. It will be necessary for the examiner to use his/her judgment in determining if there is excessive soft tissue trauma. Gingival trauma and patient discomfort should be minimal.
8. Contacts and Sub-gingival Area Free of Material. The oral cavity and dental dam material should be inspected for any missing pieces. All material (i.e. dental dam, floss, etc.) must be removed from between the contacts and sub-gingival area. It is unacceptable if material remains in the patient's mouth.
9. OSHA and CDC guidelines for Aseptic Technique observed.



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

RICK SNYDER  
GOVERNOR

STEVEN H. HILFINGER  
DIRECTOR

**REGISTERED DENTAL ASSISTANT  
EXAMINATION BROCHURE**

**For Administration of Examinations BEGINNING**

**August 2011**

## **GENERAL INFORMATION**

The examination to become a Registered Dental Assistant is designed to test basic knowledge and skills. Only graduates of dental assisting accredited programs approved by the Michigan Board of Dentistry (program must be ADA approved) are eligible to take this examination.

## **SPECIAL ACCOMMODATIONS**

If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. In addition, we require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your dental assisting program that describes what types of accommodations were provided to you during your education. These documents need to be submitted at the same time you send in this license application, if not earlier, to: LARA, Bureau of Health Professions Attn: ADA Request, P.O. Box 30670, Lansing, MI 48909.

## **EXAMINATION INFORMATION**

The examination will be given in two parts. The Clinical portion of the exam will take no more than 2 hours to complete, with an additional 30 minutes for the Clinical orientation and exam set-up. You will have exactly 2 hours to complete the Clinical Examination once it begins. The Written portion of the exam will be given on the same day. You will have 2 hours to complete the Written Examination. Exact reporting times for each part of the examination the candidate is scheduled to take will appear on the examination admission letter.

In accordance with Departmental refund rules and policy, if you wish to withdraw from an examination for which you are scheduled, you must inform the Department **IN WRITING**. In order to receive a **PARTIAL** refund of the examination fee, your written request to withdraw from the examination must be received by the Department **AT LEAST SEVEN (7) DAYS** prior to your scheduled examination. After this time, the entire examination fee may be non-refundable if you fail to appear or are denied admission to the examination.

## **ADMISSION TO CLINICAL EXAMINATION**

All candidates are required to appear at the designated site on time and in appropriate clinical attire. This includes scrubs, safety glasses, clinic appropriate shoes, gloves, and mask. The site coordinator has the authority to dismiss a candidate if the appropriate clinic attire is not worn.

Each candidate **must** present at the examination site:

1. one piece of official identification with the candidate's picture and signature,
2. the Examination Admission Letter sent to the candidate by the Michigan Board of Dentistry, and
3. Each candidate **must bring his or her own** required equipment and supplies.

## **ADMISSION TO WRITTEN EXAMINATION**

Before admission to the Written Examination, each candidate **must** present:

1. one piece of Official Identification with the candidate's picture and signature, AND
2. the Examination Admission Letter sent to the candidate by the Michigan Board of Dentistry.
3. several sharpened #2 pencils to use for the written exam.

## **SCORING**

The passing score on the Written Examination is 75%. Candidates who pass the examination will only receive a notice of "PASS". A numeric score will not be provided. Candidates who fail the Written Exam will receive a numeric score and a breakdown of their performance to aid in preparing for re-examination.

Candidates taking the Clinical Examination will receive a score of either PASS or FAIL for each of the required skills (temporary crown, amalgam restoration). Each skill will be scored using the Evaluation Criteria listed in this brochure. If a candidate satisfactorily performs the required tasks for each skill, the candidate will pass the skill. If the required number of skills is satisfactorily performed, the candidate will pass the Clinical Examination.



## IRREGULARITIES

No reference materials may be utilized during the Written Examination. A container for equipment and supplies may be brought to the Clinical Examination. Candidates may refer to this brochure during the clinical examination. In the case of cheating, observation of direct exchange of materials between candidates, the use of prohibited materials by the candidate, or proof that the person appearing is not the applicant, the person will be removed from the examination site, and the applicant may be denied licensure.

## RE-EXAMINATION

In the case of failure or disqualification on any part or section of the examination, the candidate may re-apply to take the failed part or section at the next regularly scheduled Written or Clinical Examination. A re-examination application will be sent to the candidate. This application must be returned to the Board of Dentistry with the appropriate fee made payable to the "State of Michigan."

Time allotments on re-exams for the Clinical Examination are as follows:

Placement of Temporary Crown	60 minutes
Amalgam Restoration	60 minutes

If you did not pass either the Temporary Crown or the Amalgam Restoration, a model will be available for you at your re-examination. However, the teeth that were used at the first examination will be removed and **you will be required to bring new teeth with you**. Please contact Viade for teeth. Please be sure to bring all teeth needed to evaluate proximal contact with adjacent teeth, the marginal ridge, and occlusion, if applicable.

## MICHIGAN BOARD OF DENTISTRY RULES

**R338.11241** - Registered dental assisting licensure candidate who fails the clinical or comprehensive examination twice; requirements before re-examination.

### Rule 1241

1. Before being permitted to retake the clinical examination, a registered dental assisting licensure candidate who sustains two (2) successive failures in the clinical examination shall be required to meet both of the following requirements subsequent to the last examination failed:
  - a. The candidate shall present evidence of additional education consisting of a minimum of twenty (20) hours of board-approved instruction, which shall be both didactic and clinical, in a school approved by the board.
  - b. The course shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.
2. Before being permitted to retake the written examination, a registered dental assisting licensure candidate who sustains two (2) successive failures in the written section of the examination shall be required to meet both of the following requirements subsequent to the last examination failed:
  - a. The candidate shall present evidence of additional education consisting of a minimum of twenty (20) hours of board-approved instruction in a school approved by the board.
  - b. The course shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.

**R338.11245** Registered dental assisting licensure candidate who fails the examination three (3) times; requirements before re-examination.

**Rule 1245** Before being permitted to retake the examination, a registered dental assisting licensure candidate who fails any part of the examination three (3) times, shall be required by the board to return to an accredited school for one (1) academic semester or term. The course of the one (1) academic semester or term shall be satisfactorily completed as evidenced by certification by the dean or his or her appointee.

## **EXAMINATION REVIEW/APPEAL PROCEDURE**

A candidate who fails the written portion of the examination may request a review of the failed section(s) by submitting a written request within sixty-days (60) of the date of the test result notification. The written review request must contain the candidate's: (1) full name; (2) address; (3) daytime phone number; (4) candidate ID number; (5) date of failed examination. The review request should be addressed to RDA Exam Review, Michigan Board of Dentistry, and P.O. Box 30670, Lansing, MI 48909 or e-mailed to [bhphelp@michigan.gov](mailto:bhphelp@michigan.gov).

Upon receipt of a candidate's written request to review the examination, the candidate will be contacted to set up an appointment. Candidates are required to pay a \$10.00 review fee. All reviews shall be conducted at least thirty-days (30) PRIOR to the next examination administration. Candidates may review ONLY the section(s) failed and will NOT be allowed to remove any notes from the review session. No copies of the examination or other documents shall be made during the review. The candidate will be allowed one-half ( $\frac{1}{2}$ ) of the total time allocated for the examination administration to review the examination(s).

After the review, the RDA Examination Committee will review all appeals, comments and documentation and will make a recommendation to accept or deny the appeal.

## **CLINICAL EXAMINATION**

The clinical part of the licensing examination is designed to test the competency of the candidate through performance criteria in basic skills. Candidates may refer to this brochure as needed during the clinical examination.

## **MODELS/CASTS**

1. The candidate must use Model #3296 purchased from Viade Products for the clinical examination. It is also recommended that candidates purchase 1-2 extra prep teeth with the model.
2. The models must be ordered through Viade Products, 354 Dawson Drive, Camarillo, CA 93012. The phone number is 805-484-2114 or 805-484-4617; FAX number is 805-484-9285; and e-mail address is [viade@aol.com](mailto:viade@aol.com).

It is recommended that you contact your school program to purchase the specified model (#3296) in bulk. This will reduce the cost significantly. If ordered separately, the price per model will be around \$100. If ordered in bulk, the price per model will be closer to \$80. Additional prep teeth will cost about \$2 each. Please contact Viade Products for exact ordering and price information. You must let them know that you need Model #3296.

3. The casts may be used pre-exam for practice purposes. However, the casts should be in their box in an unaltered condition when brought to the examination site or the candidate may be disqualified on this section of the examination.
4. Casts submitted for grading become the property of the State of Michigan and cannot be returned to candidates. If you do not pass the Temporary Crown or the Amalgam Restoration, a model will be available for you at your re-examination. However, the prepped teeth that were used at the first examination will be removed and you will be required to bring new teeth with you.

## ADDITIONAL INFORMATION

1. Candidates are responsible for bringing their own supplies and materials. These may **NOT** be shared with any other candidate.
2. The candidate is to have the following ready and in view before the examiner checks the supplies and materials:
  - a. Candidate Photo Identification (driver's license, etc.)
  - b. Examination Admission Letter
  - c. Models/Casts (out of box)
  - d. Selection of Crowns - minimum of four (4) crowns suggested
3. Materials **MUST** be checked and initialed by the examiner prior to starting the exam (e.g., casts, crowns). Do **NOT** begin any procedure until the examiner has initialed the materials. Noncompliance with the above will result in a failure for the procedure. Both the maxillary and mandibular casts (as well as their storage box) must be marked with the candidate's identification number. Make sure your name is **NOT** written on the model or the box.
4. Candidates may **NOT** wear nametags. Please cover any name that may appear on your clothing.
5. The candidate is not to carry on conversations with any other candidates.
6. The candidate is to remain in their assigned seat and may not walk around the testing site.
7. The candidate must leave the completed test materials at their assigned seat. Maxillary and mandibular casts should be wrapped and replaced in their box.

Please mark the casts and box with your candidate identification number. Do not write your name on the casts or box.
8. The candidate must leave the cubicle or unit neat and clean. All products must be removed and properly disposed.

## **PLACEMENT OF TEMPORARY CROWN**

### **1. INSTRUMENTS AND SUPPLIES (each candidate must bring their own)**

- a) mouth mirror
- b) explorer
- c) cotton forceps
- d) scissors - crown and collar
- e) spatula(s)
- f) temporary cements, acrylic resins
- g) glass slab and/or waxed pads
- h) gloves, masks, and glasses
- i) appropriate instruments for placing temporary crown
- j) acceptable selection of temporary crowns for prepared teeth
- k) Viade Products Model #3296
- l) If preparing an acrylic custom temporary crown, the candidate must bring the un-prepped **#30** tooth and a Dremel® or similar battery operated rotary instrument.

### **2. SET-UP PROCEDURES**

- a) The candidate identification number must be placed on the outside of the box and on both the mandibular and maxillary casts. A permanent marker will work on the casts.
- b) Casts and crowns must be out and available for the examiner's review before the candidate begins the procedure.
- c) The candidate will construct and place a temporary crown on the prepared tooth. The tooth must remain in the model during the fabrication. The correct size crown must be chosen or fabricated and the crown must be cemented onto the tooth with temporary cement.

If the candidate chooses to construct an acrylic custom temporary crown, all aspects of the crown, including the preliminary impression, must be fabricated during the allotted examination time. The candidate must provide all necessary armamentarium.

- d) After the exam, the candidate will secure both casts in their box. The examiner will collect the casts.

### 3. EVALUATION CRITERIA

- 1) Proximal Contacts. There must be visual contact with the adjacent teeth. (**Please note:** The use of dental floss may cause an open contact that will be unacceptable.)
- 2) Crown Selection. Must fit mesiodistally. It is acceptable if the crown is too wide bucco-lingually. (Please note: The crown does not necessarily have to be a five-cusp crown, but must be a mandibular right molar crown with the buccal surface facing the cheek. Preformed, preformed with acrylic lining, and acrylic temporary crowns are all acceptable.)
- 3) Length of Margins. The crown margin must be at or no more than 1 mm occlusal to the margin of the preparation. Crowns extending apical to the margin are unacceptable.
- 4) Adaptation of Margins. The surface of the temporary crown and margin must be smooth and well adapted to the contour of the tooth. Contour must be established to approximate the original contour of the tooth.
- 5) Cement Line. Cement must be removed from the crown, the gingival area and the adjacent teeth. A cement line of no more than 1 mm is acceptable as long as it is free of voids.
- 6) Occlusion. The cast must be hand articulated in centric occlusion with the opposing arch.

The candidate must satisfactorily complete four (4) of the six (6) criteria listed above. Proximal Contacts, criterion 1, MUST be acceptable to pass the temporary crown section of the examination.

## PLACEMENT OF CLASS II AMALGAM RESTORATION

### 1. **INSTRUMENTS AND SUPPLIES (each candidate must bring their own)**

- a) mouth mirror
- b) explorer
- c) cotton forceps
- d) gloves, masks, and glasses
- e) appropriate instruments and armamentarium for placing an amalgam restoration for a Class II cavity preparation
- f) Unidose amalgam capsules
- g) Viade Products Model #3296 Tooth #14 MO. Amalgamators will be provided and shared with other candidates at the exam

### 2. **SET-UP PROCEDURES**

- a) Make sure the casts and box are identified and available as specified in the other procedures.
- b) The candidate will place an amalgam restoration for a Class II cavity preparation.
- c) The candidate must secure both casts in their box. The examiner will collect the casts.

### 3. **EVALUATION CRITERIA**

- 1) Contact. There must be visual contact with the adjacent tooth.
- 2) Marginal Ridge. The marginal ridge must be the same height as the adjacent tooth and must be undamaged.
- 3) Margins. There is no void or over-extension at the cavosurface margin between the restoration and the tooth.
- 4) Contour. Contour must be established to approximate the original contour of the tooth.
- 5) Surface. The surface of the restoration must be smooth.
- 6) Occlusion. When models are articulated, the restoration must be carved to normal centric occlusion (detailed anatomy not required).

The candidate must satisfactorily perform four (4) out of the six (6) criteria listed above to pass this section of the examination. Contact, criterion 1, and Marginal Ridge, criterion 2 MUST be acceptable to pass the amalgam section of the examination.



## WRITTEN EXAMINATION

The Written Examination consists of approximately one hundred and twenty-four (124) test items/questions. You will be given 2 hours to complete the exam. The test items evaluate the candidate's knowledge in eight (8) categories. The candidate will be expected to have a basic knowledge of normal vs. abnormal conditions present in the oral cavity. This may include naming a condition from a description.

The following chart identifies the eight (8) categories, and the number of test questions assigned to each category. A more detailed description of the categories is available in the format of a task list. One may obtain this task list by making a written request to the following address: RDA Exam Information, Michigan Board of Dentistry, P.O. Box 30670, Lansing, MI 48909. The request may also be faxed to 517-373-2179 or e-mailed to [bhphelp@michigan.gov](mailto:bhphelp@michigan.gov). The task list is also available on-line at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) under "Dentistry" and "Licensing Information".

**TEST SPECIFICATIONS FOR  
RDA WRITTEN EXAMINATION**

<b>CATEGORY</b>	<b># OF QUESTIONS</b>
<b>DATA COLLECTION &amp; RECORDING:</b> Obtain & record medical/dental history; Identify, describe & chart soft tissue, teeth and related conditions; Diagnostic aids; Vital signs	<b>10</b>
<b>PATIENT MANAGEMENT, EDUCATION, &amp; COMMUNICATION:</b> Pre/post treatment instructions; Oral health instructions; Answer patient questions	<b>3</b>
<b>PREVENTION OF DISEASE TRANSMISSION:</b> Sterilization; Disinfection; Implement procedures to prevent disease transmission	<b>8</b>
<b>PREVENTION &amp; MANAGEMENT OF EMERGENCIES:</b> Recognize patient signs, symptoms, & conditions; Perform office emergency procedures; Assist in management of office emergencies	<b>3</b>
<b>OCCUPATIONAL SAFETY:</b> Use safety measures when handling emergencies	<b>7</b>
<b>LEGAL ASPECTS OF DENTISTRY:</b> Obtain & document records; Maintain legal responsibilities; Prevent lawsuits; Maintain right to privacy; Recognize state dental law	<b>8</b>
<b>DENTAL RADIOGRAPHY:</b> Expose & evaluate films/radiographs; Process (both manual & automatic); Mount & label; Identify and chart anatomical structures & questionable conditions; Principles of radiation protection & safety for patient and operator	<b>25</b>
<b>INTRAORAL FUNCTION &amp; PROCEDURES:</b> Dental dam - Select, place, & remove; Topical fluoride - Select, prepare, apply, patient safety; Pit & fissure sealant - Select, prepare, apply; Temporary intracoronal restorations - Select, prepare, place, finish, remove; Temporary crown restoration - Select, prepare, place, remove; Topical anesthetics - Select, prepare, apply, patient safety; Suture removal - Select, prepare, removal, tissue status; Periodontal dressing - Select, prepare, adapt, remove, tissue status; Orthodontic procedures; Chair-side dental procedures; Placing/packing non-epinephrine retraction cords; Taking final impressions for indirect restorations; tooth desensitization; Placing dental liners/cements/varnishes; Drying endodontic canals with absorbent points; Placing & removing matrices & wedges; Pulp vitality testing; Place, pack & carve amalgam restorations	<b>60</b>
<b>TOTAL EXAM</b>	<b>124</b>

## REFERENCES

The following suggested references are NOT intended to be all-inclusive.

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