



WREB

A National Dental and Dental Hygiene Testing Agency

INSTRUCTIONS FOR COMPLETING THE EFDA MAIL-IN APPLICATION

Print this document. Please read each section of the application carefully and follow all instructions exactly. All sections must be completed in order for your application to be processed.

Your application must include a **cashier's check or money order** for the examination fee(s) made payable to WREB. Personal checks are not acceptable. A separate cashier's check or money order is required for each exam location/type for which you are applying. The WREB office does not accept credit card payments over the phone or through the mail. Credit card payment may only be submitted with online registration at www.wreb.org.

Follow the steps below to complete your Mail-In Application:

1. Read **WREB EFDA Application Policies & Procedures**.
2. Use the **WREB 2012 Examination Schedule** (attached) to select an exam or exams.
3. Complete the **Applicant Information** form.
4. Read and sign the **Policy Agreement** section and affix duplicate photos as indicated.
5. Complete the **Scheduling Request** section.
6. All exam candidates must provide documentation verifying qualification to take the exam(s). Certification document(s) should be mailed with your application, if possible. If not possible, acceptable certification must be received in the WREB office no later than **3 weeks prior to the first day of the exam**. Refer to **WREB Policies & Procedures** for exceptions and more information.
7. A **Course Certification Form** is included which may be used for course completion verification. This form is just one of several types of certification that are acceptable. Refer to the **Acceptable Course Certification Table** (below) for more information.
8. Mail your completed application with your exam fees to the WREB office to arrive by the application deadline stated on the **2012 Examination Schedule** document. (Refer to **WREB Policies & Procedures** for late charges.)
9. Space is limited. All applications will be processed in the order in which they are received.

If you have any questions regarding this application, contact the WREB Dental Hygiene Department at 602-944-3315, or via email at hygieneinfo@wreb.org.

Send completed application to:

WREB - DH Department
23460 N. 19th Avenue, Suite 210
Phoenix, Arizona 85027

ACCEPTABLE RESTORATIVE COURSE CERTIFICATION CONSISTS OF ONE OF THE FOLLOWING:

Per WREB policy, the Restorative course must be from an accredited dental hygiene school **OR** a CODA-approved dental hygiene school **OR** approved by the Washington State Department of Health's Dental Hygiene Program.

- An original Course Certification Form, properly completed and signed by school dean/director, with school seal affixed.
- An original letter (on school stationary) or certificate of course completion from the school where you took your course, signed by dean/director **with school seal affixed**.
- A copy of your Official School Transcript with the course(s) highlighted.



2012 EFDA APPLICATION POLICIES & PROCEDURES

EDUCATIONAL REQUIREMENTS

WREB requires completion of a restorative course from a CODA-approved dental hygiene school. You must submit either an Official Transcript containing verification of course completion, or original certification of course completion (prior to the exam). This certification document must contain the school seal and the signature of the Dean/Director. All exam candidates must provide documentation verifying qualification to take a WREB exam.

Washington EFDA Candidates: The State of Washington approves some restorative courses that are not offered at accredited hygiene schools. These courses will qualify for the WREB exam, as long as they have been approved by the Washington State Department of Health's Dental Hygiene Program. Please keep in mind that these courses may not qualify for certification in any state other than Washington.

Military Training: Per the State of Washington as of September 9, 2011, Candidates with military training in the following areas are equivalent education to Washington State Expanded Functional Dental Auxiliary.

Navy 1997-2007 - Expanded Function Program Curriculum
Navy 2007-Present - Advanced Dental Assistant Program Curriculum

APPLICATION PROCESS

You may choose to apply for a WREB exam Online or by Mail-In Application. Applications are processed on a first come, first serve basis, but online applications will receive priority over Mail-In Applications. Applicants must select to enroll completely online or completely by paper with a Mail-In Application. See below for explanations of the two processes.

Please be advised that space in all exams is limited. Once the maximum number of candidates submit complete applications, additional applications are not accepted. This may happen prior to the Application Deadline; therefore, you are encouraged to apply early. Any exam having an insufficient number of candidates by the Application Deadline may be cancelled. If this happens, you will receive a full refund of your examination fee(s).

Once an application is submitted, it is considered a contract with WREB. If you fail to fulfill all requirements of the application, or are unable to take the exam, the refund policy (below) applies.

It is your responsibility to ensure that all application requirements are met and that all required items are received in the WREB office. **IF ALL REQUIRED ITEMS ARE NOT RECEIVED IN THE WREB OFFICE THREE WEEKS PRIOR TO THE FIRST DAY OF THE EXAMINATION, YOU FORFEIT THE OPPORTUNITY TO TAKE THE EXAMINATION AND RECEIVE NO REFUND.*****

***** THIS POLICY DOES NOT INCLUDE THE COURSE CERTIFICATION IF YOU ARE APPLYING FOR THE RESTORATIVE EXAM PRIOR TO COMPLETION OF A RESTORATIVE COURSE. YOU MAY APPLY FOR THE EXAM PRIOR TO COMPLETION OF A RESTORATIVE COURSE.** If your application is accepted and the course is subsequently cancelled, or if you are unsuccessful in completing the course, the refund and cancellation policies apply as explained below.

Upon completion of a restorative course, you must provide certification of successful completion of the course to the WREB office no later than three weeks prior to the first day of the examination. If that is not possible, you must notify the WREB office that you plan to bring the proper certification to the exam site. **(If you bring improper certification or no certification to the examination site, you cannot take the examination. You will be listed as a "No Show Candidate" and the examination fee is forfeited.)** At the examination site, the restorative Chief Examiner will collect and verify the certification before giving you permission to take the exam.

ACCEPTABLE RESTORATIVE COURSE CERTIFICATION CONSISTS OF ONE OF THE FOLLOWING:

Per WREB policy, the Restorative course must be from an accredited dental hygiene school **OR** a CODA-approved dental hygiene school **OR** approved by the Washington State Department of Health's Dental Hygiene Program.

- An original Course Certification Form, properly completed and signed by school dean/director, with school seal affixed.
- An original letter (on school stationary) or an original certificate of course completion from the school where you took your course, signed by dean/director **with school seal affixed.**
- A copy of your Official School Transcript with the course(s) highlighted.

ONLINE APPLICATIONS

In order to apply online, you must pay with a credit card, upload a digital photo and digitally sign the WREB policy agreement. After you complete the Online Application, you will receive a confirmation e-mail that contains a link to download the *Course Certification Form*, if necessary. This form is just one of several types of certification that are acceptable. Refer to the *Acceptable Course Certification Table* (above) for more information. You may submit your course certification documentation or Course Certification Form at a later time, but no later than three weeks prior to the exam, or you will be cancelled from the exam and no refund will be given.

Applying online does not guarantee a space in the exam. It is your responsibility to ensure that all application requirements are met. Applications will remain in a pending status until your information is reviewed by WREB staff to ensure that your information is complete and that your photo meets the required specifications. Only then can your status be determined. WREB will notify you of your status by e-mail as soon as possible, but please allow up to 14 days for processing.

MAIL-IN APPLICATIONS

To apply by mail, you must download the Mail-In Application. Your application should be mailed to the WREB office along with your two photos, exam payment (certified check, cashier's check or money order only), and the signed General Information/Policy Agreement. Your course certification documentation may be submitted at a later time, but no later than three weeks prior to the first scheduled day of the exam, or you will be cancelled from the exam and no refund will be given.

LATE APPLICATION

Applications that are submitted after the Application Deadline are charged a \$100 late fee which will be automatically added to your application fee. Late applications are accepted on a **space availability** basis. If no space is available, your application and full exam fee (**including the late fee**) are returned.

SCHEDULING REQUESTS

Requests for special exam scheduling must be received in the WREB office **by no later than the Application Deadline Date**. We cannot guarantee accommodation requests due to a number of extenuating factors (e.g. volume of accommodation requests, number of days per exam type, etc.). All requests must be in writing (an e-mail will suffice) and must be received prior to the exam's Application Deadline in order to be considered.

SCHEDULE

Once schedules are generated they will not be changed. You will receive your schedule approximately three to four weeks prior to the exam. Schedule information is not available by phone and will be released **only if your application is complete**.

LEFT-HAND OPERATORY

If you would like a left-hand operatory, check the appropriate box on the application. WREB cannot guarantee the availability of left-hand operatories. If the school has left-hand operatories available, WREB will do its best to accommodate the request.

PERSONS WITH DISABILITIES

WREB makes every reasonable effort to offer the examination in a manner accessible to persons with disabilities. If you need special accommodations due to a disability, download and complete the *Special Accommodations Request* form available on our website, www.wreb.org, and mail it to the WREB office. This must be received in the WREB office **no later than 45 days prior to the exam**.

EQUIPMENT

You must furnish all restorative armamentarium. Certain expendable materials are furnished at the exam site. Please refer to the WREB Restorative Candidate Guide for further information. Some sites provide equipment rental. Please refer to the [School Information for Dental Hygiene Candidates](#) on the WREB website for information pertaining to equipment rental, materials provided, etc. at the exam site.

EXAMINATION CONTENT

The Restorative examination covers the condensation and carving of restorative materials in two dentiform teeth, using amalgam and composite procedures. Refer to the WREB Candidate Guide for more information.

EXAMINATION FEES

The fee you pay to take this exam is comprised of a determined amount for WREB expenses and a per candidate fee assessed by the exam site. The WREB portion of the fee for the restorative exam is \$440. The additional amount reflected in the total is the school use fee, which varies from site to site based on each site's projected expenses for personnel and materials. **Do not pay the fee listed in this paragraph** as it is insufficient to cover your exam expenses. To determine the exact fee you will pay, refer to the *2012 Examination Schedule* document.

REFUNDS AND CANCELLATIONS

IT IS YOUR RESPONSIBILITY TO ENSURE THAT A WRITTEN NOTIFICATION OF CANCELLATION IS RECEIVED IN THE WREB OFFICE. Notification of cancellation may be sent by overnight mail, fax, or e-mail. Exam fees cannot be transferred to a later exam

(except in cases of a documented medical emergency—see details below). You must cancel out of one exam and reapply for a subsequent one. As soon as you apply, the following refund and cancellation policies apply:

1. A written cancellation received in the WREB office **before or on the Application Deadline of the exam** receives a full refund **minus** a \$150 processing fee.
2. A written cancellation received in the WREB office **after the Application Deadline and up to three weeks before the first day of the exam** receives a 50% refund.
3. A written cancellation received in the WREB office **after three weeks prior to the first day of the exam receives no refund.** Exceptions may be made only in the case of a documented medical emergency occurring within three weeks of the exam. In such cases, 50% of the exam fee may be transferred to a future exam within twelve months, upon receipt of appropriate documentation (a doctor's statement on his/her letterhead) and approval by the WREB Board. Please contact the WREB office for documentation requirements.

RE-EXAMINATION

If you fail the Restorative examination, you may apply for re-examination upon submission of the required fee and a new application. WREB requires remediation if you have failed an exam three times. **Please contact the state dental boards for their requirements.** Special restrictions may apply if you have failed an exam two or more times.

CANDIDATE GUIDE & POLICY GUIDE

The WREB Restorative Candidate Guide and the WREB Policy Guide, which provide information pertaining to WREB Restorative Exam procedures and criteria, are mailed to you after your application is processed. You may also download the guides from the WREB web site: www.wreb.org.

*Copyright © 2012
WREB (A Non-profit Testing Organization)
23460 N. 19th Avenue, Suite 210
Phoenix, Arizona 85027
602-944-3315
www.wreb.org*



2012 APPLICANT INFORMATION FORM

COMPLETE THE FOLLOWING INFORMATION. Please print legibly.

First Name _____ Middle Initial ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____ Telephone # (____) _____

_____-_____-_____ Social Security # (Social Insurance Number, if Canadian)

Left Hand Operatory (Check if YES)

Please list *separately* each exam for which you are applying (See *WREB Examination Schedule*)

Exam Site & Date: _____ Anesthesia Dental Hygiene Restorative

Exam Site & Date: _____ Anesthesia Dental Hygiene Restorative

Exam Site & Date: _____ Anesthesia Dental Hygiene Restorative

Previous Name(s): If a different name will be listed on any of your exam documentation, or if you have previously applied for the WREB exam with a name different from the one on this application, list the different name(s):

If your name has changed and you are already in our files, please submit proof of the change (e.g., a copy of your Marriage Certificate, Dissolution Decree, etc).

School of Graduation:** Print your Dental Hygiene School and Date of Graduation in the spaces provided.

_____ Dental Hygiene School of Graduation

_____ Date of Graduation (mo/yr)

**Required for Dental Hygiene, Local Anesthesia and/or Restorative Exams, with exception of EFDA.

FOR ANESTHESIA AND RESTORATIVE APPLICANTS

Anesthesia School: _____ Course Completion Date (mo/yr) _____

Restorative School: _____ Course Completion Date (mo/yr) _____

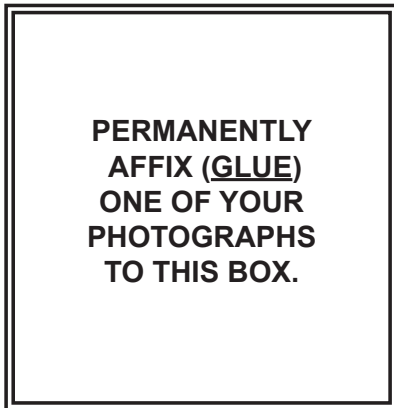
FOR EXPANDED FUNCTION DENTAL AUXILIARY APPLICANTS

Restorative School: _____ Course Completion Date (mo/yr) _____

POLICY AGREEMENT

This application requires **at least** two recent 2" X 2" identical, PASSPORT QUALITY photographs of the applicant. If you are applying for another exam at a different site, please include an additional photo for each additional exam site. We make your candidate badges with these photos and each site requires a different badge. Photographs must be only a head and shoulders view and must have been taken within the past six (6) months. **NOT ACCEPTABLE: home Polaroids, indistinct photographs, or laser photocopies of photographs.** Print your name clearly on the back of all photographs. Affix one photograph in the space provided. Paperclip the additional photograph(s) to the **FRONT** of the application.

I, _____, understand and agree to adhere to the policies of **WREB**, including the policies regarding cancellations and refunds. I understand that it is my responsibility to read all examination material sent to me, including the Candidate Guide(s) and Policy Guide. I hereby give **WREB** permission to release my exam scores to my school Dean/Director, if I am a graduating senior. I certify that: I am the person referred to in this application, the supporting documents are legitimate, unaltered copies, the photos submitted are a true likeness of myself, and all information provided in this application is true and correct.



Applicant Signature

Date

SCHEDULING REQUEST

Requests for special exam scheduling must be received in the WREB office by no later than the Application Deadline Date. We cannot guarantee accommodation requests due to a number of extenuating factors (e.g. volume of accommodation requests, number of days per exam type, etc.). All requests must be in writing and must be received prior to the exam's Application Deadline in order to be considered. After that date, schedules are produced and CANNOT be changed.

If you plan to share a hygiene patient, or if you and another candidate plan to use each other as anesthesia patients, write your request in the space below. For those sharing hygiene patients, please include (1) the name of the candidate with whom you are sharing, (2) whether you need to share your patient on the same day or different days, and (3) if you want to take the exam on a specific day. You are responsible for any inconvenience that occurs due to the sharing of patients on the same exam day. Be aware that patients treated in the morning may still be checking out early in the afternoon, which could conflict with being used by a different candidate that afternoon. Anesthesia candidates may not share patients.

If you are able to take the exam only on the condition that your requested dates are assigned, specifically state that you wish your application be returned if your requested date is not available for your testing. (Anesthesia candidates who have not requested scheduling accommodations to use each other as patients, and later decide to do so, may still use each other as patients if there are at least 60 minutes between your scheduled times.)

None at this time.

Applicant Name _____ Exam Site _____ Date _____

Address _____ Exam Site _____ Date _____

City _____ State/Zip _____ Exam Site _____ Date _____

COURSE CERTIFICATION FORM

**Affix
School Seal
Here**

The following certification sections may be used for the exam(s) for which the candidate is applying. All applicable certification sections must be completed and signed by the school Dean/Director on the designated line(s). The **School Seal must be affixed** in the appropriate location with the name of the accredited hygiene school.*

Name of Accredited Hygiene School

HYGIENE

This is to certify that _____ is currently a student in his/her final semester
Applicant's Name

and is expected to successfully complete all requirements for graduation on _____.
Expected Date of Graduation (mo/yr)

☆ *Signature of Dean/Director*

ANESTHESIA

This is to certify that _____ has successfully completed an anesthesia
Applicant's Name

course on _____.
Date of Completion (mo/yr)

☆ *Signature of Dean/Director*

- Acceptable original ANESTHESIA course verification will be brought to the exam site (for courses to be completed within 3 weeks of the exam).

RESTORATIVE

This is to certify that _____ has successfully completed an restorative
Applicant's Name

course on _____.
Date of Completion (mo/yr)

☆ *Signature of Dean/Director*

- Acceptable original RESTORATIVE course verification will be brought to the exam site (for courses to be completed within 3 weeks of the exam). * **NOTE:** Restorative courses must be from a CODA-approved Dental Hygiene school OR approved by the Washington State Department of Health Dental Hygiene Program.

☆ Certification section(s) *not valid without* Signature of School Dean/Director.

WREB 2012 Examination Schedule Local Anesthesia, Dental Hygiene, and Restorative

Exam Location	Exam Dates	Application Deadline	Exam Type & Fee Anes (AN), Hygiene (DH), Rest (RE)
REGISTRATION FOR THE FOLLOWING EXAMS Tentatively scheduled: DECEMBER 21, 2011 – 9:00 AM Arizona Time			
Portland Community College-Portland, OR	February 25-26	January 11	AN-\$280.00
University of New Mexico-Albuquerque, NM	March 2-4	January 17	AN-\$270.00
Weber State University -Ogden, UT	March 15-18	January 30	AN-\$300.00, DH-\$975.00
REGISTRATION FOR THE FOLLOWING EXAMS Tentatively scheduled: JANUARY 4, 2012 – 9:00 AM Arizona Time			
Midwestern University-Glendale, AZ	March 22-26	February 6	AN-\$325.00 , DH-\$1060.00
Lake Washington Technical College-Kirkland, WA	March 22-27	February 6	AN-\$325.00, RE-\$515.00
Salt Lake Community College-Salt Lake City, UT	March 30-31	February 14	AN-\$300.00
Midwestern State University-Wichita Falls, TX	April 12-15	February 27	DH-\$1005.00
University of the Pacific-Stockton, CA	April 13-16	February 28	AN-\$295.00 , DH-\$1055.00
Utah College of Dental Hygiene-Orem, UT	April 18-21	March 4	AN-\$300.00, DH-\$1250.00
University of Oklahoma-Oklahoma City, OK	April 27-30	March 13	DH-\$990.00
University of Texas, San Antonio-San Antonio, TX	April 27-30	March 13	DH-\$1050.00
University of Alaska-Anchorage, AK	May 4-7	March 20	AN-\$270.00, DH-\$1060.00, RE-\$500.00
Texas A&M HSC Baylor College of Dentistry - Dallas, TX	May 4-7	March 20	DH-\$1075.00
Rio Salado College-Phoenix, AZ	May 4-7	March 20	AN-\$270.00, DH-\$960.00
University of Texas, Houston-Houston, TX	May 9-12	March 25	DH-\$1075.00
Phoenix College-Phoenix, AZ	May 18-21	April 3	AN-\$285.00, DH-\$975.00
Lane Community College-Eugene, OR	May 30-June 4	April 15	AN-\$295.00, DH-\$1010.00, RE-\$485.00
REGISTRATION FOR THE FOLLOWING EXAMS BEGINS: FEBRUARY 4, 2012 – 9:00 AM Arizona Time			
University of Southern California-Los Angeles, CA	June 1-4	April 17	AN-\$350.00 , DH-\$1075.00
Lake Washington Technical College-Kirkland, WA	Jun 7-12	April 23	AN-\$325.00, DH-\$1010.00, RE-\$515.00
Eastern Washington University-Spokane, WA	June 8-12	April 24	AN-\$305.00, DH-\$1005.00, RE-\$530.00
Loma Linda University-Loma Linda, CA	June 14-19	May 1	AN-\$300.00, DH-\$1000.00
MSU-Great Falls College of Technology-Great Falls, MT	June 16-17	May 2	AN-\$305.00 , DH-\$985.00/
Idaho State University-Pocatello, ID	June 20-23	May 6	AN-\$305.00 , DH-\$1000.00 , RE-\$500.00
Portland Community College-Portland, OR	June 21-24	May 7	AN-\$280.00, DH-\$995.00
Portland Community College-Portland, OR	June 28-July 1	May 14	RE-\$500.00
University of New Mexico-Albuquerque, NM	June 29-July 1	May 15	AN-\$270.00, DH-\$1020.00
REGISTRATION FOR THE FOLLOWING EXAMS BEGINS: MARCH 4, 2012 – 9:00 AM Arizona Time			
University of the Pacific-Stockton, CA	August 3-6	June 19	AN-\$295.00, DH-\$1055.00
University of Southern California-Los Angeles, CA	August 10-13	June 26	AN-\$350.00, DH-\$1075.00
Carrington College – Boise-Boise, ID	August 16-19	July 2	AN-\$315.00, DH-\$1020.00
University of Oklahoma-Oklahoma City, OK	August 16-19	July 2	DH-\$990.00
Carrington College - Portland- Portland, OR	September 6-9	July 23	DH-\$1010.00
Lake Washington Technical College-Kirkland, WA	September 6-11	July 23	AN-\$325.00, DH-\$1010.00, RE-\$515.00
Lane Community College – Eugene, OR	October 26-28	September 11	RE-\$485.00
Carrington College – Boise-Boise, ID	December 6-9	October 22	AN-\$315.00, DH-\$1020.00
Utah College of Dental Hygiene-Orem, UT	December 12-15	October 28	AN-\$300.00, DH-\$1250.00
Phoenix College-Phoenix, AZ	December 14-16	October 30	AN-\$285.00