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All questions and requests for information about DAANCE Certification should be directed to:

DAANCE
9700 West Bryn Mawr Ave
Rosemont, IL 60018-5701
Voice: 847/678-6200
Fax: 847/678-4619
Website: www.aaoms.org/daance

All questions and requests for information about examination scheduling should be directed to:

Applied Measurement Professionals, Inc.
18000 W. 105th Street
Olathe, KS 66061-7543
Voice: 888/519-9901
Fax: 913/899-4690
E-mail: info@goAMP.com
Website: www.goAMP.com

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IT IS YOUR RESPONSIBILITY TO READ AND UNDERSTAND THE CONTENTS OF THIS HANDBOOK BEFORE APPLYING FOR THE EXAMINATION.

This Handbook contains current information about the certification examination developed by the Dental Anesthesia Assistant National Certification Examination Advisory Committee (DAANCEAC). It is essential that you keep it readily available for reference until you are notified of your performance on the examination. All previous versions of this Handbook are null and void.

Direct all correspondence, address changes, requests for a current Candidate Handbook, and information about the development and administration of the Dental Anesthesia Assistant National Certification Examination (DAANCE) certification program and recertification to:

DAANCE Advisory Committee
c/o Applied Measurement Professionals, Inc. (AMP)
18000 W. 105th Street
Olathe, KS 66061-7543, USA
888/519-9901
Fax: 913/895-4650
E-mail: info@goAMP.com
www.goAMP.com

After registering for the examination, candidates may schedule an examination appointment online at www.goAMP.com.

VISION STATEMENT

The Dental Anesthesia Assistant National Certification Examination Advisory Committee raises the standard for anesthesia assistants by defining professional excellence through the Dental Anesthesia Assistant National Certification Examination.

MISSION STATEMENT

The Dental Anesthesia Assistant National Certification Examination Advisory Committee, by providing the only national anesthesia assistant certification, serves to educate, provide and promote the safe standards for supportive dental anesthesia care.

AFFILIATION

The DAANCEAC of the American Association of Oral and Maxillofacial Surgeons (AAOMS), the professional organization representing more than 9,500 oral and maxillofacial surgeons in the United States, was formed in 2007 to advance the profession of the anesthesia assistant through the development of a certification program. The DAANCE Board/Committee establishes policies, procedures and standards for certification and recertification in the field of anesthesia assistant quality. AAOMS supports its members’ ability to practice their specialty through education, research and advocacy. AAOMS members comply with rigorous continuing education requirements and submit to periodic office anesthesia evaluations.

STATEMENT OF NONDISCRIMINATION

The DAANCEAC and AMP do not discriminate against any individual or candidate with respect to age, sexual preference, color, religion, creed, marital status, national origin, race, language, medical conditions or disability. All candidates are considered solely on the basis of their independent ability to meet the eligibility criteria established by the DAANCEAC.

DAANCE PROGRAM OVERVIEW

Introduction

Control of the pain and anxiety of patients undergoing dental and oral and maxillofacial surgery (OMS) procedures is a primary focus of the dental profession. From the early days of anesthesia practice to the modern technology of the present, millions of anesthetic procedures have been rendered safely by dentists trained in the administration of general anesthesia, deep sedation, conscious sedation, nitrous oxide analgesia and local anesthesia.

At the core of this experience are the dentist and his/her office anesthesia team. In the course of prescribed training, the contemporary oral and maxillofacial surgeon spends major periods of time delivering the various forms of anesthesia in the operating room as well as in a specially equipped operatory. In addition to this clinical experience, the training program includes formal didactic material. After completing this intense educational experience, today’s graduate of an approved oral and maxillofacial surgery residency has the skills to provide safe and effective pain and anxiety control in both the hospital and office setting. Moreover, a growing number of other dental specialists and general dentists are obtaining training in anesthesia and sedation and using these treatment modalities in their clinical practices.

To put these skills into practice, however, the correct setting must be created. Organized oral and maxillofacial surgery, through its office anesthesia evaluation program and its office emergency manual, has developed a system through which anesthetic services are provided in a well-equipped office by a practitioner knowledgeable in anesthetic practice and emergency management. In the process of evaluating the overall office environment, the AAOMS recognized that a core educational experience could be tailored to the anesthesia assistant. The DAANCE was developed to provide a
Although this program was initially developed by the AAOMS, there is clearly a need for the training of anesthesia assistants in all dental practices where anesthesia and sedation are administered.

The goals of this program are meant to provide a means for the dentist providing anesthesia and/or sedation to help educate staff in the essentials of office-based ambulatory anesthesia. It is anticipated that with a better understanding of these principles, the office anesthesia assistant will make a significant contribution to the patient care team. This program is designed to assist not only the OMS office, but any dental office delivering outpatient anesthesia for other dental procedures. Doctors are encouraged to follow up with their state dental board for an assistant’s full scope of practice.

Definition of the Anesthesia Assistant

A Dental Anesthesia Assistant (DAA) possesses the expertise to provide supportive anesthesia care in a safe and effective manner. The DAA is knowledgeable in the perioperative and emergent care management of patients undergoing office-based outpatient anesthesia. The DAA is able to effectively communicate pertinent information to patients and their escorts, as well as members of the healthcare team.

Eligibility Requirements

The following are the eligibility requirements for participation in the DAANCE program:

- You must be employed for at least six months by either an oral and maxillofacial surgeon who is a fellow or member of the AAOMS or by a dental professional who holds a valid anesthesia permit.
- Non-AAOMS offices must enclose a copy of their anesthesia permit with each application submitted.
- You must provide a copy of a CURRENT CPR or BLS certification with your registration form in order to receive study materials.
- The CPR or BLS certification must be current through your examination date (a minimum of six months or your registration will not be approved and you will not receive your registration materials). Once a new CPR card is received, your application will be processed and the study package sent. If a new CPR card is not received within 6 months of notification, you will be required to submit a new application and fee to qualify for the examination.

About DAANCE

The DAANCE is a two-part continuing education program comprised of approximately 36 hours of self-study material and quizzes and a standardized, computer-based exam. The course is designed for oral and maxillofacial surgery assistants or assistants employed by other dental professionals with valid anesthesia permits.

The American Association of Oral and Maxillofacial Surgeons is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

The American Association of Oral and Maxillofacial Surgeons designates this activity for 36 continuing education credits.

Upon successful completion of the final examination, the assistant will receive proof of certification and a program completion lapel pin.

Educational Objectives

Upon completion of this course the dental anesthesia assistant should be able to:

1. Describe the basic anatomy and physiology of the cardiovascular and respiratory systems;
2. Describe the vascular anatomy of the forearm;
3. List the divisions of the central nervous system;
4. Discuss the components of the medical history and the review of systems;
5. Compare and contrast the differences between general anesthesia, deep sedation, conscious sedation, nitrous oxide analgesia and local anesthesia;
6. Discuss the drugs and techniques utilized by the oral and maxillofacial surgery anesthesia team to achieve various levels of anesthesia or sedation;
7. Identify basic office emergencies and their treatment, including cardiovascular, respiratory, allergic, and convulsive emergencies;
8. Describe the essentials of monitoring blood pressure, pulse and oxygen saturation;
9. Recognize normal electrocardiograph (ECG) waves and recognize serious abnormal variations from the normal rhythm; and
10. Recognize the essentials and importance of a complete medical record.
The program is composed of two parts: 1) the self-study component with quizzes and 2) the final exam. First, the assistant and the sponsoring surgeon should establish a study schedule and a target date for the final examination. For best availability, call to reserve this date as soon as you have identified several preferred options. Working backward from your final exam date, set up a schedule for completing each module. Allow several weeks to complete each module. Because individuals work at different paces, DAANCE allows participants the opportunity to customize their study schedules. Some modules may require additional study time. Study should consist of reading the suggested material for the module as listed in the course Syllabus. The sponsoring surgeon should be available to discuss questions about each module during the weeks designated for studying them. Establish a target date for completing and taking the quiz for that module. The sponsoring surgeon has the answer key and should allow time for discussing the correct answers with the assistant. Candidates are given six months from their activation date to take the DAANCE test.

Registration Information

Each assistant enrolling in the program must complete a registration form. You may photocopy the registration form. NOTE: It is your responsibility to include the correct practice/office mailing address and e-mail on the registration form in order to receive important communications about the DAANCE Program. If your mailing address or e-mail address changes, please contact AMP (information below) with your updated information.

Mail registration forms to:
Applied Measurement Professionals, Inc. (AMP)
18000 W. 105th Street
Olathe, KS 66061-7543
Or fax registration forms to 913/895-4650.
Phone registrations are not accepted.

Direct questions to AMP at 888/519-9901. Refer to the AAOMS DAANCE program.

Course materials will be mailed only to the sponsoring doctor’s office address.

Please allow AMP three weeks to process the application and mail study materials.

Fees and Payment

Tuition is $300 for AAOMS member OMS-sponsored staff and $450 for other dentist-sponsored staff. Registration fee includes the DAANCE study materials and examination fee. Candidates who request testing in international locations will be accommodated through Web-based technology and given computerized examinations in a testing environment similar to the conditions available through AMP’s national Assessment Center Network. Please refer to AMP’s website at www.goAMP.com for a current listing of international testing centers. Candidates who desire to take an examination outside the United States should submit a written request containing the desired testing location along with the required additional $80 fee for Canada/Puerto Rico locations or $100 fee for all other international locations with their application.

SELF-STUDY COMPONENT

For ultimate success with the program it is best to collaborate closely with your sponsoring doctor to prepare for the DAANCE. However, while the self-study component should be overseen by the sponsoring doctor, you should familiarize yourself with the course syllabus and study guide for the specific modules to be covered on your own. You and the sponsoring doctor should first establish a study schedule and a target date for the final examination. For best availability, it is suggested that you call to reserve this date as soon as you have identified several preferred options. Please note: candidates are given six months from their activation date to take the examination. The activation date is the date an application is made eligible. If you are not sure of your activation date and/or testing deadline date, call AMP at 888/519-9901 to confirm. Working backward from your final exam date, you and your sponsoring doctor will then set up a schedule for completing the curriculum of each module and corresponding quiz, allowing several weeks to complete each module. Because each individual may work at a different pace and some modules may require additional study time, DAANCE offers you the opportunity to customize your study schedules. Study should consist of reading the content of the module as well as the suggested additional material for each module as listed in the course syllabus. The sponsoring doctor should be available to discuss questions regarding each module during the weeks that you designate for studying that content. Then establish a target date to complete and take the quiz for each module. The sponsoring doctor is provided the answer key for all quizzes and should then grade the quizzes, allowing adequate time to review the results and discuss the correct answers with you. After completing the quizzes and self-study portion of the program, and once prepared to take the final examination, you may then either schedule an examination appointment if you have not done so already by calling AMP, or sit for your scheduled examination.
Topics Covered

Assistants and sponsoring doctors will each receive study materials that focus on the following five areas:

• Basic sciences
• Systemic diseases and evaluation/preparation of patients
• Anesthetic drugs and techniques
• Anesthesia equipment and monitoring
• Office anesthesia emergencies

A suggested reading list is included in the DAANCE study guide. Upon completion of each module, the assistant will take a practice quiz, which the sponsoring doctor will score. The doctor will receive an answer key with his/her study guide. These quizzes are for reference and do not need to be submitted to AAOMS. When the assistant has completed all study guide modules and practice quizzes, it is time to schedule the final examination.

Management and Examination Services

The DAANCEAC has contracted with AMP to provide management and examination services. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of professional educational programs. AMP provides administrative support for the certification process and Board operations. AMP assists in the development, administration, scoring, score reporting and analysis of the DAANCE. Contracting with a management and examination services firm provides a stable base from which the voluntary DAANCEAC operates and serves as a conduit of information between certified professionals, candidates, and the DAANCE Board/Committee. AMP carefully adheres to industry standards for development of practice-related, criterion-referenced examinations to assess competency. AMP offers a full range of services, including: practice analyses and development of examination specifications, psychometric guidance to committees of content experts during examination question writing, development of content-valid examination instruments, publishing, examination administration, scoring, and reporting examination results.

Certification

To ensure that the DAANCE examination meets existing professional testing standards, the DAANCEAC follows the Standards for Educational and Psychological Testing (1999), as published by the American Educational Research Association, American Psychological Association and the National Council on Measurement in Education. The Standards are designed to establish criteria for appropriate development, use and interpretation of tests. The examination is available in computer-based format at assessment centers in the United States.

You must pass the examination to become certified. Your certification in Dental Anesthesia Assisting is effective on the date you pass the examination. The credential is valid from that date through a five-year period from the month of your examination (for example, if you pass at some point between July 1 – 31, 2010, your expiration would be July 31, 2015). Upon successful completion of the final examination, you will receive proof of certification and a program completion lapel pin.

Recertification

DAANCE certification is valid for five years. To recertify, assistants must retake the DAANCE examination every five years and maintain current BLS and/or ACLS certifications.

Preparation for the Examination

Enrolled assistants should familiarize themselves with the course syllabus and study guide for the specific module to be covered. Requested reading source material is to be reviewed by the anesthesia assistant as part of the program as well. Through close interaction between the sponsoring doctor and the assistant, these academic materials should be reviewed.

Every anesthesia assistant registered in DAANCE is required to be certified in Basic Cardiac Life Support (BLS), Advanced Cardiac Life Support (ACLS) or cardiopulmonary resuscitation (CPR). It is our hope that this combined educational venture will strengthen the anesthesia assistant’s knowledge and skills and ultimately contribute to improved patient care.

About the Examination

The DAANCE examination consists of 115 multiple choice questions. Fifteen items will be included as pre-test items, which are unscored and will not affect a candidate’s score. Candidates will have two hours to complete the exam. The examination is administered in a computerized format that is easy for individuals at all levels of computer literacy. The DAANCEAC uses the following percentage guidelines in selecting the three types of questions that appear on each examination: 37% recall, 47% application and 16% analysis. Recall questions test the candidate’s knowledge of specific facts and concepts. Application questions require the candidate to interpret or apply information to a situation. Analysis questions test the candidate’s ability to evaluate, problem
solve or integrate a variety of information and/or judgment into a meaningful whole.

Confirmation of a candidate’s eligibility will be valid for a period of six (6) months. If a candidate fails to schedule an examination appointment within the six (6) month eligibility period, he or she will forfeit fees and be required to reschedule and resubmit the full application fee to receive a new window of eligibility.

**Pretesting**

Pretesting items allows the DAANCEAC to collect meaningful statistics about new questions that may appear as scored items on future examinations. Pretesting is accomplished by interspersing new untried questions throughout the examination. These items are not scored as part of the candidate’s examination, and they do not affect an individual’s pass/fail status. The pretest questions are scattered throughout the examination so candidates will answer them with the same care they would items to be scored as part of the final examination. The statistical performance of the pretest items is later evaluated, and items that perform well can then be included on a future examination as scored items.

**THE DAANCE EXAMINATION**

**Examination Administration**

The final examination will be administered at computer-based testing sites throughout the country. All questions about examination dates or sites should be directed to AMP, Applied Measurement Professionals, Inc. (AMP)

18000 W. 105th Street
Olathe, KS 66061-7543, USA
888/519-9901
Fax: 913/895-4650
E-mail: info@goAMP.com
www.goAMP.com

**Assessment Center Locations**

The final examination will be administered by Applied Measurement Professionals, Inc. (AMP). Specific address information will be provided when you schedule an examination appointment. Detailed maps and directions are also available on AMP’s Web site at www.goAMP.com.

**Scheduling the Final Examination**

The examination will be administered exclusively in a computerized format at established Assessment Centers nationwide. The computerized examination is easy for individuals with all levels of computer experience to take. Easy-to-follow instructions are displayed on screen, and time is allotted for practice prior to starting the actual examination. Appointments must be made at least two business days in advance. Results are available immediately after completion of the examination.

After completing the quizzes and self-study portion of the program, you may schedule an examination appointment online at www.goAMP.com or by calling AMP toll-free at 888/519-9901. The examinations are administered by appointment only Monday through Saturday at 9:00 am and 1:30 pm. Individuals are scheduled on a first-come, first-served basis. For best availability, you are encouraged to schedule examination appointments well in advance of your desired date.

If you have not received your testing deadline date, contact AMP to verify the date by which you must take your test. It is your responsibility to obtain and remember your expiration date.

You must go online or call to schedule an examination appointment at least 2 business days in advance. UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the assessment center. If you do not attempt to take the examination before your eligibility period expires, you will forfeit your opportunity to test and must re-register and submit full payment in order to take the exam.

When you call to schedule an appointment for examination, you will be notified of the time to report to the assessment center. Please make a note of it because you will NOT receive an admission ticket.

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<th>If you contact AMP by 3:00pm Central Time on:</th>
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Rescheduling an Examination

If for any reason you need to reschedule your examination, you will be allowed a one-time rescheduling option within your six-month eligibility period at no charge.

You may reschedule ONE appointment for examination at no charge by calling AMP at 888/519-9901 at least two (2) business days prior to the scheduled testing session. A rescheduling fee of $85 will be charged for any subsequent appointment changes within the candidate’s eligibility period. Complete the DAANCE Substitution/Cancellation Form in this brochure if necessary.

Requests for additional appointments must be made on the Substitution/Cancellation Form and Request to Reschedule Test Appointment (also included in this brochure) and mailed or faxed to:

AMP, Examination Services
18000 W. 105th St
Olathe, KS 66061-7543
Fax: 913/895-4650

Substitution/Cancellation and Refund Policies

All substitutions and cancellations must be made using the DAANCE Substitution/Cancellation Form provided at the end of this candidate handbook, or on the AAOMS Web site at www.aaoms.org. Phone cancellations and substitutions will not be accepted.

It is the responsibility of the sponsoring doctor to notify AMP of the substitution and to transfer previously provided course material to the substitute registrant. New course material will not be provided to the substitute registrant.

Cancellation requests must be received within 90 days of the candidate’s activation date. Requests received after 90 days of candidate’s activation will not be accepted and the examination registration and all fees paid will be forfeited. If a cancellation is made before 90 days, the sponsoring doctor will receive a refund equal to 50% of the registration fee. Substitutions must be made no later than 30 days before the candidate’s expiration of eligibility.

Candidates have six months from their activation date to take their examination. If unsure of the testing deadline date, contact AMP at 888/519-9901.

Missed Appointments

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

• You wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled testing session.
• You appear more than 15 minutes late for an examination.
• You fail to report for an examination appointment and do not reschedule within your eligibility period for $85.
• You do not reapply within 30 days of a failed examination to retake the examination for an $85 fee.

If your examination is scheduled on... You must contact AMP by 3:00 pm Central Time to reschedule the examination by the previous:

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<td>Friday/Saturday</td>
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Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation and subsequent rescheduling of an examination. The examination will usually not be rescheduled if the assessment center personnel are able to open the assessment center.

You may visit AMP’s Web site at www.goAMP.com prior to the examination to determine if any assessment centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an assessment center, all scheduled candidates will receive notification following the examination date regarding rescheduling or reapplication procedures.

If power to an assessment center is temporarily interrupted during administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.
Special Arrangements for Candidates With Disabilities

AMP complies with the Americans With Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the DAANCE examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Wheelchair access is available at almost all established assessment centers. Candidates with visual, sensory, or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. Verification of the disability and a statement of the specific type of assistance needed from an appropriate professional (education professional, doctor, psychologist, psychiatrist) of the specific type of assistance needed must be made in writing and included with the completed registration form and required documentation upon enrollment in DAANCE. When you call to schedule your examination, please inform AMP of your need for special accommodations. Please refer to the Request for Special Examination Accommodations forms on pages 21-22.

Telecommunication Devices for the Deaf

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

RULES FOR COMPUTERIZED TESTING

Taking the Examination

Your examination will be given by computer at an AMP assessment center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the assessment center no later than your scheduled testing time. Look for signs indicating AMP assessment center check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED AND YOU WILL FORFEIT YOUR EXAMINATION REGISTRATION AND ALL FEES PAID TO TAKE THE EXAMINATION. A NEW, COMPLETE APPLICATION AND EXAMINATION FEE ARE REQUIRED TO REAPPLY FOR EXAMINATION.**

Identification

**YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.**

To gain admission to the assessment center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Candidates must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your assigned candidate ID number. You will capture your own photograph and it will remain on-screen throughout your testing session. This photograph will also print on your score report.

Security

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic device is strictly prohibited and will result in dismissal from the examination.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.

Personal Belongings

No personal items, valuables or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with
you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker:
• watches
• hats
• wallets
• keys
Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed or heard (eg, cellular/smart phones, alarms) in the testing room after the examination is started, the administration will be forfeited.

Examination Restrictions
• Pencils will be provided during check-in.
• You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the proctor at the completion of testing, or you will not receive your score report.
• No documents or notes of any kind may be removed from the Assessment Center.
• No questions concerning the content of the examination may be asked during the examination.
• Eating, drinking or smoking will not be permitted in the Assessment Center.
• You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct
If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:
• create a disturbance, are abusive or otherwise uncooperative;
• display and/or use electronic communications equipment such as pagers, cellular/smart phones;
• talk or participate in conversation with other examination candidates;
• give or receive help or are suspected of doing so;
• leave the Assessment Center during the administration;
• attempt to record examination questions or make notes;
• attempt to take the examination for someone else;
• are observed with personal belongings, or
• are observed with notes, books or other aids without it being noted on the roster.

Copyrighted Examination Questions
All examination questions are the copyrighted property of AAOMS. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

Practice Examination
Prior to attempting the examination, you will be given the opportunity to practice taking an examination on a computer. The time you use for this practice examination is NOT counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination
Following the practice examination, you will begin the actual examination. Before beginning, instructions for taking the examination are provided on-screen. The examination contains 115 items (100 scored and 15 non-scored pretest items). You will have two hours to complete the examination.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed two hours. You may click on the “Time” box in the lower right portion of the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The time feature may also be turned off during the examination.

Only one item is presented at a time. The item number appears in the lower right portion of the screen. The entire item appears on-screen (ie, item and four options labeled A, B, C, and D). Indicate your choice by either entering the letter of the option you think is correct (A, B, C, or D) or clicking on the option using the mouse. Your answer appears in the lower left portion of the screen in the box labeled “Response.” To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish.

To move to the next item, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination item by item. If you wish to review any item or items, click the backward arrow (<) or use the left arrow key to move backward through the examination.

You may leave an item unanswered and return to it later.
To advance to the next unanswered item on the exam, click on the hand icon. To identify all unanswered items, repeatedly click on the hand icon. When you have completed the examination, the number of examination items you answered is reported. If you have not answered all items and you have time remaining, return to the examination and answer those items. Be sure to answer each item before ending the examination. There is no penalty for guessing.

Candidate Comments

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

Score Reports

After you finish the examination, you will be asked to complete a short evaluation of your testing experience. Then, you will be instructed to report to the testing proctor to receive your score report. Scores are reported in printed form only, in person or by US mail. Scores are not reported over the telephone, by electronic mail, or by facsimile. Your score report will indicate “pass” or “fail.” Additional details are provided in the form of raw scores by major content category. A raw score is the number of items you answered correctly. Your pass/fail status is determined by your raw score.

To preserve the integrity of DAANCE, testing reports will not provide examination questions and correct answers. Testing reports are sent only to the sponsoring doctor. If the sponsoring doctor requires an additional report, he/she must contact AMP directly and pay the appropriate fees directly to AMP.

Questions

All questions regarding registration, substitutions, cancellations, and administration of the final examination should be directed to:

Applied Measurement Professionals, Inc.
18000 W, 105th Street
Olathe, KS 66061-7543
Phone: 888/519-9901
Fax: 913/895-4650

GENERAL INFORMATION

Scores Canceled by the Advisory Committee or AMP

The DAANCEAC and AMP are responsible for the integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. The Advisory Committee and AMP are committed to rectifying such discrepancies as expeditiously as possible. The Advisory Committee may void examination results if, upon investigation, violation of its regulations is discovered.

Disciplinary Policy

The DAANCEAC shall undertake sanctions against applicants, candidates or individuals already awarded the DAANCE designation only in relation to failure to meet requirements for initial certification or recertification. The DAANCE is a voluntary process, not required by law for employment in the field. Monitoring and evaluating actual job performance is beyond the scope of the Advisory Committee.

Applications may be refused, candidates may be barred from future examinations, or candidates or individuals already certified may be sanctioned, including revocation of the DAANCE designation, for the following reasons:

1. attesting to false information on the application or on recertification documents or during a random audit procedure;
2. giving or receiving information to or from another candidate during the examination;
3. removing or attempting to remove examination materials or information from the testing site;
4. unauthorized possession and/or distribution of any official testing or examination materials; or
5. representing oneself falsely as a designated DAANCE certified professional.

Pass/Fail Score Determination

The DAANCEAC is not able to release or discuss individual questions with candidates following the examination. To do so would require elimination of that question from the item bank of pretested questions and deplete the number of pretested questions required to develop future versions of the examination.

The methodology used to set the minimum passing score is the Angoff method, applied during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process
of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination that meets the content distribution requirements of the examination content blueprint. Because each question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible. To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

If You Pass the Examination

Upon successful completion of the final examination, the assistant will receive proof of certification and a program completion lapel pin. Your certificate and lapel pin will be sent to you 6-8 weeks after you pass the examination.

Replacement certificates and replacement or extra DAANCE pins can be obtained by completing the Request for Duplicate Certificate or Pin Form in this Candidate Handbook. DAANCE pins are available for $10.

Verification of DAANCE Status

Information on the current certification status of an individual will be provided to the public upon request. Employers who request verification of a DAANCE certified professional must provide the individual’s name and candidate ID number to assure correct identification in the DAANCE database. Annually, a listing of successful candidates will be published in the program newsletter and on the DAANCE Web site at www.aaoms.org/daance.

If You Do Not Pass the Examination/Retest Option

Individuals who do not pass the original examination will receive retest registration information with their score reports and will have 30 days to submit the necessary retest registration form. Such individuals will be allowed one retest for a fee of $85 and must submit the necessary retest registration forms to AMP within 30 days of failing the exam.* Once you complete the appropriate forms and submit them to AMP with the re-test fee, a new activation date will be assigned. You will then have an additional 6 months from the new activation date to retake the test.

*NOTE: It is the candidate’s responsibility to complete and submit the reapplication form to AMP within 30 days of the failed attempt. Candidates who fail to submit the reapplication form will not be allowed to retest at the $85 fee and will be expected to re-register for the program at the full fee.

Names of candidates who do not pass the examination are confidential and are not revealed under any circumstances, except by legal compulsory process.

Appeals

Because the performance of each question on the examination that is included in the final score has been pretested, there are no appeal procedures to challenge individual examination questions, answers, or a failing score.

Actions by the Advisory Committee affecting eligibility of a candidate to take the examination may be appealed. Additionally, appeals may be considered for alleged inappropriate examination administration procedures or environmental testing conditions severe enough to cause a major disruption of the examination process and which could have been avoided.

All appeals must be submitted in writing. Equivalency eligibility appeals must be received within thirty (30) days of the initial Advisory Committee action. Appeals for alleged inappropriate administration procedures or severe adverse environmental testing conditions must be received within sixty (60) days of the release of examination results.

The DAANCEAC chair will respond within thirty (30) days of receipt of the appeal. If this decision is adverse, the candidate may file a second-level appeal within thirty (30) days. A three-member panel of the DAANCE Advisory Committee will review the chair’s decision and respond with a final decision within forty-five (45) days of receipt.

Duplicate Score Report

You may purchase additional copies of your score report at a cost of $25 per copy, payable to AMP. Requests must be submitted to AMP, in writing, within 90 days after the examination. The request must include your name, candidate ID number, mailing address, date of examination and your signature. Use the form in the back of this Handbook to request a duplicate score report. Duplicate score reports will be mailed approximately five business days after receipt of the request.

DAANCE Reading Resources List

The following books are suggested reading materials that will enhance your educational experience. Several of these resources are available through AAOMS Publications or at large public or medical/dental school libraries.

DAANCE Examination Content Outline

The content validity of the DAANCE is based on analysis of the results of a survey of the tasks of the Dental Anesthesia Assistant (DAA). The results and subsequent analysis were sufficiently detailed to provide a professionally sound and legally defensible basis for the development of a certification examination. Each question on the examination is linked directly to one of the five tasks listed below. In other words, each question is designed to test if the candidate possesses the knowledge necessary to perform the task and/or has the ability to apply it to a job situation.

Each of the tasks was rated as significant to practice by DAAs who responded to the survey. After the survey data were analyzed, the results were reviewed and decision rules were established. These rules were used to determine which tasks were appropriate for assessment, and, therefore, for inclusion in the content domain and final test. Thus, the examination content is valid for DAAs and examinations constructed to meet these specifications will have substantial evidence of validity and job-relatedness.

The following tasks are those that form the content outline of the DAANCE and to which the examination questions are linked:

I. Apply Knowledge of Basic Sciences (15 items)

A. Cardiovascular anatomy and physiology
   1. The myocardium, chambers, vessels and valves.
   2. The heart as a pump and the conduction system.
   3. Vascularity of importance in OMS.
      a. Vascularity of the head and neck
      b. Vascularity of the arm

B. Pulmonary anatomy and physiology
   1. The upper and lower airway
   2. Physiology of respiration and lung volumes
   3. Control of respiration

C. The nervous system
   1. Central and peripheral
   2. Cranial and spinal nerves
   3. Sympathetic nervous system

D. Pharmacology
   1. Mechanisms and sites of action
   2. Absorption and metabolism
   3. Mathematics of anesthetic drugs
   4. Levels of sedation and anesthesia
   5. Anesthetic approaches
      a. Intravenous
      b. Inhalation

II. Evaluate and Prepare Patient (20 items)

A. Verify that chart is for the patient
B. Elicit chief complaint (CC)
C. Collect history of present illness
D. Review past medical/dental history (PMH)
E. Perform review of systems
   1. Nervous system
   2. Head, eyes, ears, nose, throat (HEENT)
   3. Cardiovascular
   4. Respiratory
   5. Endocrine
   6. Renal and hepatic
   7. Musculoskeletal (malignant hyperthermia)
F. Review social/family history/dependence
G. Document breathing pattern
H. Survey skin – color, bruising, etc.
I. Document height and weight
J. Assess that patient is alert and oriented
K. Record vital signs
L. Document ASA classification

III. Assist in Administration of Anesthetic Drugs (20 items)

A. Prepare Anesthetics
   1. Local anesthetics
      a. Esters and amides
      b. Vasoconstrictors
   2. Intravenous sedation anesthetics
      a. Benzodiazepines
      b. Narcotics
      c. Narcotic agonist – antagonists
   3. Oral sedation anesthetics – benzodiazepines
   4. Intravenous general anesthetics
      a. Propofol
      b. Ketamine
      c. Barbiturates
   5. Adjunctive agents
      a. Topical local anesthetics
      b. Drug reversal agents
      c. Anticholinergics
      d. Antihistamines, ataractics and related agents
      e. Antiemetics
      f. Steroids
      g. Muscle relaxants

IV. Prepare Anesthesia Equipment and Perform Patient Monitoring (20 items)

A. Monitor Airway Maintenance
   1. Identify routine airway equipment
   2. Apply nasal canula or nasal hood/mask
   3. Airway maintenance
      a. Routine head tilt, chin lift or jaw thrust
      b. Assist with airway adjuncts as necessary
         (1) Nasopharyngeal airway
         (2) Oropharyngeal airway
         (3) LMA
         (4) Combitube
         (5) Endotracheal intubation

B. Prepare Anesthesia Equipment and Perform Patient Monitoring
   1. Maintain anesthesia equipment
      a. Perform equipment check
      b. Check emergency airway equipment
      c. Check daily anesthetic gases etc.
      d. Ensure gases are turned on/off each day
   2. Confirm NPO and pre-medication status
   3. Prepare patient – seat, drape etc.
   4. Place monitors, record data and report to surgeon
      a. Pulse oximeter
      b. Blood pressure
      c. EKG
   5. Document anesthesia record
      a. Monitor data, events with times
      b. Dosages of medications
   6. Check position of patient
7. Observe air exchange (breathing)
8. Monitor status of IV line
9. Review and record data from monitors during procedure
   a. Blood pressure
   b. Pulse/O₂ stat
   c. EKG
   d. End tidal CO₂ if available
10. Complete postoperative monitoring
11. Determine discharge criteria are met
12. Complete postoperative record keeping
13. Record any controlled substances dispensed or prescribed

V. Assist with Emergency Treatment and Protocols (25 items)

A. Respiratory emergencies
   1. Airway obstruction
   2. Laryngospasm
   3. Bronchospasm
   4. Emesis and Aspiration
   5. Hyperventilation
   6. Respiratory depression and apnea

B. Cardiovascular emergencies
   1. Significant hypertension
   2. Significant hypotension
   3. Acute coronary syndrome - angina
   4. Acute coronary syndrome - myocardial infarction (MI)
   5. Symptomatic bradycardia
   6. Supraventricular tachycardia
   7. Premature ventricular contractions
   8. Ventricular tachycardia
   9. Ventricular fibrillation
   10. Asystole/PEA
   11. Cerebrovascular accident (Stroke)
   12. Venipuncture complications

C. Endocrine disorders
   1. Hypoglycemia and insulin shock
   2. Acute adrenal insufficiency

D. Immune system
   1. Mild allergic reactions
   2. Severe allergic reactions and anaphylaxis

E. Nervous system emergencies
   1. Syncope
   2. Seizures
# Dental Anesthesia Assistant National Certification Examination Advisory Committee Roster

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  drshaltunoms@mindspring.com

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## DAANCE Examination Blueprint Matrix

<table>
<thead>
<tr>
<th>Content Category</th>
<th># of questions</th>
<th>Recall</th>
<th>Application</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply Knowledge of Basic Sciences</td>
<td>15</td>
<td>13</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Evaluate and Prepare Patient</td>
<td>20</td>
<td>5</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Assist in Administration of Anesthetic Drugs</td>
<td>18</td>
<td>6</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Prepare Anesthesia Equipment and Perform Patient Monitoring</td>
<td>22</td>
<td>8</td>
<td>13</td>
<td>1</td>
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<tr>
<td>Assist with Emergency Treatment and Protocols</td>
<td>25</td>
<td>5</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Pretest Items (unscored)</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>115 (100 Scored)</td>
<td>37</td>
<td>47</td>
<td>16</td>
</tr>
<tr>
<td><strong>% of Total</strong></td>
<td>100%</td>
<td>37%</td>
<td>47%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Sample Questions

The following five questions have been removed from active use in the Dental Anesthesia Assistant National Certification Examination (DAANCE) item pool that is established, maintained and owned by the DAANCE Advisory Committee of the American Association of Oral and Maxillofacial Surgeons (AAOMS). The purpose of releasing these questions is to provide information that could assist prospective candidates in preparing for the examination and to further their understanding of the examination process.

Following each question is the correct response (key). Additional information about the DAANCE examination and certification program is available from a variety of other sources. These sources include but are not limited to: other sections in this Handbook, aaoms.org and goAMP.com.

1. The valve that covers the airway to prevent food from entering the trachea is the
   A. esophagus
   B. uvula
   C. epiglottis
   D. carina
   Key: C

2. Cigarette smokers have an increased risk for which of the following diseases?
   A. renal disease
   B. emphysema
   C. hypertension
   D. diabetes mellitus
   Key: B

3. The most significant adverse reaction to meperidine (Demerol\textsuperscript{®}) is
   A. dysphoria
   B. hypoglycemia
   C. postural hypotension
   D. respiratory depression
   Key: D

4. Pulse oximetry readings provide a measurement of
   A. arterial blood pressure
   B. hemoglobin saturation
   C. the absorption of blue light by arterioles
   D. the number of red corpuscles per milliliter
   Key: B

5. Depressed respirations secondary to administration of narcotics may be effectively reversed with
   A. diphenhydramine (Benadryl\textsuperscript{®})
   B. meperidine (Demerol\textsuperscript{®})
   C. fentanyl (Sublimaze\textsuperscript{®})
   D. naloxone (Narcan\textsuperscript{®})
   Key: D
2015 Registration Form

Assistant Information (as it should appear on the certificate):

Please print or type

Mr./Ms. First Name Middle Initial Last Name

E-Mail Address

(Note: Correspondence about the course and examination will be sent to the e-mail address you provide here. Any changes to this e-mail address should be provided to AMP.)

Have you previously participated in the OMAAP program? □ Yes □ No

Provide your current practice address information below. Do not provide your home address. It is your responsibility to contact AMP should this information change.

Sponsoring Doctor Practice Name

Practice Address City State Zip

E-mail Daytime telephone number

I certify that the participant named above will have completed course materials and quizzes, and will possess a current CPR or BLS card prior to sitting for the Dental Anesthesia Assistant National Certification Examination.

Participant’s Signature Date Sponsoring Doctor’s Signature Date

A copy of the participant’s current CPR or BLS card is enclosed □ Y □ N

Please indicate the status of your sponsoring surgeon:

□ AAOMS Member OMS Sponsor $300.00

□ Other Dental Professional* $450.00

Specify Specialty:

*Non-AAOMS member/sponsoring dental professional must enclose a copy of their valid anesthesia permit.

□ Canada/Puerto Rico† $80.00

□ Other International Locations† $100.00

Total Tuition: $________

PAYMENT BY CREDIT CARD

When paying by credit card, complete the information below and return it with completed registration form. Fax to: 913/895-4650 Mail to: AMP, 18000 West 105th Street, Olathe, KS 66061

Credit Card: □ MasterCard □ Visa □ Discover □ American Express

Name of Cardholder Credit Card Number

Expiration Date Cardholder Signature

Credit Card Billing Address City State Zip

PAYMENT BY CHECK

Payment must be made in U.S. currency and payable to AMP.

Mail with completed form to:

Applied Measurement Professionals, Inc.
18000 West 105th Street
Olathe, KS 66061

Please remember to include a copy of your CPR or BLS certification with your registration form to receive your study materials. Allow AMP three weeks to process your application and mail your study materials. For inquiries please call AMP at 888/519-9901.
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Please return this form with your examination application and fee to AMP within 45 days of the desired testing date.

Candidate Information:

Name (Last, First, Middle Initial, Maiden Name): __________________________________________________

Name of Facility/Company: __________________________________________________ Title: __________________

Mailing Address: ____________________________________________________________________________

City: __________________________ State: _________ Zip Code: __________

Daytime Phone Number: __________________________ E-mail Address: __________________________

Special Accommodations:

I request special accommodations for the Dental Anesthesia Assistant National Certification Examination (DAANCE). Please provide (check all that apply):

- Reader
- Extended testing time (time-and-a-half)
- Reduced distraction environment
- Other special accommodations (please specify): ________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________

Comments: ______________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________
  ______________________________________________________________________________________

Signed: __________________________ Date: __________________________

Return this form with your examination application and fee to:

Examination Services Department
Applied Measurement Professionals, Inc.
18000 W. 105th Street
Olathe, KS 66061-7543

If you have questions, call the Examination Services Department at 888/519-9901.
Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

**Professional Documentation:**

I have known ____________________________________________ since ____ / ____ / ____ in my capacity as a __________________________________________________________ (Title).

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

**Description of Disability:**

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Signed: ______________________________________________________________________________________
Title: _____________________________________________________________ Date:______________________
Printed Name: ________________________________________________________________________________
Address:_____________________________________________________________________________________
Phone Number:________________________________ License # (if applicable): _________________________

Return this form with your examination application and fee to:

Examination Services Department
Applied Measurement Professionals, Inc.
18000 W. 105th Street
Olathe, KS 66061-7543

*If you have questions, call the Examination Services Department at 888/519-9901.*
Request for Duplicate DAANCE Examination Score Report
(Duplicate score reports available to sponsoring doctors only.)

**Directions:** You may use this form to ask the testing agency, AMP, to send a duplicate copy of your score report. Score reports are only provided to sponsoring doctors. This request must be postmarked no later than 90 days after the examination administration. Proper fees and information must be included with the request. Please print or type all information in the form below. Be sure to provide all information and include the correct fee, or the request will be returned.

**Fees:** $25.00 US Dollars per copy. Please enclose a check or money order payable in US Dollars to AMP. Do not send cash. Write your test identification number on the face of your payment.

**Mail to:**
Examination Services Department
Applied Measurement Professionals, Inc.
18000 W. 105th Street
Olathe, KS 66061-7543, USA

Print your current name and address:

Name__________________________________________________________________________________________
Candidate/DAANCE ID__________________________________________________________________________
Sponsoring Doctor _________________________________ Practice Name _________________________________
Practice Address _________________________________________________________________________________
City______________________________ State/Prov. ______________ Zip/Postal Code________________________
Country_________________________________________________________________________________________
Work Telephone (______) _____________________ Other Telephone (i.e. mobile) (______) ____________________
E-mail__________________________________________________________________________________________

If the above information was different at the time you were tested, please write the original information below:

Name__________________________________________________________________________________________
Candidate/DAANCE ID__________________________________________________________________________
Sponsoring Doctor _________________________________ Practice Name _________________________________
Practice Address _________________________________________________________________________________
City______________________________ State/Prov. ______________ Zip/Postal Code________________________
Country_________________________________________________________________________________________
Work Telephone (______) _____________________ Other Telephone (i.e. mobile) (______) ____________________
E-mail__________________________________________________________________________________________

I hereby request AMP to send a duplicate copy of my score report to the first address shown above.

______________________________________________________________________________________________
Candidate signature       Date
Request to Change Mailing or E-mail Address

(All address and e-mail changes must be submitted in writing, either by mail or facsimile, including an authorization signature and candidate ID number.)

You may use this form to request that DAANCEAC enter a change of practice address, including e-mail address, into our database once you have registered for the examination. To protect your confidential record and assure that no unauthorized person is able to alter your record, we require that all address changes be submitted in writing and include your authorizing signature. Do not use your home address.

DAANCEAC will forward your address change to the testing agency AMP. If you have questions, contact DAANCEAC at 847/678-6200 or toll free 800/822-6637.

Mail or fax your request to: DAANCE Advisory Committee
AAOMS
9700 West Bryn Mawr Ave.
Rosemont, IL 60018
Fax: 847/678-4619

Print your NEW name and practice address:

Name__________________________________________________________________________________________
Candidate/DAANCE ID____________________________________________________________________________
Sponsoring Doctor _________________________________ Practice Name _________________________________
Practice Address _________________________________________________________________________________
City______________________________ State/Prov. ______________ Zip/Postal Code________________________
Country_______________________________________________________________________________________
Work Telephone (______) _____________________ Other Telephone (i.e. mobile) (______) ____________________
E-mail__________________________________________________________________________________________

Print your OLD information as it appeared on your application form:

Name__________________________________________________________________________________________
Sponsoring Doctor _________________________________ Practice Name _________________________________
Practice Address _________________________________________________________________________________
City______________________________ State/Prov. ______________ Zip/Postal Code________________________
Country_______________________________________________________________________________________
Work Telephone (______) _____________________ Other Telephone (i.e. mobile) (______) ____________________
E-mail__________________________________________________________________________________________
Examination Date_____________________________________ Test Site______________________________________

I hereby authorize DAANCEAC and AMP to change my address in the examination database as shown above.

_______________________________________________________________________________________________
Candidate signature  Date
DAANCE Substitution/Cancellation Form

REQUEST TO RESCHEDULE TEST APPOINTMENT
Submit to Applied Measurement Professionals, Inc., via:
- Mail: Applied Measurement Professionals, Inc., 18000 W. 105th Street, Olathe, KS 66061-7543
- Fax: 913/895-4650

Request for (check one): ☐ Substitution ☐ Cancellation ☐ Rescheduling
- Cancellations will not be accepted after ninety (90) days of candidate’s activation.
- If a cancellation is made before ninety (90) days, the sponsoring doctor will receive a refund equal to 50% of the registration fee.
- Substitutions must be made a minimum of thirty (30) days before the candidate’s expiration of eligibility.*
- Rescheduled appointment dates must be before the candidate’s expiration of eligibility. Note that rescheduling does not extend eligibility.*

REQUEST FOR CANCELLATION/SUBSTITUTION OR RESCHEDULING
Name:_____________________________________________________________________________________
Candidate/DAANCE ID Number_________________________________________________________________

Registrant (Substitute) to be enrolled:
Name:_____________________________________________________________________________________
Candidate/DAANCE ID Number_________________________________________________________________

Sponsoring Doctor
Sponsoring Doctor Name:_____________________________________________________________
Address: ___________________________________________________________________________
City:___________________________________________ State:___________  Zip:_______________
Phone:_____________________________________ Fax: ___________________________________
E-mail: ____________________________________________________________________________

Signature of person requesting substitution or cancellation:________________________________________ Date ______________

Please note: You will receive written confirmation regarding your request within 10 business days. If you do not receive written confirmation within that time period, please contact Applied Measurement Professionals, Inc., at 888/519-9901.

REQUEST TO RESCHEDULE TEST APPOINTMENT
Candidates may reschedule ONE appointment within the eligibility period at no charge; a rescheduling fee of $85 is required for any subsequent appointment change within the eligibility period. PLEASE NOTE: If this is your first request to reschedule your test appointment, you do not need to complete this form, but AMP must be contacted at least two business days in advance of your appointment date.

It is your responsibility to complete and submit the rescheduled or reapplication form to AMP within 30 days of the missed appointment.

Payment type: ☐ Check for $85.00 enclosed ☐ Credit Card (MasterCard or Visa)
Credit Card #_________________________________ Exp. Date______________________________
Name of Cardholder:_________________________________________________________________

*Failure to comply will result in a candidate’s registration being forfeited.
Request for Duplicate Pin and/or Certificate Form

To order a replacement certificate: Please complete this form and fax it to DAANCEAC at 847/678-4619. There is no charge for replacement certificates.

To order a replacement pin: Please complete this form and send it to the address listed below with a $10 check payable to AAOMS.

**DAANCE**
9700 West Bryn Mawr Ave
Rosemont, IL 60018-5701
**Voice:** 847/678-6200
**Fax:** 847/678-4619

______________________________________________________________________________

Your name as it should appear on the certificate

______________________________________________________________________________

Your name at the time you took your exam (if different)

______________________________________________________________________________

Sponsoring doctor’s name at the time you took your exam

______________________________________________________________________________

Year and month you took the exam (If you don’t remember, please write the approximate years)

______________________________________________________________________________

Mailing address (please indicate if this is your home or work address)

______________________________________________________________________________

Contact phone number or E-mail address

The information on this form is confidential and may be legally privileged. It is intended solely for the addressee. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it is prohibited and may be unlawful.