# 2015 Treatment Coordinator Examination & Certification

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
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<tbody>
<tr>
<td>Middle:</td>
<td>Previous Last Name (if applicable):</td>
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<tr>
<th>Is the name you are applying under different than the one on your diploma? If yes, attach legal documents verifying the name change.</th>
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<tr>
<th>Date of Birth: dd/mm/yy:</th>
<th>Gender: (circle) Male  Female</th>
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<tbody>
<tr>
<td>Apt/Box #:</td>
<td>Street:</td>
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<tr>
<td>City:</td>
<td>Province:</td>
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<tr>
<td>Postal Code:</td>
<td>Email Address:</td>
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<tr>
<td>Home Phone:</td>
<td>Work Phone:</td>
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<tr>
<th>Have you ever been charged with or convicted of a crime? (circle) Yes  No</th>
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Please indicate the first name you wish to appear on your magnetic name bar:

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## Check one Examination Date and one test site:

- □ June 20, 2015  (Application deadline: May 15, 2015)
- □ Toronto
- □ London
- □ Ottawa

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## Qualifications:

Applications received without copies of documents will be returned:

- □ Current membership with ODAA as a certified clinical assistant or receptionist with one of the following requirements:
  - Written employer-verified one (1) year full-time equivalent work experience, in a dental office, as a treatment coordinator—or-
  - Successful completion of an ODAA approved Treatment Coordinator course. (Transcript/ diploma required)

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## Examination and Certification Fees:

- □ CDTC Exam  
  Fee: $150.00
- □ Money Order Enclosed  
- □ VISA  
- □ MasterCard

Credit Card #: ___________ - ___________ - ___________ - ___________  
Expiry Date: _____ / _____

Card Holder Signature:

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## Applicant’s Agreement:

I understand that I am applying to write the Ontario Treatment Coordinator certification examination. I understand that I will receive confirmation by mail of either a pass or fail of my examination. The completed application, examination and score sheet shall remain the confidential property of Ontario Dental Assistants Association.

Signature:  
Dated:

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Office Use Only: Assigned Member #: ___________  
Approved by: ___________  
Date Received: ___________
SUBMIT ONLY THE TREATMENT COORDINATOR EXAMINATION APPLICATION WHEN APPLYING.

APPLICATION and EXAMINATION INFORMATION

Examination applications will not be processed until all requirements have been met. Incomplete applications will be returned with a memo requesting the missing information. Approved candidates will receive a letter of acceptance.

RECOMMENDED TEXT BOOKS

Modern Dental Assisting 9th Edition ISBN 9781416042457 (workbook is also available) OR
Modern Dental Assisting 10th Edition ISBN 9781437717297 (workbook is also available)

To order call 1-800-665-1148 and ask for customer service.

The following textbook is recommended for additional dental office administration information

The Dental Office Administrator, ISBN 0-17-610478X www.nelson.com

GENERAL INFORMATION ABOUT THE EXAMINATION

1. The examination will include a case study; short answer; multiple choice; true/false style questions. The content of the examination includes: Preparing a Standard Dental Treatment Form, a Standard Dental Claim Form, demonstrating an understanding of the case presentation, dental insurance terminology, the use of the ODA fee guide, duties and responsibilities of the Treatment Coordinator, and communication in the dental office.
2. It is recommended that candidates bring a calculator. A cellular device not acceptable.
3. On-site administration personnel are appointed by ODAA to administer the examination and will answer any inquiries not relative to the examination. These administrators and proctors cannot and will not provide any information regarding the examination content. No reference material or notes may be brought into the examination room.
4. Candidates will be given a maximum of 3 hours to complete the examination, from the start time. Late arrivals will be admitted to the examination but WILL NOT be permitted to write beyond the time scheduled for completion of the examination.
5. Candidates are responsible for protecting the integrity of their answers. If cheating is detected during the examination or evidence of cheating is disclosed at the time answer sheets are being scored, those involved, whether they be copiers or THOSE COPIED FROM, will be disqualified.
6. Candidates will receive an email two weeks before the examination date, showing the date, time and address of the exam location.
7. Report all changes of name and/or address to the ODAA business office. All correspondence to ODAA should include the candidate’s full name, address and membership number.
8. Examination results will be mailed approximately six to eight weeks after the examination date. No results will be disclosed over the telephone or by email, etc. Candidates failing the examination three (3) times will be required to provide evidence of additional education before sitting the examination the fourth time. Candidates who are unsuccessful in writing the certification examination for dental assisting may not apply for reimbursement of any portion of the examination fee.
9. Exam candidates may transfer from one exam date to another only once. The exam must be written in the year applied for or the first date in the following year, otherwise a new exam charge will result. No refunds will be made. In order to transfer the writing of an examination, written notification with reason must be given to an ODAA staff member two weeks prior to exam date. All transfers must be approved by the ODAA.
Please file this information sheet with your career related documents for future reference.

As an Ontario Certified Member, you agree to:

♦ Practice in accordance with the Code of Ethics
♦ Maintain annual membership with ODAA
♦ Renew your certification status by submitting 12 continuing education credits every year
♦ Notify ODAA’s business office of address and/or name changes

A “Pass” on the examination grants automatic certification.

You will receive a receipt, a membership card with your certification credential, and a letter explaining the continuing education credit system. The wall certificate and magnetic name bar will follow in approximately six (6) weeks.

Membership and certification expires on December 31, of any given year, Renewal notices are mailed mid-October of any given year.

ODAA CONTACT INFORMATION

Telephone (519) 679-2566 Fax (519) 679-8494
Outside the London area, toll free 1(800) 461-4348

The ODAA web address is www.odaa.org

ODAA publishes “The Journal” three (3) times each year. Read your journal to keep updated and informed about your chosen profession and changes in government and ODAA policy.