

**VIRGINIA BOARD OF DENTISTRY
EXAMINATION COMMITTEE
AGENDA**

April 28, 2017

Department of Health Professions
Perimeter Center
2nd Floor Conference Center
9960 Mayland Drive
Henrico, Virginia 23233

TIME

PAGE

10:00 a.m.	Call to Order – James D. Watkins, D.D.S., Chair	
	Evacuation Announcement – Ms. Palmatier	
	Public Comment	2
	Approval of February 10, 2017 Minutes	3
	Discussion of PGY-1 in lieu of Clinical Examination	6
	Implementing a Law Exam for Licensure Applicants	45
	<ul style="list-style-type: none">• Discussion of Implementation – Ms. Palmatier	

CLOSED SESSION

- **Review of draft exam questions**

CONFIDENTIAL DOCUMENTS

Adjourn

PUBLIC COMMENT

From: Alan Bream [<mailto:alan.bream@gmail.com>]
Sent: Wednesday, March 1, 2017 10:20 AM
To: Reen, Sandra (DHP) <Sandra.Reen@DHP.VIRGINIA.GOV>
Cc: Terry Dickinson <Dickinson@vadental.org>; Mike Link (michaellink@cox.net)
<michaellink@cox.net>
Subject: Dental Exam for Commonwealth of Virginia

Ms. Reen,
I know you are very busy.

re: recent discussion of Virginia Dental Board Examination

Would it perhaps work for applicants to pass a mechanical type test (a short version) prior to taking a live patient portion of the test. In this fashion the public will feel protected from poor operators prior to treatment.

I feel this option could provide an excellent, non subjective evaluation of a dentist skill prior to their important live patient performance. This non-clinical portion of a dental examination could be required by The Board prior to the live patient portion.

In this fashion it would not require additional time and resources of the Board. I hope you would see this as a win-win solution to the ever changing landscape of government over site who's aim is to insure public safety.

Although this may be out of order, the courtesy of a reply would be appreciated.

Sincerely,

Alan J. Bream DDS

UNAPPROVED MINUTES

**BOARD OF DENTISTRY
EXAMINATION COMMITTEE**

February 10, 2017

- TIME AND PLACE:** The Examination Committee convened on February 10, 2017, at 10:03 a.m., at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, 9960 Mayland Drive, Henrico, VA 23233.
- PRESIDING:** James D. Watkins, D.D.S.
- MEMBERS PRESENT:** Nathaniel C. Bryant, D.D.S.
Carol R. Russek, JD
Al Rizkalla, D.D.S., Ex-Officio
- MEMBER ABSENT:** Patricia B. Bonwell, R.D.H., PhD.
- OTHER BOARD MEMBER PRESENT:** Tonya A. Parris-Wilkins, D.D.S.
- STAFF PRESENT:** Sandra K. Reen, Executive Director
Kelley W. Palmatier, Deputy Executive Director
Christine M. Houchens, Licensing Manager
Sheila Beard, Executive Assistant
- BOARD COUNSEL PRESENT:** James E. Rutkowski, Assistant Attorney General
- ESTABLISHMENT OF A QUORUM:** With four members of the committee present, a quorum was established.
- PUBLIC COMMENT:** Dr. Watkins explained the parameters for public comment and opened the public comment period. No public comment was received.
- APPROVAL OF MINUTES:** Dr. Watkins asked if the Committee members had reviewed the December 16, 2016 minutes and asked if there were any corrections needed. Dr. Rizkalla moved to accept the minutes as presented. The motion was seconded and passed.
- DISCUSSION OF MEMBERSHIP IN REGIONAL TESTING AGENCIES:** Ms. Reen said at its last meeting, the Committee expressed interest in becoming examiners and members of all the regional testing agencies administering clinical exams accepted by the Board. The topic was deferred to this meeting so that Board Counsel could be present. Mr.

Rutkowski recommended convening a closed session for discussion and to receive legal advice.

CLOSED MEETING: Ms. Russek moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(7) of the Code of Virginia for consultation with legal counsel employed or retained by the Board regarding specific legal matters requiring the provision of legal advice by such counsel. Additionally she moved that Board Staff, Sandra Reen, Kelley Palmatier, Christine Houchens, Sheila Beard, and Board Counsel, James Rutkowski, attend the closed meeting because their presence is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded and passed.

RECONVENE: Ms. Russek moved to certify that this Committee of the Board heard discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

The Board reconvened in open session pursuant to § 2.2-3712(D) of the Code.

**IMPLEMENTING A
LAW EXAM FOR
LICENSURE
APPLICANTS-
DISCUSSION OF
IMPLEMENTATION:**

Mrs. Palmatier said the Committee decided at its last meeting that additional research and follow-up with IT was needed to determine the feasibility of implementing an online law examination for applicants using these parameters:

- Setting a time limit of one hour with the option to pause the examination and come back to finish at a later time or the option to “boot” applicants out of the examination once the time limit has been reached
- Requiring 80 percent of answers to be correct for passage
- Limiting the number of questions to 25
- Allowing the examination to be open book

Mrs. Palmatier reported she will meet with IT next week to determine which parameters are feasible. She said she received 15 questions from each Committee member which she compiled and sent to all the members for review. Discussion followed on whether to review the submitted questions at this meeting or allow additional time for members to review the recently submitted information. It was agreed that the questions would not be discussed at this meeting to allow additional time for review.

Virginia Board of Dentistry
Examination Committee
February 10, 2017

Dr. Watkins stated that the law examination is intended to be given to applicants, the majority of which are recent graduates. Therefore, he recommended not focusing on topics such as general anesthesia because the majority of applicants will have little to no experience with that topic. He said the questions should focus on information more applicable to general practice, including the violations that the Board sees most often in discipline cases.

Mrs. Palmatier agreed with Dr. Watkins and asked if the number of questions on less prevalent topics such as general anesthesia should be removed or reduced and more questions added on minimal or conscious/moderate sedation, or any other topics. Dr. Watkins asked the Committee members to consider this while reviewing the current draft questions and to provide their feedback to Mrs. Palmatier at a later date. The committee agreed.

Mrs. Palmatier agreed to compile the information for discussion at the next meeting. She also noted this will allow her to include information on IT's abilities to manage online administration of the examination as proposed. She suggested that the committee work to have the examination specifications finalized and ready to present to the Board at the June business meeting so a decision can be made on implementing the examination. The Committee decided to meet on April 28, 2017.

Dr. Watkins asked each member to review the current draft questions, and submit feedback and an additional 10 questions to Mrs. Palmatier by March 10, 2017.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 11:15a.m.

James D. Watkins, D.D.S, Chair

Sandra K. Reen, Executive Director

Date

Date



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Dentists Registered Dental Assistants Licensure by Credential Loan Repayment Permits

Dental License Applicants

LICENSURE BY RESIDENCY

Effective February 1, 2008 individuals may qualify for dental licensure on the basis of completion of a minimum of 12 months of a general practice residency or advanced education in general dentistry program approved by the ADA's Commission on Dental Accreditation (CODA) as long as the following requirements are submitted upon completion of the residency program:

Requirements include a completed application and application fee of \$100.00 with completed Residency 1(07/08) form and proof of:

- > Graduation from a Commission on Dental Accreditation (CODA) of the ADA approved dental school or board approved dental school,
- > Completion of a CODA-approved general practice residency OR advanced education in general dentistry program as certified by the program director on the Certification of Clinical Residency Completion form (07/08),
- > Successful completion of Part I and Part II of the National Board Dental Examination of the Joint Commission on National Dental Examinations,
- > Not failing the WREB or California clinical examination within the last five (5) years (A letter from WREB stating that the applicant has not failed the WREB clinical examination within the last five years is acceptable proof); and,
- > Completion of fingerprinting requirements pursuant to Section 1629(b) of the Business and Professions code.

Additional requirements for issuance of a California dental license are:

- > Successful completion of the California Law and Ethics exam, and
- > Fingerprint clearances received from Dept. of Justice and the FBI, and
- > Completion of Lic-2 (11/07) Application for Issuance of License and Registration of Place of Practice (will be mailed to the applicant upon completion of all other licensure requirements).

To find out if your general practice residency or advanced education in general dentistry program is CODA-approved, you may contact the American Dental Association at (312) 440-2500 or visit [http://www.ada.org/en/coda/find-a-program/search-dental-programs#sort=relevancy&f:ProgramName=\[Dental%20Hygiene\]](http://www.ada.org/en/coda/find-a-program/search-dental-programs#sort=relevancy&f:ProgramName=[Dental%20Hygiene]) to search for either Advanced Education in General Dentistry 12 months or General Practice Residency 12 months programs that are approved by CODA.

APPLICATIONS AND CERTIFICATIONS

[Application for Determination of Licensure Eligibility \(Residency\)](#)

[Certification of Clinical Residency Completion](#)

[Application for Law and Ethics Examination](#)

For more information, call (916)-263-2300 or email DentalBoard@dca.ca.gov

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COLORADO

**Department of
Regulatory Agencies**

Division of Professions and Occupations

Management Branch
Office of Licensing

Dentist (DEN) Application Checklist

Information about the application process and how you will be contacted

An Application Specialist will review your application based on the information you supply. If your application is incomplete, you will be contacted via the email address you provided. To monitor the status of your application, visit Online Services: apps.colorado.gov/dora/licensing/Default.

Disclosure of Addresses: Consistent with Colorado law, all addresses and phone numbers on record with the Division of Professions and Occupations (DPO) are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information current in our system. Your email address is not open to public record, but must be provided at the time you register an account. If your email address is not current, it is possible you will not receive important information from DPO. You can change your address, email address and other information online by using Online Services: apps.colorado.gov/dora/licensing/Default.

Application Expiration: Your application will be kept on file for one year from date of receipt in the Division of Professions and Occupations. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

If you submitted an application within the last year and were notified that you did not meet the requirements and you are submitting an update, you do not need to complete a new application or submit additional fees.

License Expiration Grace Period for New Applicants. PLEASE BE ADVISED that if you are issued a license within 120 days of the upcoming renewal expiration date, you will be issued a license with the subsequent expiration date. For example, licenses issued between November 1, 2017 and February 28, 2018 will reflect an expiration date of February 28, 2020. Licenses issued prior to November 1, 2017 will reflect an expiration date of February 28, 2018, and must renew in the upcoming renewal period.

- All DEN licenses expire on the last day of February in even-numbered years and must be renewed to continue practicing.

To obtain a license as a dentist, you must:

- Pay the Required Fee:** You must pay the **\$361** application processing fee with a credit card or electronic check to complete the application process. All fees are non-refundable and are subject to change.
- Complete the Affidavit of Eligibility:** You will be asked during the online application to attest to and provide information that you are lawfully present in the United States or otherwise eligible to work here. You may be required to upload documentation of your lawful presence.
- Provide your Social Security Number or an Affidavit:** As of January 1, 2009, a Social Security Number is required for all licensees. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. The Social Security Number Affidavit is available on the Division of Professions and Occupations (DPO) website: www.colorado.gov/dora/DPO_Update_Contact.



- ❑ **Provide Name Change Documentation (if applicable):** If you already have another type of license in Colorado and your name has since changed, you are presenting documentation for licensure with a previous name, or if any required documentation has a different name on it, you will be required to upload proof of your name change.
- ❑ **List and verify other Licenses:** You will be asked to list ALL licenses you hold or have held to practice dentistry or a related profession in any other state or jurisdiction. It is preferred that you provide scanned copy verification from the other state or jurisdiction website at the time of application. Otherwise, arrange for verification to be sent to the Office of Licensing – Dental Licensure at the address on the bottom of this page. However, mailing verification(s) may delay processing of your application. Verification(s) must indicate whether or not you have ever had disciplinary action taken against your license(s). A copy of the license(s) will not suffice.
- ❑ **Submit a National Practitioner Data Bank (NPDB) certified report:** You must submit a NPDB report of any pending or final disciplinary actions or malpractice actions against any license you have ever held in any state. This NPDB report must be dated within four months of receipt of your complete application packet. Visit the NPDB website: www.npdb-hipdb.hrsa.gov; or contact by telephone at (800) 767-6732 or by e-mail at: help@npdb-hipdb.hrsa.gov. If you are a new graduate who has never held an active dental license, you do not need to submit this report.
- ❑ **Provide proof of Professional Liability Insurance:** You must provide proof that you carry or will carry prior to professional liability insurance pursuant to sections 13-64-301(1)(a) and 12-35-141 of the Colorado Revised Statutes prior to practicing. Otherwise, you must be covered under a financial responsibility exemption listed in Rule II. To review the laws or rules, visit the Laws, Rules and Policies webpage: www.colorado.gov/dora/Dental_Laws. If you are not covered under an exemption per Rule II and you are unable to upload proof of your professional liability insurance at the time of your application, then you must arrange for documentation of your professional liability insurance to be sent to the Office of Licensing – Dental Licensure at the address on the bottom of this page. However, mailing proof of your professional liability insurance may delay processing of your application.
- ❑ **Answer the Screening Questions:** You will be asked a series of screening questions related to your criminal history or complaints filed against you in other jurisdictions (if applicable). This may require you to upload court documents or other material. Please review DPO's information regarding the disclosure of criminal history contained within these instructions.
- ❑ **Healthcare Professions Profiling Program (HPPP):** You will be asked a series of questions concerning your practice during your online application. This profile is required for healthcare professionals in Colorado. Your Healthcare Professions Profile is an ongoing responsibility; you must update your profile online within 30 days of changes and/or reportable events. As you complete your profile, please read the instructions carefully. For more information visit: www.colorado.gov/dora/HPPP or call 303-894-5942.

To obtain a license as a dentist by EXAMINATION, you must:

- ❑ **Hold a DMD or DDS degree:** You must have graduated with a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS) degree from a school or college of dentistry that was accredited by the Commission on Dental Accreditation (CODA) at the time of your graduation.
- ❑ **Provide your official transcript(s):** You must provide an official transcript(s) demonstrating DMD or DDS degree from a CODA-accredited dental school or college to the Office of Licensing – Dental Licensure at the address on the bottom of this page. Your application will not be fully processed until your transcript(s) is received.
- ❑ **Have passed the national examination:** You must take and pass the national examination administered by the Joint Commission on National Dental Examinations and arrange for your passing scores to be sent to the Office of Licensing – Dental Licensure at the address on the bottom of this page. Your application will not be fully processed until your scores are received.
- ❑ **Have passed a clinical examination:** You must take and pass an examination designed to test your clinical skills and knowledge. The clinical examination must be administered by a regional testing agency composed of at least four states or be another state examination. For further information about acceptable clinical examinations, refer to Policy 1.A on the Laws, Rules and Policies webpage: www.colorado.gov/dora/Dental_Laws. You must arrange for



your clinical exam scores to be sent to the Office of Licensing – Dental Licensure at the address on the bottom of this page. Your application will not be fully processed until your scores are received; **-OR-**

- Have completed a PGY-1 Residency:** The Board will accept completion of a PGY-1 residency (a CODA-accredited residency that was at least one year long and occurred in a hospital or dental facility) in lieu of a clinical examination. However, you must also hold a dentist license in another state or jurisdiction; **-OR-**
- Have completed a “Hybrid Portfolio” in California:** The Board will accept completion of a “Hybrid Portfolio” from one of the CODA-accredited schools or colleges of dentistry in California in lieu of a clinical examination. However, you must also hold a dentist license in the state of California; **-OR-**
- Have taken and passed the OSCE:** The Board will accept successful completion of the Canadian Objective Structured Clinical Exam (OSCE) in lieu of a clinical examination. You must provide proof of your passing score to the Office of Licensing – Dental Licensure at the address on the bottom of this page. Your application will not be fully processed until your scores are received.

Additionally, you must demonstrate *clinical competency and professional ability through ONE of the following:

- Have graduated within last 12 months:** You may establish your clinical competence and professional ability if you graduated within 12 months immediately preceding submission of your application with a DMD or DDS degree from a dental school or college that, at the time of your graduation, was accredited by CODA; **-OR-**
- Have engaged in active clinical practice of dentistry:** You may establish your clinical competence and professional ability if you have engaged in the active clinical practice of dentistry for at least one of the last five years immediately preceding submission of your application; **-OR-**
- Have engaged in teaching dentistry:** You may establish your clinical competence and professional ability if you have engaged in teaching dentistry at a CODA-accredited program for at least one of the last five years immediately preceding submission of your application; **-OR-**
- Have engaged in dental service in the military:** You may establish your clinical competence and professional ability if you have engaged in service as a licensed dentist in the military for at least one of the last five years immediately preceding submission of your application; **-OR-**
- Have passed a Board approved regional or state clinical examination:** You may establish your clinical competence and professional ability if you have passed a Board approved regional or state clinical examination within one year of submission of your application. You may review the rules and Policy 1.A on the Laws, Rules and Policies webpage for further information: www.colorado.gov/dora/Dental_Laws.

*If you are unable to demonstrate clinical competency and professional ability through ONE of the above methods then you will be contacted regarding demonstration of clinical competency and professional ability.

To obtain a license as a dentist by CREDENTIALING, you must:

- Hold a DMD or DDS degree:** You must have graduated with a Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS) degree from a school or college of dentistry that was accredited by the Commission on Dental Accreditation (CODA) at the time of your graduation.
- Provide your official transcript(s):** You must provide an official transcript(s) demonstrating DMD or DDS degree from a CODA-accredited dental school or college to the Office of Licensing – Dental Licensure at the address on the bottom of this page. Your application will not be fully processed until your transcript(s) is received.
- Have passed the national examination:** You must take and pass the national examination administered by the Joint Commission on National Dental Examinations and arrange for your passing scores to be sent to the Office of Licensing – DEN Licensure at the address on the bottom of this page. Your application will not be fully processed until your scores are received.
- Have passed a clinical examination:** You must take and pass an examination designed to test your clinical skills and knowledge. The clinical examination must be administered by a regional testing agency composed of at least four



states or be another state examination. For further information about acceptable clinical examinations, refer to Policy 1.A on the Laws, Rules and Policies webpage: www.colorado.gov/dora/Dental_Laws. You must arrange for your clinical exam scores to be sent to the Office of Licensing – Dental Licensure at the address on the bottom of this page. Your application will not be fully processed until your scores are received; **-OR-**

- Have completed a PGY-1 Residency:** The Board will accept completion of a PGY-1 residency (a CODA-accredited residency that was at least one year long and occurred in a hospital or dental facility) in lieu of a clinical examination. However, you must also hold a dentist license in another state or jurisdiction; **-OR-**
- Have completed a “Hybrid Portfolio” in California:** The Board will accept completion of a “Hybrid Portfolio” from one of the CODA-accredited schools or colleges of dentistry in California in lieu of a clinical examination. However, you must also hold a dentist license in the state of California; **-OR-**
- Have taken and passed the OSCE:** The Board will accept successful completion of the Canadian Objective Structured Clinical Exam (OSCE) in lieu of a clinical examination. You must provide proof of your passing score to the Office of Licensing – Dental Licensure at the address on the bottom of this page. Your application will not be fully processed until your scores are received.

Additionally, you must demonstrate *clinical competency and professional ability through ONE of the following:

- Have engaged in active clinical practice of dental hygiene/dentistry:** You may establish your clinical competence and professional ability through active practice in the U.S., one of its territories or Canada for a minimum of 300 hours per year, for at least one year of the three years immediately preceding submission of your application. Calculations will be based on the first full month prior to receipt of this application ; **-OR-**
- Have engaged in teaching dental hygiene/dentistry:** You may establish your clinical competence and professional ability through teaching of dental hygiene/dentistry, which involves personally providing care to patients for not less than 300 hours annually in an accredited program for at least one year out of the three years immediately preceding receipt of this application. Calculations will be based on the first full month prior to receipt of this application; **-OR-**
- Have engaged in dental hygiene service in the military:** You may establish your clinical competence and professional ability if you have engaged in service as a licensed dental hygienist in the military. The experience gained must be similar to the requirement in Rule III.F.5.a. You may review this rule on the Laws, Rules and Policies webpage: www.colorado.gov/dora/Dental_Laws; **-OR-**
- Have passed a Board approved regional or state clinical examination:** You may establish your clinical competence and professional ability if you have passed a Board approved regional or state clinical examination within one year of submission of your application. You may review the rules and Policy 1.A on the Laws, Rules and Policies webpage for further information: www.colorado.gov/dora/Dental_Laws.

*If you are unable to demonstrate clinical competency and professional ability through ONE of the above methods then you will be contacted regarding demonstration of clinical competency and professional ability.



Department of Public Health

Dentist Licensure Requirements

Before applying for licensure, please familiarize yourself with the general licensing policies.

An applicant for licensure who graduated from dental school in the United States must meet the eligibility requirements outlined below:

Graduate from a dental school accredited or recognized by the American Dental Association (ADA);

Successfully complete the National Board of Dental Examiners (NBDE) examinations; and

Successfully complete an acceptable Regional Board Examination approved by the Connecticut State Dental Commission and Department of Public Health. The following regional examinations are approved:

The Commission on Dental Competency Assessments (formerly NERB);

Council of Interstate Testing Agencies;

Southern Regional Testing Agency;

Central Regional Dental Testing Service;

Western Regional Examining Board;

Candidates must successfully complete all components of a regional board examination; an overall passing score is not acceptable. Candidates who have successfully completed a clinical performance examination offered by the Central Regional Testing Service, the Southern Regional Testing Agency or the Western Regional Examining Board must also pass the diagnostics component of the clinical performance test offered by the Commission on Dental Competency Assessments (formerly NERB) or the Council of Interstate Testing Agencies.

Applicants who earned the dental degree from an ADA accredited or recognized program who have not completed a regional examination as outlined above, may be exempt from the regional examination provided the applicant completed not less than one year of graduate dental training as a resident dentist in a program accredited by the Commission on Dental Accreditation (CDA), provided that the supervising dentist attests to the resident dentist's competency in all areas tested on the Commission on Dental Competency Assessments (formerly NERB). This exemption does not apply to foreign educated dentists.

DOCUMENTATION REQUIREMENTS

The following documents shall be forwarded directly to this office from the source:

A completed, notarized application form with photograph attached and fee of \$565.00 in the form of a certified bank check or money order payable to, "Treasurer, State of Connecticut";

A separate certified bank check or money order in the amount of \$4.75 made payable to, "Treasurer, State of CT". This payment covers the Department's cost for querying the National Practitioner Data Bank (NPDB).

Please do not combine the above two (2) payments into one single payment. Such a

payment cannot be processed and will delay the Department's processing of the application.

An official transcript of dental education verifying the award of a degree in dentistry sent directly from the school to this office;

An official report of National Board scores sent directly to this office;

An official report of successful completion of an acceptable clinical performance examination as outlined above. (The Commission on Dental Competency Assessments (formerly NERB) scores are sent to this office routinely. If the applicant's involvement with this documentation requirement is necessary, he or she will be contacted);

Applicants applying for exemption from taking the regional board examination must arrange for submission of a Verification of Dental Residency Training form.

Verification of all licenses ever held by the applicant (current or expired) from each state or territory in which the applicant is or has ever been licensed. Most states charge a fee for completion of the form. Please contact each state or territory for fee information.

All supporting documentation should be mailed directly from the source to:

Connecticut Department of Public Health
Dental Licensing
410 Capitol Ave., MS# 12 APP
P.O. Box 340308
Hartford, CT 06134
Phone: (860) 509-7603
Fax: (860) 707-1929
Email: dph.dentalteam@ct.gov

Content Last Modified on 1/20/2016 7:37:05 AM

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VERIFICATION OF DENTAL RESIDENCY TRAINING**

APPLICANT: Enter your full name and birth date on this form and forward it to the Chief of Staff or program director at the facility at which you completed residency training. This form must be completed by the facility and returned directly to this office.

Applicant's name: _____ Date of Birth: _____

Dear Chief of Staff/Program Director:

Please provide the following verification of residency training for the above-named Connecticut dental licensure applicant.

Name of facility where residency training was completed: _____

Dates of Residency: From _____ To _____
month/day/year (month/day/year)

In what specialty was the residency training completed: _____

At what level(s) was this residency completed (PGY1, PGY2, etc.)? _____

At the time of the applicant's training, was the residency training program in this specialty area accredited by the Commission on Dental Accreditation? Yes No

Did the applicant satisfactorily complete this period of residency training? _____ (YES or NO)

I certify that the above named dentist has demonstrated competency in the following subject areas related to the practice of dentistry during this period of this residency training (please place a check box in the appropriate column):

Subject Area	Yes	No
Diagnosis, Oral Medicine and Radiology <ul style="list-style-type: none"> • Anatomical identification • Abnormalities of bone, soft tissue • Identification of systemic conditions • Radiology techniques/errors • Physical evaluation/laboratory diagnosis • Therapeutics 		
Comprehensive Treatment Planning <ul style="list-style-type: none"> • Preventative Dentistry/Periodontics • Systemic Disease/Medical Emergencies/Special Care • Oral Medicine/Therapeutics • Endodontics • Orthodontics/Pediatric Dentistry • Restorative Dentistry • Oral Surgery 		
Periodontics, Prosthodontics and Medical Considerations <ul style="list-style-type: none"> • Periodontal Diagnosis • Fixed Partial Dentures • Removable Partial Dentures • Complete Removable Dentures • Evaluation of Laboratory Procedures • Medical Considerations 		
Access opening on a posterior tooth		
Access opening, canal instrumentation and obturation on an anterior tooth		
Cast metal crown preparation		
Porcelain-fused to metal crown preparation as an abutment for a three unit bridge		
Ceramic crown preparation		
Class III composite restoration		
Class II amalgam preparation		
Class II amalgam restoration		
Infection control and disease barrier techniques		

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VERIFICATION OF DENTAL RESIDENCY TRAINING
(Continued)**

I, _____, certify that I am the Chief of Staff/Program Director at:

Name of Facility: _____

Address: _____

Telephone Number: _____

and that the information provided herein is true and correct to the best of my knowledge and belief.

Signature of Chief of Staff/Program Director

Subscribed and sworn to me this _____ day of _____ (month/ year) _____

Notary Public's Signature

My Commission Expires

Please return this form directly to:

Department of Public Health
Dental Licensure
410 Capitol Ave., MS # 12 APP
P.O. Box 340308
Hartford, CT 06134-0308
Fax: (860) 707-1929



(<http://www.delaware.gov>)

(<http://www.delaware.gov>)



Department of State (<http://sos.delaware.gov/>) >> Division of Professional Regulation (</index.shtml>)

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Contact Us (</contact.shtml>)

Office Location (</locations.shtml>)

Customer Feedback (</forms/feedback.shtml>)

FAQs (</faqs.shtml>)

Services +

- Verify License Online (<https://dpronline.delaware.gov/mylicense%20weblookup/Search.aspx>)
- File a Complaint (</boards/investigativeunit/filecomplaint.shtml>)
- Request License Roster (/agency/roster_request_insts.shtml)
- FOIA Request (http://sos.delaware.gov/foia_requests.shtml)
- Change Contact Information (<https://dpronline.delaware.gov/MyLicense%20Enterprise/Login.aspx>)
- Renew License (<https://dpronline.delaware.gov/MyLicense%20Enterprise/Login.aspx>)
- Request Duplicate License (<https://dpronline.delaware.gov/MyLicense%20Enterprise/Login.aspx>)

Information +

- License Information Guide (</infoguide.shtml>)
- Prescription Monitoring Program (<http://pmp.delaware.gov/>)
- Professionals' Health Monitoring Program (<http://www.delawaremonitoring.com/>)
- Military Services (/agency/military_services.shtml)
- Related Websites (</links.shtml>)

Quick Links

- Request License Verification (/agency/verification_request_insts.shtml)
- Request Name Change (/documents/Name_Change_Request.pdf)
- Fax Us (/documents/Generic_Fax_Cover_Page.pdf)

★ ★ ★ Dentist License

NAVIGATE

NAVIGATE

[Board Home \(/boards/dental/index.shtml\)](/boards/dental/index.shtml)

[Dentist \(/boards/dental/dentist_license.shtml\)](/boards/dental/dentist_license.shtml)

[Dentist Academic \(/boards/dental/dentist_academic.shtml\)](/boards/dental/dentist_academic.shtml)

[Dental Hygienist \(/boards/dental/hygienist_license.shtml\)](/boards/dental/hygienist_license.shtml)

[Dental Resident \(dental_resident.shtml\)](dental_resident.shtml)

[Dentist-FQHC Provisional \(/boards/dental/dentist_FCHQ_provisional.shtml\)](/boards/dental/dentist_FCHQ_provisional.shtml)

[Restricted Permit I \(/boards/dental/anesthesia_permits.shtml\)](/boards/dental/anesthesia_permits.shtml)

[Restricted Permit II \(permits_ii.shtml\)](permits_ii.shtml)

[Unrestricted Permit \(permits_unrstrctd.shtml\)](permits_unrstrctd.shtml)

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[Position Statements \(/boards/dental/position.shtml\)](/boards/dental/position.shtml)

[Approved CE Providers \(/boards/dental/documents/Approved_CE_Providers.pdf\)](/boards/dental/documents/Approved_CE_Providers.pdf)

[License Law \(http://delcode.delaware.gov/title24/c011/index.shtml\)](http://delcode.delaware.gov/title24/c011/index.shtml)

[Rules & Regulations \(http://regulations.delaware.gov/AdminCode/title24/1100.shtml\)](http://regulations.delaware.gov/AdminCode/title24/1100.shtml)

[FAQS \(/boards/dental/faqs.shtml\)](/boards/dental/faqs.shtml)

Meetings, Agendas & Minutes (<https://publicmeetings.delaware.gov/?agencyId=7>)

Board Members (</boards/dental/members.shtml>)

Dental Hygiene
Advisory Committee (</boards/dental/committee.shtml>)

When to File

File an application for Delaware Dentist licensure if you are *not* contracted to practice at a Federally Qualified Health Center (FQHC) in Delaware. If you have an FQHC contract, file the ***Application for Dentist-FQHC Provisional Licensure*** (</boards/dental/forms.shtml>).

Information about Required Examinations

All applicants for Dentist licensure, *regardless of years in practice*, are required to pass the Delaware Practical Board Examination in dentistry and the Delaware Jurisprudence Examination.

- The Practical Board Examination is offered twice a year, at the beginning of January and June. The deadlines for applications to sit for the exams are December 1 for the January exam and May 1 for the June exam. The exam is limited to 18 candidates on each date. It is important to submit your application before the deadline for the exam you want to take. For more information about the exam, click **Practical Board Examination** (</boards/dental/documents/DentalExam.pdf>).
- The Delaware Jurisprudence Examination is an “open-book,” multiple-choice test based on the **Delaware Code** (<http://delcode.delaware.gov/title24/c011/index.shtml>) and the Board’s **Rules and Regulations** (<http://regulations.delaware.gov/AdminCode/title24/1100>). The version for **Dentists** (</boards/dental/forms.shtml>) has 30 questions, and the version for **Dental Hygienists** (</boards/dental/forms.shtml>) has 20 questions. You must pass the Jurisprudence Examination before your license will be issued.

Requirements *Before* the Practical Examination

You must submit the documentation in this section in order to be approved to sit for the practical examination. Additional documentation listed in the next section is required to be considered for licensure when you have passed the exam.

- Submit completed, signed and notarized ***Application for Dentist Licensure*** (</boards/dental/forms.shtml>) by the exam **deadline** (</boards/dental/exams.shtml>) .
- Enclose payment for the following non-refundable fees by check or money order made payable to “State of Delaware.” You may combine the fees in one payment.
 - **Processing fee** (</boards/dental/fees.shtml>)
 - **Examination fee** (</boards/dental/fees.shtml>) – If you fail to sit for the examination in the month you select on the application, ***you will forfeit this fee*** . You cannot transfer it to the next examination date.

- If you choose to submit your application after the deadline for the exam you want to take (May 1 for the June exam or December 1 for the January exam), enclose the non-refundable **Late Exam fee (/boards/dental/fees.shtml)**. This fee is in addition to the processing fee and examination fee.
 - **You will be admitted to the exam only if a seat is still available.**
 - If no seat is available, **you will forfeit both the examination fee and late fee that you paid.** To register for the next exam date, it is not necessary to re-apply and pay the processing fee again, but you must pay the examination fee again. You cannot transfer it to a later examination date.
- Enclose a copy of your current cardiopulmonary resuscitation (CPR) certification card. The Board office must receive this document by the exam deadline.
- Arrange for the Board office to receive an official transcript from Board-recognized undergraduate college or university, sent directly from the school to the Board office. The Board office must receive this document directly from the school by the exam deadline.
- Arrange for the Board office to receive an official transcript from your dental college or university, sent *directly* from the school to the Board office. The transcript must show your degree and date of graduation.
 - The dental college/university must be accredited by the Commission on Dental Accreditation of the American Dental Association (CODA).
 - The Board office must receive this document directly from the school by the exam deadline.

When the deadline for the exam date passes, the Board office will mail examination packets to all candidates who applied on time and whose documentation it has received. Candidates who apply late will receive their examination packets only after the Board office confirms availability of a seat and receives all required documentation.

Requirements *After* the Practical Examination

You must submit the additional documentation listed below in order to be considered for licensure when you've passed the practical examination. However, you may submit the documents at any time, before or after taking the exam. When you have passed the practical exam *and* all required documentation listed below has been received, the credentialing committee will review your application. If approved, your license will be issued.

- Arrange for the Board office to receive **one** of the following:
 - Proof (such as a letter from the sponsoring institution) that you have one year of experience as a dental intern in a CODA-accredited general practice residency sent directly from the sponsoring institution to the Board office.
 - Tax form W-2s or other proof that you have practiced actively for three years in another jurisdiction (state, U.S. territory or District of Columbia).
 - Proof (such as a letter from the sponsoring institution) that you have completed four or more years in a CODA-approved specialty residency, sent *directly* from the sponsoring institution to the Board office.

If you have been in a CODA-approved specialty residency of *less than four years*, submit proof (such as a letter from the sponsoring institution) that the program you're in

- meets the goals, objectives, proficiencies and competencies set forth in Standard 2.4 of the CODA *Accreditation Standards for Advanced Education Programs in General Practice Residency*, ©2007 (Section 4.3 of the Board's **Rules and Regulations** (<http://regulations.delaware.gov/AdminCode/title24/1100.shtml>)), and
 - includes a rotation of at least 70 hours in anesthesia and a rotation of at least 70 hours in medicine.
- Arrange for the Board office to receive your National Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office. See **Score Report Request** (https://dts.ada.org/login/login__ADA.aspx).
 - Arrange for the Board office to receive license verification letters from *each* jurisdiction (state, U.S. territory or District of Columbia) where you are now, or have ever been, licensed, sent *directly* from the jurisdiction to the Board office.
 - If you have ever been licensed in another jurisdiction, request a self-query from the **National Practitioner Data Bank** (<http://www.npdb-hipdb.hrsa.gov/>). When you receive the report, send the original to the Board office.
 - Submit your completed, signed and notarized **Jurisprudence Examination for Dentist Candidates** (</boards/dental/forms.shtml>).
 - Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
 - If you have never been issued a U.S. Social Security Number (SSN), submit a **Request for Exemption from Social Security Number Requirement** (/documents/Request_Exemption_SSN_Req.pdf).



(</index.shtml>)

Division of Professional Regulation (</index.shtml>)

Verify License (<https://dpronline.delaware.gov/mylicense%20weblookup/Search.aspx>)

Contact (</contact.shtml>) | DOS FOIA Requests

(http://sos.delaware.gov/foia_requests.shtml)

Share (<http://www.addthis.com/bookmark.php?v=250&pub=stateofdelaware>)

Delaware.gov (<http://www.delaware.gov>) | Privacy

(<http://www.delaware.gov/help/privacy.shtml>) | Translate

(<http://www.delaware.gov/help/translate.shtml>) | Contact

(<http://www.delaware.gov/help/degov-contact.shtml>) | Phone Directory

(<http://www.delaware.gov/phonedirectory/>)


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Office of the Professions

License Requirements

[General Requirements](#) | [Fees](#) | [Partial Refunds](#) | [Education Requirements](#) | [Experience Requirements](#) | [Examination Requirements](#) | [Applicants Licensed in Another Jurisdiction \(Endorsement\)](#) | [Limited Permits](#) | [Dental Anesthesia/Sedation](#) | [Dentist Summary of Requirements "At a Glance"](#)

General Requirements

The practice of dentistry or use of the title "dentist" within New York State requires licensure.

To be licensed as a dentist in New York State initially or through endorsement you must:

- be of good moral character;
- be at least 21 years of age;
- meet education requirements;
- meet examination requirements;
- meet experience requirements; and
- complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider.

You must file an application for licensure and the other forms indicated, along with the appropriate fee, to the Office of the Professions at the address specified on each form. **It is your responsibility to follow up with anyone you have asked to send us material.**

The specific requirements for licensure are contained in Title 8, [Article 133](#), Section 6604 of New York State Education Law and [Part 61](#) of the Commissioner's Regulations.

You should also read the [general licensing information](#) applicable for all professions.

Fees

The fee for licensure and first registration is \$377.

The fee for a limited permit is \$105.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. NOTE: Your cancelled check is your receipt.
- Mail your application and fee to:

NYS Education Department
 Office of the Professions
 PO Box 22063
 Albany, NY 12201

NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

Partial Refunds

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Dentistry Unit by e-mail at opunit3@nysed.gov or by calling 518-474-3817 ext. 270 or by fax at 518-402-5354.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and *you will be required to pay the licensure fee* and meet the licensure requirements in place at the time you reapply.

Education Requirements

To meet the education requirements for licensure, you must present evidence of completion of:

1. not less than 60 semester hours of *preprofessional education*, including courses in general chemistry, organic chemistry, biology or zoology, and physics; and
2. a *program of professional education* consisting of either:
 - at least four academic years, or the equivalent thereof, in a program registered by the Department as licensure qualifying or accredited by an accrediting organization acceptable to the Department (see below for information about accredited dental programs); or
 - at least four academic years of dental education satisfactory to the Department, culminating in a degree, diploma or certificate in dentistry recognized by the appropriate civil authorities of the country in which the school is located, as acceptable for entry into practice in the country in which the school is located (see below).

If you completed a program of dental education in an unregistered and unaccredited foreign dental school, you must complete not less than two academic years of study satisfactory to the Department in a registered or accredited dental school program including such subjects as may be necessary for certification by such registered or accredited school that you have achieved the level of knowledge and clinical proficiency expected of a graduate of the school. If you have questions about acceptable programs, contact the New York State Board for Dentistry by e-mail at dentbd@nysed.gov, by phone at 518-474-3817 ext. 550 or by fax at 518-473-0567.

In addition to the professional education requirement, every applicant for dental licensure or a limited permit must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. See [additional information and a list of approved providers](#) for this training.

Every dentist must also complete approved coursework or training appropriate to the professional's practice in infection control and barrier precautions, including engineering and work practice controls, to prevent the transmission of the human immunodeficiency virus (HIV) and the hepatitis b virus (HBV) in the course of professional practice. See [additional information and a list of approved providers](#) for this training.

Accredited Dental Programs

For information about accredited dental programs in the United States or Canada, contact the:

American Dental Association
211 E. Chicago Avenue
Chicago, IL 60611
Phone: 312-440-2500
Fax: 312-440-7494
Web: www.ada.org 

or contact the State Board for Dentistry (see [Contact Information](#)).

You should confirm

Experience Requirements

Beginning January 1, 2007, all applicants for initial licensure **must** complete an approved clinically-based dental residency program of at least one year's duration. A clinical (practical) examination such as NERB will **not** be accepted for initial licensure after December 31, 2006.

If you are licensed as a dentist in another jurisdiction and have not completed an approved residency program, you must meet the endorsement requirements. (See [Applicants Licensed in Another Jurisdiction \(Endorsement\)](#) section.)

Dental Residency Programs

The Department must receive, directly from the residency program director, verification of completion of an approved residency program accredited for teaching purposes by an acceptable national accrediting body. Please refer to [section 61.18\(b\)](#)

Examination Requirements

For licensure, you must obtain passing scores on both Parts I and II of the National Board Dental Examination. The Department must receive verification of your passing scores directly from the Joint Commission on National Dental Examinations. You are responsible for contacting the examination agency for obtaining appropriate information and forms.


Normally, dental students take Parts I and II of the National Board Dental Examination in the final years of dental study and their dental schools assist in the arrangements. If you completed a program of dental education in an unregistered and unaccredited dental school outside the United States, contact the Joint Commission on National Dental Examinations for information on taking the examinations.

For an application to take the National Board Dental Examinations or for transmittal of scores to the New York State Education Department, contact the Joint Commission on National Dental Examinations (see [Reasonable Testing Accommodations](#) section for contact information).

Scores are not available by telephone from the Office of the Professions or the testing agency.

Reasonable Testing Accommodations

If you have a disability and may require reasonable testing accommodations for the examinations, please contact the Joint Commission on National Dental Examinations for information. They can be contacted at:

Joint Commission on National Dental Examinations
211 East Chicago Avenue
Chicago, IL 60611
Phone: 1-800-232-1694
Web: www.ada.org 

Applicants Licensed in Another Jurisdiction (Endorsement)

If you are licensed as a dentist in another jurisdiction of the United States and have fulfilled all the requirements for licensure **including** the experience requirements by completing an approved residency program, this section does not apply to you. You should apply for licensure based upon completion of the approved residency program (see [Experience Requirements](#) section for details).

If you have **not** completed an approved residency program of at least one year's duration and are licensed as a dentist in another jurisdiction of the United States, the Department may endorse that license if the Department determines you have met the licensing requirements of New York State Education Law and the Regulations of the Commissioner of Education. To be licensed by endorsement, you must:

- **meet New York State education requirements;**
- have been licensed in another jurisdiction of the United States and practiced lawfully for at least two years (full-time) following initial licensure - 8 months of such practice must have been in the two years preceding your application;
- have passed an examination satisfactory to the board and in accordance with the Commissioner's Regulations (see [Examination Requirements](#) section for details.);
- be at least twenty-one years of age;
- be of good moral character as determined by the Department; and
- complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider.

To apply for a New York State license by endorsement, you must submit, or have submitted on your behalf, the following:

- Application for Licensure (Form 1) with a licensure and first registration fee of \$377;
- Certification of Professional Education (Form 2) verifying that you **meet New York State's education requirements;**
- Verification of Other Licensure/Certification (Form 3);
- Personal Affidavit of Professional Practice of Endorsement Applicants (Form 4); and
- Supporting Affidavit of Professional Practice for Endorsement Applicants (Form 4A) to document two years of full-time practice; and
- a certificate of completion or a certificate of exemption for the child abuse identification and reporting training.

Limited Permits

A limited permit allows a graduate of a dental college who has satisfied the education requirements for licensure in this State to practice dentistry only under the supervision of a New York State licensed dentist and only in:

- a registered school of dentistry or dental hygiene to instruct and supervise clinical dentistry or dental hygiene for students in that school and to practice dentistry only on the premises of that registered school or premises used for instruction; **OR**

- a hospital or dental facility approved by an appropriate agency and under the direction or supervision of a licensed dentist. No permit shall be issued or renewed unless you have a bonafide offer of a position in that hospital or dental facility, which has an accredited dental residency program.

A supervising dentist shall be present on the premises at all times when professional services are being rendered by a limited permit holder and will exercise supervision appropriate to the circumstances, according to Section 6605 (1) of the New York State Education Law. You may not begin practice until a limited permit has been issued.

To apply for a limited permit, you must submit, or have submitted on your behalf, the following:

- Application for Limited Permit (Form 5) with the limited permit fee of \$105;
- Certification of Professional Education (Form 2) verifying that you **meet New York State's education requirements***;
- a certificate of completion or a certificate of exemption for the child abuse identification and reporting training; and
- If licensed in another jurisdiction, Verification of Other Professional Licensure/Certification (Form 3).

NOTE: You do not have to file an Application for Licensure (Form 1). The limited permit cannot be issued until the Department has approved your education and has received all required documentation.

Your limited permit is valid for one year or until ten days after you are notified that your application for licensure was denied. A limited permit which has not expired may be renewed for one year. If you are serving in a residency program in a hospital, annual renewals are available until your residency is completed. To renew your limited permit for an additional year, you must submit a new Form 5 with the \$105 fee.

*NOTE: For limited permits only, tentative completion dates may be accepted provided all requirements for graduation have been met; however, an updated Form 2 will need to be submitted when applying for licensure.

Dental Anesthesia/Sedation

To employ general anesthesia, deep sedation, or conscious sedation (parenteral or enteral route with or without inhalation agents), dentists must meet additional requirements and obtain a dental anesthesia/sedation certificate from the State Education Department.

The requirements you must meet and the forms you must complete to obtain a dental anesthesia/sedation certificate are available on our [Web site](#). Additional information regarding certification is available on our [Web site](#) or you may contact the State Board for Dentistry (see [Contact Information](#)).

Dentist Summary of Requirements "At a Glance"

Required Forms, Fees, Experience and Exams	Applicants for licensure who hold a DDS or DMD degree from an ADA accredited program and HAVE met the residency requirement ¹ .	Applicants for licensure who hold a DDS or DMD degree from an ADA accredited program, HAVE NOT met the residency requirement ¹ and are applying for endorsement.	Applicants for licensure who are graduates of programs that are not NYS licensure qualifying or ADA accredited.	Applicants for Limited Permit
Form 1 and fee for licensure and first registration	X	X	X	
Pre-Professional Education			X	X ²
Form 2	X ³	X	X	X
Two years of additional dental education acceptable to the Department			X	X ²
Form 3	X ⁴	X	X ⁴	X
Form 4		X	X ⁵	
Form 4A		X	X ⁵	
Form 4B ⁶	X		X ⁷	
Form 5 and fee				X

National Boards examination scores	X	X	X	
Certification of Completion of Course in Reporting Child Abuse ⁸ (or exemption form)	X	X	X	X
Infection Control Coursework ⁹ (Must be completed within 90 days of licensure)	X	X	X	

¹ Residency program must be an approved clinically-based dental residency program of at least one year's duration and must be successfully completed.

² Only if graduate of a non-accredited or non-registered dental school program.

³ If you were previously issued a limited permit, please verify with your dental school that the verification of your education previously sent to the Department was submitted after graduation from your dental program. If not, a new Form 2 will need to be submitted.

⁴ Only applicable if licensed in another jurisdiction.

⁵ Only applicable if you have not met the residency requirement, are licensed in another jurisdiction and are applying for licensure by endorsement.

⁶ Residency program participants in New York State are required to secure a limited permit to practice in a residency program.

⁷ Only applicable if you have met the residency requirement.

⁸ Graduates of NYS licensure qualifying dental education programs after September 1, 1990 have completed this coursework and are not required to submit proof.

⁹ Graduates of NYS licensure qualifying dental education programs after September 1, 1993 complete this requirement as part of their dentistry program.



OHIO STATE DENTAL BOARD

<http://www.dental.ohio.gov/Home.aspx>

ANNOUNCEMENT:

The Board is joining other Ohio licensing boards in transitioning to a new state enterprise elicensing system, which is scheduled to be launched on August 22, 2016.

The new system launched on August 22, 2016, all applications and renewals will need to be completed online. The Board no longer accepts paper applications or paper checks since the new elicensing system is active.

To learn more about the licensure process, select the type of license you wish to apply for from the list of professions below. The Board has made every effort to include the information you need to apply for licensure on this website. If you have questions or concerns about the licensure process, contact us at licensing@den.ohio.gov (<mailto:licensing@den.ohio.gov>) or call 614-466-2580 and speak with our licensing coordinator.

Please provide the necessary information/documentation required for processing your license application. You will be notified if any information/documentation is missing or not accepted. Please allow up to 20 calendar days to process a complete application.

In an effort to provide faster service to licensees, the OSDB will be sending wall certificates and renewal cards electronically through email instead of sending paper copies of these items. This will be in effect as of August 25, 2016.

Dental License



OHIO STATE DENTAL BOARD

(<http://www.dental.ohio.gov/Home.aspx>)

4715.10 APPLICATION FOR LICENSE

(A) As used in this section, "accredited dental college" means a dental college accredited by the commission on dental accreditation or a dental college that has educational standards recognized by the commission on dental accreditation and is approved by the state dental board.

(B) Each person who desires to practice dentistry in this state shall file a written application for a license with the secretary of the state dental board. The application shall be on a form prescribed by the board and verified by oath. Each applicant shall furnish satisfactory proof to the board that the applicant has met the requirements of divisions (C) and (D) of this section, and if the applicant is a graduate of an unaccredited dental college located outside the United States, division (E) of this section.

(C) To be granted a license to practice dentistry, an applicant must meet all of the following requirements:

- (1) Be at least eighteen years of age;
- (2) Be of good moral character;
- (3) Be a graduate of an accredited dental college or of a dental college located outside the United States who meets the standards adopted under section 4715.11 of the Revised Code;
- (4) Have passed parts I and II of the examination given by the national board of dental examiners;
- (5) Have passed a written jurisprudence examination administered by the state dental board under division (E)(2) of section 4715.03 of the Revised Code;
- (6) Pay the fee required by division (A)(1) of section 4715.13 of the Revised Code.

(D) To be granted a license to practice dentistry, an applicant must meet any one of the following requirements:



OHIO STATE DENTAL BOARD

(http://www.dental.ohio.gov/Home.aspx)

(1) Have taken an examination administered by any of the following regional testing agencies and received on each component of the examination a passing score as specified in division (A) of section 4715.11 of the Revised Code: the central regional dental testing service, inc., northeast regional board of dental examiners inc, the southern regional dental testing agency, inc. or the western regional examining board;

(2) Have taken an examination administered by the state dental board and received a passing score as established by the board;

(3) Possess a license in good standing from another state and have actively engaged in the legal and reputable practice of dentistry in another state or in the armed forces of the United States, the United States public health service, or the United States department of veterans' affairs for five years immediately preceding application;

(4) Have completed a dental residency program accredited or approved by the commission on dental accreditation and administered by an accredited dental college or hospital.

(E) To be granted a license to practice dentistry, a graduate of an unaccredited dental college located outside the United States must meet both of the following requirements:

(1) Have taken a basic science and laboratory examination consistent with rules adopted under section 4715.11 of the Revised Code and received a passing score as established by the board;

(2) Have had sufficient clinical training in an accredited institution to reasonably assure a level of competency equal to that of graduates of accredited dental colleges, as determined by the board.

Application

Declaring a Specialty

Dental Licensure for Graduates of an Unaccredited Dental College Outside the United States

Expert Application

General and IV Sedation



OHIO STATE DENTAL BOARD

(<http://www.dental.ohio.gov/Home.aspx>)

Limited Dental Teaching License

Limited Resident's License

Oral Health Access Supervision Permit

Reinstatement of Dental License

Temporary Volunteer Certificate

Volunteer Certificate

Laws and Rules: Dental Practice Act

Jurisprudence Exam and Answer Sheet

Change of Address or Name

Miscellaneous Forms

Hepatitis B Waiver (</Portals/0/Professions/Dentist/HEP B Waiver.pdf?ver=2016-06-07-103947-897>)

Retirement Request (</Portals/0/Professions/Hygiene/Retirement.pdf?ver=2016-06-07-145835-807>)



[Licenses, Permits and Certificates](#) > [Professions - New, Renew or Update](#) > [Dentist](#) > [License Requirements](#)

Dentist

License Requirements

- [Chapter 18-32 RCW](#)
- [Chapter 246-817 WAC](#)

Education

- Applicants must graduate from a Commission on Dental Accreditation (CODA) -accredited dental school with a doctor of dental surgery (DDS) or doctor of dental medicine degree (DMD). Official school transcript with degree posted, or, for recent graduates, a verified list of graduating students submitted directly from the dean, is required.
Or
- Graduates from non-accredited dental schools must also meet the requirements outlined in WAC 246-817-160.
 - Evidence of successful completion of at least two additional predoctoral or postdoctoral academic years of dental education. Official school transcript or letter from school verifying education is required.
 - Additional predoctoral or postdoctoral dental education completed before July 1, 2018, must be obtained at a dental school in the United States or Canada, approved, conditionally or provisionally, by the Commission on Dental Accreditation.
 - Additional predoctoral or postdoctoral dental education completed after July 1, 2018, must be obtained in a dental program in the United States or Canada, approved, conditionally or provisionally, by the Commission on Dental Accreditation and include clinical training.

Examinations

- Applicants must pass written examination. Acceptable written examinations include:
 - The National Board Dental Examination Parts I and II; and
 - The Canadian National Dental Examining Board examination.

An original scorecard or a certified copy of the scorecard is required.

And

- Applicants must pass a complete practical-clinical examination. Acceptable clinical examinations include:
 - The Western Regional Examining Board's (WREB) clinical examination;
 - The Central Regional Dental Testing Services (CRDTS) clinical examination;
 - The Commission on Dental Competency Assessments (CDCA) formally known as Northeast Regional Board (NERB) clinical examination;
 - The Southern Regional Testing Agency (SRTA) clinical examination;
 - The Council of Interstate Testing Agency's (CITA) clinical examination;
 - Examination results of a U.S. state or territory with an individual state board clinical examination; and
 - The commission will consider acceptance of the complete National Dental Examining Board (NDEB) of Canada clinical examination as meeting its standards if the applicant is a graduate of an approved dental school defined in WAC 246-817-110 (2)(a).

An original scorecard or a certified copy of the scorecard is required.

Or

- Applicants must complete a qualifying postgraduate residency program to be accepted in lieu of practical-clinical examination.
 - Acceptable postgraduate residencies include:
 - Northwest Dental Residency; and

- NYU Lutheran AEGD and Pediatric Programs (Washington approved sites only).

A letter from the approved residency verifying residency completion is required.

Or

- Applicants licensed in other U.S. states or territories must meet requirements of RCW 18.32.215 and WAC 246-817-135.
 - Hold a valid license in another U.S. state or territory. A verification of license (PDF) must be submitted directly by the state to the department.
 - Graduate from CODA dental school. Official school transcript with degree posted.
 - Graduates of non-CODA dental school must meet requirements of RCW 18.32.215 (1)(b).
 - Has practiced in another state for at least four years; and
 - A verification of license must be submitted directly by the state to the department.
 - Has completed a one-year postdoctoral residency program. A letter from the approved residency verifying residency completion is required.
 - Are currently engaged in the practice of dentistry by demonstrating one of the following:
 - Serving as a dentist in the U.S federal service;
 - Employed by a dental school;
 - In a dental residency program; or
 - Practicing dentistry for a minimum of 20 hours per week for the four consecutive years preceding application.
 - A proof of practice form (PDF) must be submitted.

State license verification

Applicants must list all states where they do or did hold credentials. This list must also include when the applicant has applied for a credential, even if a credential was not granted. The jurisdiction where the applicant is or was credentialed must complete and submit the verification form (PDF) . The jurisdiction must send the completed form directly to the department .

Personal data questions

Each applicant must answer the personal data questions. An appropriate explanation and required documentation must be sent with positive answers. If there is a positive answer to the professional liability claims history question, the applicant must send an explanation of the nature of the case, data and summary of care given, copies of the original complaint, and the settlement or final disposition. If the case is pending, applicant must indicate status.

Additional information/documents required

- HIV/AIDS training – seven hours.
- A signed attestation must be completed on the application.
- Applicants should list all professional training and experience including college or university (pre-dental) and chronology of practice history from the date of dental school graduation to present.
- Drug Enforcement Administration (DEA) verification. A verification form (PDF) must be completed and submitted by the DEA.
- Malpractice insurance if available. Verification from insurance company must include dates of coverage and any claims history.
- Applicant must successfully pass the dental jurisprudence examination .
- 2x2 photo, signed and dated.

Process for approving/denying applications

We finish final review for approval after a credentialing specialist verifies that the application is fully complete, and complies with requirements in chapter 18.32 RCW and chapter 246-817 WAC . We complete background checks and make sure applicants have submitted required fees. Credentialing supervisors and lead workers have the authority to approve routine applications. The disciplining authority may conduct further

review if the credentialing supervisor can't verify the applicant meets all requirements. We'll formally notify applicants of a denial. Those applicants may request a hearing to appeal the decision.

Continuing education requirements

Dentists must complete 21 hours of continuing education every year. Continuing education must contribute to the professional knowledge and development of the practitioner or enhance services provided to patients. Acceptable continuing education is listed in WAC 246-817-440 .

Renewal requirements

Dentists must renew their license every year. Credentials expire on the credential holder's birthday and may be renewed within 90 days of the expiration date. Dentists must attest to completing the required 21 hours of continuing education as part of the annual renewal. A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.

Avoid an expired license

Do not let your license expire. You must make sure we have your renewal before it expires. Otherwise, you will not be allowed to practice. A timely postmark on your renewal will not prevent an expired license. Renewals sent by mail take about two weeks to process. Remember to include your continuing education to complete your renewal.

Anesthesia/sedation permits

A permit is required to administer moderate sedation, moderate sedation with parenteral agents, and general anesthesia/deep sedation. WACs 246-817-755, 760, and 770 govern permit requirements.

Faculty license – limited

A limited faculty license is available for dentists who have been licensed to practice dentistry in another state or country, and who have been accepted for employment by the University of Washington, School of Dentistry. Such license shall permit the holder to practice dentistry only in connection with his or her duties in employment with the school of dentistry of the University of Washington per RCW 18.32.195 (1).

Resident license – limited

A limited resident license is available for dentists to practice dentistry in this state to university postdoctoral students or residents in dental education, or to postdoctoral residents in a dental residency program approved by the commission. The license shall permit the resident dentist to provide dental care only in connection with his or her duties as a university postdoctoral dental student or resident or a postdoctoral resident in a program per RCW 18.32.195 (2).

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Should PGY-1 Be Mandatory in Dental Education? Two Viewpoints

Viewpoint 1: PGY-1 Provides Benefits That Support Making It Mandatory

Vineet Dhar, BDS, MDS, PhD; Alison Glascoe, DDS, MS; Shahrokh Esfandiari, BSc, DMD, MSc, PhD

Viewpoint 2: PGY-1 Should Be Available for Dental Graduates But Not Mandatory

Kelly B. Williams, DMD; Michelle R. McQuistan, DDS, MS; Mark R. Stevens, DDS

Abstract: This Point/Counterpoint considers whether a general dentistry postgraduate year one (PGY-1) residency should be required for all new graduates who do not pursue specialty training. Currently, New York and Delaware require PGY-1 for dental licensure, while other states offer it as an alternative to a clinical examination for obtaining licensure. Viewpoint 1 supports the position that PGY-1 should be mandatory by presenting evidence that PGY-1 residencies fulfill new graduates' need for additional clinical training, enhance their professionalism and practice management skills, and improve access to care. The authors also discuss two barriers—the limited number of postdoctoral positions and the high cost—and suggest ways to overcome them. In contrast, Viewpoint 2 opposes mandatory PGY-1 training. While these authors consider the same core concepts as Viewpoint 1 (education and access to care), they present alternative methods for addressing perceived educational shortcomings in predoctoral curricula. They also examine the competing needs of underserved populations and residents and the resulting impact on access to care, and they discuss the potential conflict of interest associated with asking PGY-1 program directors to assess their residents' competence for licensure.

Dr. Dhar is Associate Professor and Division Chief, Pediatric Dentistry, Department of Orthodontics and Pediatric Dentistry, University of Maryland School of Dentistry; Dr. Glascoe is Professor, Department of Periodontics and Preventive Services, Howard University College of Dentistry; Dr. Esfandiari is Associate Dean for Academic Affairs, Faculty of Dentistry, McGill University; Dr. Williams is Assistant Professor, Department of Periodontology and Preventive Dentistry, University of Pittsburgh School of Dental Medicine; Dr. McQuistan is Associate Professor, Department of Preventive and Community Dentistry, University of Iowa College of Dentistry and Dental Clinics; and Dr. Stevens is Professor and Chair, Department of Oral and Maxillofacial Surgery, Augusta University Dental College of Georgia. Direct correspondence to Dr. Vineet Dhar, University of Maryland School of Dentistry, 650 West Baltimore Street, Office # 2221, Baltimore, MD 21201; 410-706-7970; VDhar@umaryland.edu.

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The question of whether a general dentistry postgraduate year one (PGY-1) residency should be required for all new graduates not pursuing specialty training has been a topic of interest in the academic, practice, and policy arenas. Currently, New York and Delaware require PGY-1 for licensure, while several other states offer PGY-1 as an alternative to a clinical licensure examination. A year of postdoctoral general dentistry (PGD) can be taken in a General Practice Residency (GPR) or Advanced Education in General Dentistry (AEGD)

program. Viewpoint 1 supports the position that PGY-1 should be mandatory by presenting evidence that PGY-1 residencies address the need for new graduates' additional clinical training, enhance their professionalism and practice management skills, and improve access to care. In contrast, Viewpoint 2 opposes mandatory PGY-1 training: it presents alternative methods for addressing perceived educational shortcomings in predoctoral curricula and discusses the competing needs of underserved populations and residents and the resulting impact on access to care.

Viewpoint 1: PGY-1 Provides Benefits That Support Making It Mandatory

With dental education influenced by trends in health care delivery and cultural and social diversity, there is an ever-greater need for dental graduates to be prepared to provide care for culturally and socially diverse, economically challenged, medically compromised, and developmentally disabled populations.¹⁻⁴ At the same time, there has been a remarkable expansion in dental knowledge, along with the emergence of new technologies and evidence-based practice. These changes require that dental educators and students stay current with new research and innovative techniques, adding a substantial burden to already crowded predoctoral curricula. Not everything can be covered: a study of 22 trainees entering GPR programs, published in 1991, reported they lacked experience in such areas of clinical care as completing an anterior fixed bridge, using nitrous oxide, and becoming involved in research projects.⁵ Also, 50% of those incoming residents lacked experience in esthetic services, surgical extractions, incision and drainage procedures, minor tooth movements, care for complex medical needs patients, and oral or IV sedation. Although we expect that advances in predoctoral education over the past 25 years have improved those areas of experience, many dental graduates still seek an additional year of training in an accredited PGD program for the same reasons identified by Formicola and Redding in 1995: it allows them to build upon the clinical skills they gained in dental school and better prepare themselves for practice.⁶ This viewpoint provides evidence in support of making PGY-1 mandatory by explaining how it bridges the gap between being a student and a dentist and provides benefits for both practitioners and patients.

Clinical Rationale for PGY-1

Garrison argued in 1991 that the additional year of clinical education gained in PGY-1 plays a critical role in bridging the gap between a student and practitioner, because dental school graduates are not prepared for the "real world."⁵ This perceived gap can be bridged with additional time for graduates to improve their clinical skills and increase their

confidence while working within an appropriate supervision strategy.⁷ The additional year gives young dentists an opportunity to mature, master advanced skills, and learn how to address the rapid changes in dentistry.

A survey of 2,018 practicing dentists, published in 2003, found a roughly even split between supporters and non-supporters of PGY-1: 48% supported a mandatory year of training, and 52% were opposed.³ Respondents who had completed an AEGD, GPR, or specialty program were more likely than other respondents to be supporters of PGY-1, as were those holding positions in a community clinic, nursing home, or hospital clinic. The non-supporters, although largely agreeing with the need for additional instruction, were either not comfortable with the term "mandatory" or were uncertain of the costs and benefits of a fifth year.

Garrison's study reported in 1991 that GPR-trained practitioners tended to perform more oral surgery, periodontal surgery, complex endodontic procedures, and detailed patient work-ups than their non-GPR trained counterparts, while also needing to consult with specialists less frequently.⁵ PGY-1 programs that are hospital-based also give residents more exposure and experience working with medically complex patients, while expanding residents' clinical skill sets, knowledge base, and management skills related to emergency care for medically compromised and other patients.³ In addition, PGY-1 training makes it possible to tailor experiences based on the individual student's interests and practice goals.

A survey of PGD program directors published in 1996 found that the majority scored their graduates relatively high on sterilization skills, dental emergencies, history taking, data collection, ethics, basic restorations, and uncomplicated endodontics.⁸ A study in South Africa found that trainees completing a GPR were more likely to become specialists or choose alternative dental careers like teaching, research, and administration.²

Educational Rationale

Although improvements have been made to address claims made in the 1990s that predoctoral curricula were congested and stagnant and not fully compatible with characteristics of dental practice,⁹⁻¹¹ curricular changes can only do so much to compensate for a basic fact: there is not sufficient time available in four years to fully prepare students with the scientific knowledge and clinical expertise

they will need for 21st-century practice. Thus, many of the educational reasons given in the past for a mandatory PGY-1 year still apply: the need for more instructional time, both clinical and didactic, particularly as it relates to the use of the innovative dental materials used today, more complex dental techniques, advanced treatment options, and additional experience with evidence-based treatment planning. Also still needed are experiences that add breadth to the education and skills learned in the predoctoral curriculum^{3,12} and, consistent with the emphasis on cognitive aspects of dental practice, skills in risk assessment, preventive strategies, and determining outcomes.¹⁰

As Lefever et al. argued in 2003, a required fifth year should not be a continuation of the predoctoral dental curriculum, nor should it be a remediation program.³ Instead, a mandatory PGY-1 year would allow greater overall development, stimulate professionalism, and provide more instruction in practice management for the new graduate.⁵ The management training should include exposure to working in a real dental office setting with a dental hygienist and office staff, as well as learning how to run a dental practice, interact with patients and peers, and deal with practice-related fiscal issues.³

Increased Access to Care

Aside from their benefits to new practitioners, PGY-1 programs provide direct benefit to patients by improving their access to care and helping reduce the unmet dental needs of the adult population.¹ Over time, requiring a PGY-1 year would result in a larger number of practicing dentists capable of providing a wider range of services to a broader patient population in alternative settings.⁵

Obviously, PGY-1 cannot be viewed as the sole solution to improved access to care and the burden of access to care issues should not be placed on new graduates; however, if integrated well, PGY-1 can be an effective way of giving back to the community on the part of the dental profession while simultaneously enhancing the clinical experience of the students. Two reports published in the late 1990s linked PGD programs with community-based clinical care and managed care programs.^{13,14} The studied programs focused on much needed primary care in both settings and offered excellent opportunities for trainees to integrate their knowledge and skills in the provision of comprehensive oral health care. The recommendations of those reports were for the profession to gain

a genuine understanding of its education and service missions and to integrate those with the patient care mission—as happens in a PGY-1 curriculum.

PGY-1 programs can also help reduce the burden of emergency department visits and enhance access to care by handling non-traumatic dental conditions. An American Dental Association (ADA) report estimated that 79% of non-urgent dental emergency cases can be diverted to community settings where those patients receive definitive and follow-up care.¹⁵

Barriers to Overcome

Admittedly, there are challenges regarding our proposed expansion of PGD enrollments that must be addressed. The two main barriers are the insufficient number of postdoctoral positions to accommodate all the graduates and the high cost.^{6,16}

In academic year 2014-15, there were 65 dental schools in the United States and 5,967 students enrolled in the first year.¹⁷ In academic year 2015-16, there were 184 GPR programs with 1,097 first-year residents and 91 AEGD programs with 785 first-year residents.¹⁸ For all other dental specialties in 2015-16, there were a total of 494 programs with 1,795 first-year residents.¹⁸ In other words, for however many of the close to 6,000 dental school graduates who choose to pursue advanced training, there are only a total of 3,677 positions for postdoctoral education. Out of those, only 1,882 positions are in general dentistry programs, and international dentists compete for some of those positions along with the U.S. graduates.

To meet the expansion of enrollments needed to accommodate a mandatory PGY-1, we propose several methods. The required expansion could be achieved through creation of new programs and the expansion of existing programs by utilizing the General Dentistry Grant Program or Graduate Medical Education (GME) legislation. Given the small proportion of total GME positions for dentistry, the increase in costs may be minimal and reasonable compared to the benefits to society, so such an expansion may prove to be cost-effective. Other ways to meet the expansion requirement are by linking programs with private practices and community and migrant health centers and by modifying existing university advanced education programs that are currently recognized but non-accredited. When Formicola et al. proposed a similar expansion in 1999, they estimated that using these methods could accommodate over 4,000 graduates from dental schools.¹⁶

The potential for financial compensation for completing a mandatory PGY-1 may also come through GME stipends, Health Resources and Services Administration (HRSA) training grants, military service, and clinic or private offices.^{3,16} Other costs beyond the stipend, such as capital and supervision costs, could be included in estimates of cost for gearing up to have a mandatory year.¹⁶ These increased costs must be considered from the perspective of benefits to the public. A mandatory PGY-1 would provide a wonderful opportunity to expand new graduates' experiences caring for underserved and high-risk populations as well as an opportunity to further develop skills in interprofessional education by working with other health care providers.

Another avenue of financial compensation is linked to the fact that expansion of PGY-1 programs would enhance access to care and the dental profession's ability to efficiently handle non-urgent dental emergency patients.¹⁵ In 2012, dental emergency visits cost \$1.6 billion in the U.S. health care system, with an average cost of \$749 per visit.¹⁹ As the numbers of dental emergency cases continue to rise, one could expect tremendous saving by expanding PGY-1 into community settings, some of which could be directed towards supporting these programs. An ADA analysis conducted in Maryland estimated that the state Medicaid program could save up to \$4 million each year through such programs.²⁰

PGY-1 should be monitored by existing state licensing agencies, especially since it would not add any significant burden on them. Currently, PGY-1 has been implemented in seven states as optional or required alternatives for clinical licensure exams.²¹ In California, Colorado, Ohio, and Minnesota, for example, licensure applicants can complete an accredited PGD program of at least one year in place of a clinical exam, while Washington offers an option for applicants who completed a PGY-1 in that state in specific settings. New York is the only state so far that requires applicants to complete an accredited PGD program of at least one year instead of a clinical exam, and Delaware requires both a clinical state-specific exam and a PGY-1. Establishing criteria for granting licensure is primarily a state prerogative; but, considering the benefits of PGY-1, we believe that its implementation need not be tied to licensure requirements.

A mandatory PGD year would also reduce the need to add new curriculum elements to predoctoral education, which could increase those costs. The results of matching programs over the last years

show there have been a larger number of applicants than positions available in PGD programs.²² The opportunity to postpone loan repayment for the PGY-1 year may also be offered to students.¹⁶

Overall, a transitional year would give new graduates the opportunity to continue to improve their clinical skills and knowledge learned in dental school. It would expose them to more advanced concepts and techniques to further enhance their ability as they face new challenges. Once implemented, a final cost benefit analysis will have to be done to evaluate these programs; if needed, government financing should be made available to manage the additional costs for the betterment of society.

Viewpoint 2: PGY-1 Should Be Available But Not Mandatory for Dental Graduates

While the PGY-1 offers a valuable training opportunity, it is not essential for all. Support for mandatory PGY-1 centers around three key issues: 1) the perceived need for additional education beyond a traditional four-year predoctoral curriculum, 2) the value of a pathway to licensure in lieu of the traditional clinical exam, and 3) a way to address access to care problems. This viewpoint provides counterarguments related to these reasons. It focuses solely on the training of general dentists, not specialists.

Education

The purpose of the Commission on Dental Accreditation (CODA) is to "accredit programs that provide basic preparation for [dental] licensure."²³ In order to receive CODA accreditation, dental schools must meet minimum requirements and standards to ensure students meet "prescribed levels of knowledge and skill" (i.e., competence). Authors in the past argued that the dental curriculum is too compact, so additional training via PGY-1 is necessary.^{10,11} However, given the number of schools that are accredited by CODA and the high passing rate on dental licensure exams, it appears that the majority of students are able to prove their competence upon graduation.²⁴⁻²⁶

Furthermore, new graduates have a multitude of educational experiences available to them after graduation to continue enhancing their skills. For ex-

ample, the numbers of multi-dentist, multi-specialty practices have been increasing.^{27,28} Since a majority of new graduates plan to join a practice with one or more other dentists, opportunities exist for mentorship.²⁹ Additionally, all states mandate continuing education requirements for dentists, thus providing opportunities for practitioners to selectively improve their knowledge and skills. While past claims that dental school curricula are too compact are questionable today, if one wants to explore the adequacy of the duration of dental school, other solutions should be considered in lieu of mandatory PGY-1. Dental schools could, for example, decompress their curricula.³⁰ Alternatively, they could expand the curriculum to a five-year program designed to teach and assess each required skill in logical progression. In contrast, because PGY-1 programs vary based on patients' needs and the skill sets of the instructors, a mandatory PGY-1 residency may not address the specific skills that are lacking by a particular student.

Another reason PGY-1 programs should not be mandatory is because the current educational infrastructure is insufficient to handle the increased demands associated with expanded enrollments. Since 2001, the number of available PGY-1 positions has remained relatively constant.³¹ Additional funding would be necessary to develop new dental clinics, pay faculty, and support residents' stipends. Given the current fiscal climate, expanded funding would be challenging. In addition, dental schools already have frequent problems filling their faculty needs.³² A mandatory PGY-1 program would further increase this challenge. Granted, to overcome the faculty challenge, PGY-1 programs could be situated in community health centers; however, as in academia, community health centers often have difficulties recruiting and retaining dentists.^{33,34} Furthermore, 25% of employees working in community health centers were reported in 2005 to be recent dental graduates,³³ so PGY-1 residents could be training under dentists who themselves have limited experience. Community health centers may also lack the necessary relationships with specialists.³⁵ As such, specialists who could serve in supervisory roles may not be available to train PGY-1 residents, thereby limiting the complexity of treatment provided and learned by the trainee.

Licensure

Dental licensure in the United States is currently determined on a state-by-state basis. Although

the utilization of PGY-1 as a path to licensure has been implemented as an option in multiple states, it is only mandatory as a component of licensure in New York and Delaware.³⁶ While the efficacy of the traditional patient-based licensure exam as a valid and reliable assessment of clinical competency can be challenged,³⁷⁻³⁹ the use of PGY-1 in lieu of licensure examination has many potential pitfalls.⁴⁰ If residencies are like predoctoral programs, which frequently face challenges in calibrating instructors within their own institutions,^{41,42} then a third party assessment of competence should be considered. Given that the current goal of postgraduate education is advanced training, not proof of competence, PGY-1 programs should not be mandated to prove residents' competence as a criterion for licensure. The need to rely on PGY-1 to bring graduates to a level of competence, coupled with the assurance of a license to practice at the end of one year, would pose a potential conflict of interest to PGD programs.

While there has been concern that the traditional clinical licensure examination is in need of revision or replacement,³⁸ mandatory PGY-1 is not the solution. Whether it takes four or five years in a predoctoral program to develop a student into a competent dentist, the final step to unsupervised practice should be a valid, reliable, psychometrically sound assessment.

Access to Care

While it has been suggested that a mandatory PGY-1 could have a positive impact on access to care,⁴³ many aspects need to be considered, including those in opposition. For example, dental students are graduating with an abundance of debt.²⁹ While debt may not be a conscious deterrent to graduates pursuing postgraduate training,⁴⁴ studies have found that students with more debt are more likely to choose to enter practice immediately after graduation than to pursue specialty training,^{45,46} which could reduce access to needed specialty services. Furthermore, students with more debt have been found to be more likely to enter private practice rather than practice in public health settings,⁴⁶ thus further reducing access to care for low-income populations. If a mandatory PGY-1 were implemented, it could have other potential outcomes such as impacting the number of applications to dental school, the diversity of applicants to dental school, and the choice of practice locations after graduation. An extra year of education could be viewed as a potential deterrent due to

lost time working, educational loan interest accrual, relocation costs, and hardship on families.

Currently, PGD programs are situated in a variety of settings including dental schools, satellite clinics associated with dental schools, hospitals, and community health centers. In order to address access to care issues, PGY-1 training sites would need to be located in underserved areas and provide the type of care most needed by the local community. In 2007-08, 2.24 million people visited emergency departments in the United States for dental-related problems, 27% of whom were insured by Medicaid.⁴⁷ Given that 18% of adult patients with Medicaid return to the emergency department for subsequent care and 40% never receive any follow-up care at a dental office, Pajewski et al. suggested that definitive dental care be provided in emergency departments.⁴⁸ PGY-1 residents could be one source to provide this care.

Unfortunately, the needs of patients can be different from the educational requirements of residents,³⁵ resulting in tensions between the groups. From an educational standpoint, for example, it is important to provide a variety of dental experiences for residents. Given that 38% of patients in one state received extractions following emergency room care,⁴⁸ the ability for residents to obtain comprehensive educational experiences in emergency room settings may be limited. Alternatively, residents in a variety of settings may provide preferential treatment of some patients at the expense of others, especially when the patients who need care the most have a limited ability to pay for treatment. Patients who need care but can only afford episodic treatments may not receive the same timely care as patients who have private insurance or are more financially stable.³⁵ Furthermore, community clinics may face challenges finding enough patients to satisfy the educational needs of an expanded number of residents, making it more appealing to establish PGY-1 locations in more affluent communities. Another aspect of improving access to care is offering care at sufficient times and days so that patients can access care during nontraditional hours.³⁵ If PGY-1 programs follow traditional educational hours, the programs may not address the time constraints faced by many low-income individuals.

It is important that PGD programs remain financially viable. However, funding for oral health is waning across the country, with Medicaid reimbursements and allocation of state monies to health care education being reduced.³⁵ Although there are many ways to address the decreased support, the options can negatively impact access to care. Clin-

ics can increase fees, cut costs, decrease faculty and staff, increase the percentage of patients with private insurance, increase fundraising, or pursue grants.³⁵ Increased fees may limit the number of low-income individuals who can afford care. Cutting costs is often associated with limiting care to exclude procedures that require lab bills, such as dentures, or take a long time chairside, such as molar root canal therapy. As such, patients would have limited or no access to needed procedures. Decreasing faculty and staff would limit the number of residents per site who could provide treatment. Increasing the percentage of patients with private insurance would decrease the number of low-income patients who could receive treatment. In addition, many fundraising and grant opportunities occur within the community. Since communities have limited funds to distribute, increasing funding to one program decreases funding to other programs and populations, thus decreasing access to other non-dental services.

In summary, while PGY-1 programs have the potential to provide excellent educational opportunities for new dentists beyond dental school, they should not be mandatory for all graduates. The majority of dental students are able to demonstrate competence upon graduation. Dentists who desire additional education have multiple opportunities to obtain training in a variety of environments, which allow dentists to focus on their specific area of interest. While PGY-1 programs have been used by some states in lieu of traditional clinical licensure exams, inherent conflicts of interest arise in this situation. Lastly, competing needs between PGY-1 residents and the patients they serve may not fully address the lack of access to care faced by the most vulnerable populations. As such, alternatives to a mandatory PGY-1 should be explored to address educational, licensure, and access to care issues.

Response by Drs. Dhar, Glascoe, and Esfandari to Viewpoint 2:

Viewpoint 2 claims that the high passing rates on dental licensure exams demonstrate competence upon graduation. Though we agree, this level of baseline competence at graduation does not seem to adequately prepare these newly graduated dentists for the real-world practice environment. An additional year would give them the opportunity to learn advanced skills, treat complicated dental procedures, and manage patients with medically complex needs.^{3,5} It would also give them deeper

insight into dental careers like teaching, research, and administration.²

Viewpoint 2 brings up an important point regarding the lack of educational infrastructure needed to accommodate PGY1. Our viewpoint explores the barriers and provides solutions in part by recommending expansion of existing programs through General Dentistry Grant Program or GME legislation. Dentistry constitutes a very small proportion of total available GME positions, and we believe the increase in costs should be viewed as minimal and reasonable compared to the benefits to society. We presented options for expanding these programs such as linking programs and sharing resources with private practices and community and migrant health centers or modifying non-accredited advanced programs so they can be accredited.

In the 2016-17 matching process, 866 out of 2,622 candidates who competed for 2,112 positions remained unmatched.²² This gap between supply and demand supports the need for expanded programs for these new dentists. These graduates recognize the need of programs like PGY-1 to assist them in becoming successful practitioners. We appreciate the concerns raised in Viewpoint 2 about the costs associated with an extra year of education, but that would be no different from implementing any new program at any time. There is need to explore the potential for financial compensation for a mandatory PGY-1. Financial compensation as a result of GME stipends, HRSA training grants, military service, clinic or private offices, or postponing loan repayment for this year could be offered to the students.^{3,16}

We strongly believe that a mandatory PGY-1 year would decompress predoctoral curricula and provide new graduates with the opportunity to learn more practice-based skills. PGY-1 residents who work in CODA-approved facilities under licensed dentists with appropriate supervision would provide improved access to care and an opportunity to further develop skills in interprofessional practice while working with other health care and allied health providers.

Response by Drs. Williams, McQuistan, and Stevens to Viewpoint 1:

Although Viewpoint 1, in support of a PGY-1, may appear credible as a solution to some of the current issues facing dentistry, it falls short when examined more closely. While the authors make a strong case for the value of PGY-1 programs, the rationale is insufficient for why those programs should

be mandatory for all dental graduates not pursuing specialty training.

The authors of Viewpoint 1 suggest that the composition and length of current predoctoral curricula are inadequate, especially in regard to new and expanded aspects of dentistry. They believe an additional year would reduce this deficiency by providing experiences that are either limited or non-existent in dental school. While we believe that some PGY-1 programs would provide these opportunities, the establishment of PGY-1 programs in a variety of vastly different settings would preclude PGY-1 programs from universally addressing the perceived shortcomings of existent predoctoral programs. For example, many of the desired experiences in advanced dentistry may be lacking if PGY-1 programs are established in community health center settings. Because these centers are often located in financially strapped areas and have limited sources of funding, they frequently limit dental care to basic services, which would not provide PGY-1 residents with the desired complicated training. Furthermore, dental schools are changing and modifying their curricula to incorporate the newest techniques and materials, so the argument that predoctoral programs do not adequately train dental students in modern dentistry is diminishing with time.

The position that a mandatory PGY-1 would increase access to care is also questionable. The authors of Viewpoint 1 discuss how to establish a mutually beneficial partnership between a parent institution and a community health center, but they do not explain how PGY-1 programs would enhance access to care. Furthermore, they acknowledge that a shortage of training programs exists to accommodate the nearly 2,000 new positions that would need to be created. While they suggest that government-funding sources such as GME and HRSA training grants could be used to create new programs and augment existing programs, a concerted effort would need to be undertaken to ensure that all new programs were placed in areas of the most need for them to improve access to care.

Finally, we question the point made in Viewpoint 1 that a mandatory PGY-1 year should be monitored by state licensing boards since "it would not add any significant burden on them." Currently, CODA accredits PGY-1 programs. Does the dental profession want to share accreditation oversight with state licensing boards, especially when PGY-1 programs are geared toward advanced training, not proof of competence? Furthermore, the need to establish

and oversee hundreds of new PGY-1 programs could pose a significant burden to both CODA and state licensing boards. In summary, while we support optional PGY-1 programs, we believe that the purported benefits of a mandatory requirement for all graduates are questionable and that significant obstacles would need to be overcome prior to establishing a mandatory PGY-1 requirement.

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Service options

Models

Full-service model

Should you require a comprehensive, end-to-end solution, Pearson VUE can provide a fully outsourced service to meet your content development and psychometric services needs.

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Test Development and Psychometric Services

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Partial-service model

If you have existing exam development resources, Pearson VUE can provide supplemental services to assist your in house team. You may choose to utilize Pearson VUE for psychometric services, or for all or some of your content development tasks. We work with you to define the scope of work. You are able to leverage your internal expertise and still benefit from our experience and best practices.

Self-service model

Do you have the expertise in-house to meet your test development needs, but want a robust collaboration platform to assist you? Look to Pearson VUE's **ExamDeveloper™** (</Test-Owner/Develop-your-program/ExamDeveloper-Collaboration-platform.aspx>).

Program evaluation

Your test development success with Pearson VUE begins with a program evaluation. Program evaluation is a true differentiator. We spend time with you up front to customize our high-quality services for your specific needs. Drawing on the global experience that makes Pearson VUE an industry leader in high-stakes examination development, our team of content development experts and psychometricians will provide you sophisticated advice and guidance on the development of your exams.

A complete picture of your program

Our content development and psychometric services team will evaluate your entire program to fully understand your requirements, providing you a tailor-made implementation plan. You will receive a full report with which you can make informed decisions on how best to realize the development of your test program.

Moving from pen & paper

If you currently have a pen & paper test, we can guide you through the many choices available when **transitioning to a computer-based test** (/Documents/Security/pearson_vue_pp_cbt_US.aspx).

Security

Proven methods and technologies that form Pearson VUE's **Secure Testing Framework™** ([/Test-Owner/Deliver-your-exam/Secure-Testing-Framework-\(1\).aspx](/Test-Owner/Deliver-your-exam/Secure-Testing-Framework-(1).aspx)) protect your intellectual property by minimizing exposure to your content — from test development through to test delivery.

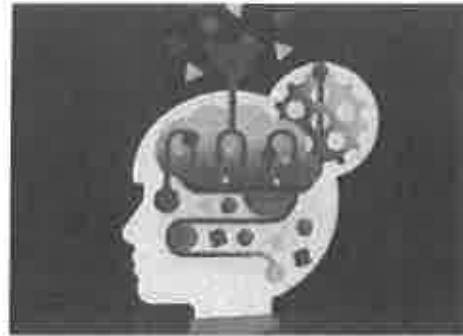
Learning content — the Pearson complementary effect

If you require a full suite of learner content — from textbooks and practice tests to learning platforms — you can enjoy a one-stop shop from **Pearson** (<http://www.pearson.com/about-us.html>), the world's largest learning company.

Ask a question

We welcome your questions. Use our **online form** (</Test-Owner/Contact-business-development.aspx>) to contact a business development representative in your region of the world.

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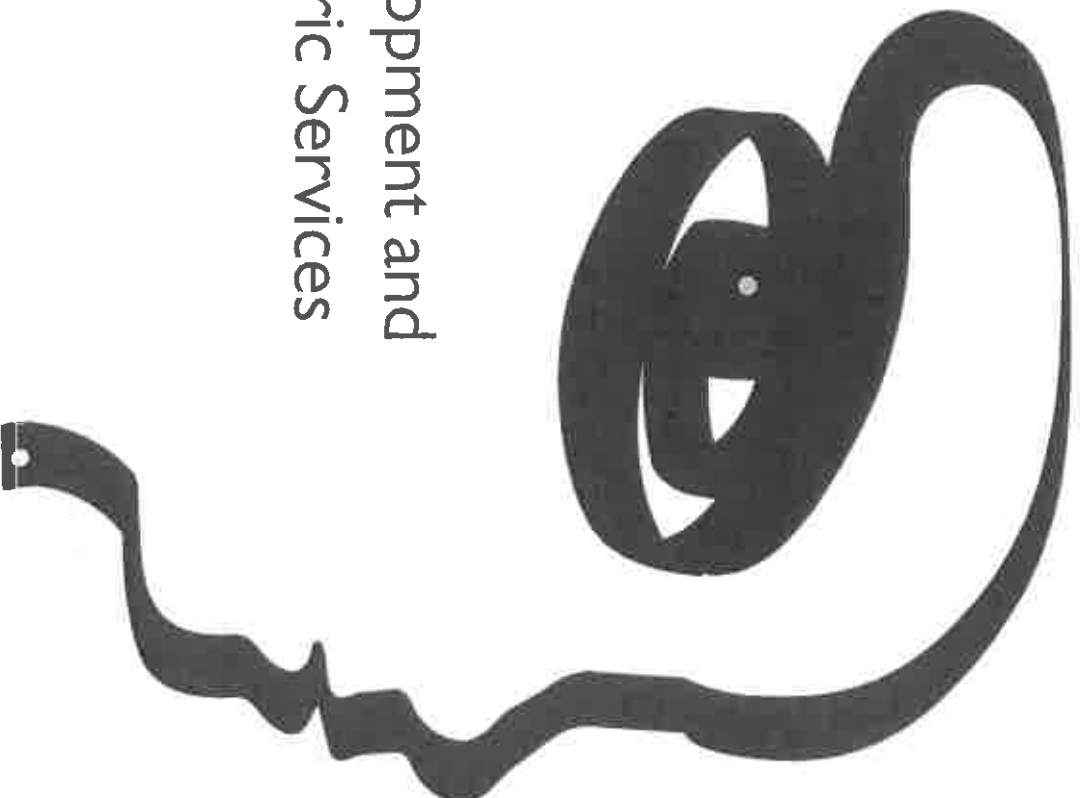
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Test Development and Psychometric Services



Pearson VUE

Test Development Services

Fair, valid, reliable, legally defensible: The definition of a successful high-stakes exam. Ensuring that level of excellence depends on many variables including the quality and thoroughness of the items and test development processes used. More importantly, it depends on the experience and expertise of content developers and psychometricians who create, test and validate that assessment.

Pearson VUE's highly-skilled content development and psychometric services teams are the proven authority in helping exam owners create content used to award their most valued asset—a credential.

Content development team

To make certain that test content is valid and defensible, Pearson VUE's content development team is unrivalled in the creation and maintenance of large-scale item banks.

We work with client-designated subject matter experts (SMEs) to build robust item banks that focus on the knowledge-base that distinguishes a competent test-taker from one who is not qualified. Our expertise comprises all phases of content development for a variety of test types including admissions, certification and licensure.

Psychometric services team

Pearson VUE's psychometric services team is composed of highly qualified professionals who have earned advanced degrees in the science of measurement. Our psychometricians are available to assist clients at every stage of the test development process – test design, exam and item analysis, test construction, equating and scaling, and setting the standard (pass point).



Services offered

Program evaluation

Reviewing the program with key stakeholders to fully understand the client's goals and requirements is step one. During this requirements-gathering phase, our content developers and psychometricians conduct a full audit of existing test materials and other relevant documentation. Drawing on more than 200 years of combined experience, our team members offer sophisticated advice to guide and assist in the development of a high-stakes test. The outcome of the program evaluation is a summary report that includes our best-practice recommendations.



Job task analysis

Determining what to assess through a systematic process is critical to the validity of a test. Our content developers and psychometricians are experts at employing evidenced-based methodologies to systematically determine the knowledge, skills and abilities most relevant to assess. The outcome from the analysis is the creation of a test blueprint; a detailed plan of what will be tested.

Test design

Our experience in meeting the diverse needs of global clients from all sectors of industry which means we excel in the critical area of test design. Pearson VUE test development professionals recommend test administration methods and item types which will ensure that fair and consistent standards are applied in assessing test-takers' knowledge, skills and abilities in the most appropriate manner.



Standard setting

Pearson VUE test development professionals are available to lead or mediate standard-setting sessions to confirm that test-takers who pass the exam have achieved a justifiable and defensible standard. Our psychometricians are experienced in the major standard-setting methods used in testing and are equally adept at leading in-person and virtual standard-setting sessions.

Item development

Good tests require good content. The Pearson VUE content development team is the expert in developing content worldwide for both traditional types of items and innovative formats. For maximum flexibility, we offer two basic models of item development services:

Workshop facilitation model

In this model, the client supplies the SMEs who will be responsible for writing and reviewing test items. Pearson VUE's content development teams provide item writing training and workshop facilitation in both virtual and in-person environments.

We recognize that writing good test questions is both art and science. Armed with years of developing item-writing best practices, we can train our clients' subject matter experts to produce high-quality test questions that assess relevant knowledge and skills effectively and efficiently.

Contracted services model

This model is designed for clients who wish to delegate the test development process. Pearson VUE takes an active role in recruiting and managing item writers. The test owner provides high-level oversight through mutually-agreed upon key performance indicators (KPIs).

Item bank maintenance

The process of developing high-quality test items doesn't end with item writing. Pearson VUE's procedures and systems support the entire end-to-end item development process, including maintaining item banks and providing workflow management and version control to track items through all the developmental phases. We can recommend pretesting strategies to ensure that items are fit-for-purpose before applying them as items that count toward test-takers' scores. We collect statistical data that are stored with the items in the item bank. Items that exhibit desired statistical properties will be used as scored items in subsequent tests.

Editorial item review

Pearson VUE's content development team includes individuals who are experts in reviewing items for grammar, clarity, style and compliance with testing industry standards. The review process also includes an appraisal of the items for cultural sensitivity and for potential item bias which may advantage or disadvantage specific groups of test-takers.

Test construction

To ensure the validity of the exam results and that test-takers are not disadvantaged by the version of the test they take, Pearson VUE psychometricians and content developers build test forms that match the content outline and psychometric specifications. The test construction process includes the building of initial drafts of test forms or pools by our psychometricians according to statistical and content guidelines. Our experts then review the test forms and may facilitate a workshop with the clients' subject matter experts to finalize the test forms. Pearson VUE psychometricians perform a statistical procedure, called equating, to adjust the scoring of alternate test forms so that scores are comparable across the different versions of the test.

Psychometric analysis

Through the use of two major methodologies, Classical Test Theory and Item Response Theory, Pearson VUE psychometricians can conduct rigorous analyses to monitor and evaluate the performance of tests and individual items. We provide the monitoring results to clients for use in improving the measurement quality of the tests.

Classical Test Theory

Classical Test Theory (CTT) is the traditional method of describing the how scores behave on tests. CTT makes few assumptions about candidates or items and seeks to describe variation in observed test scores. Using CTT, item key and option statistics are generated which describe the reliability of the test, the difficulty of the items and how well they discriminate high-performing and poor-performing test takers on the content being assessed.

Item Response Theory

Item Response Theory (IRT) models are often employed for high-stakes testing. IRT is based on the concept that the probability of a correct response is a function of the test taker's ability and certain item parameters. The cornerstone of the application of IRT is a calibrated item bank – items whose parameters are known through previous administration of the items to a sufficient number of test takers. Pearson VUE psychometricians are experts in developing calibrated item banks and applying IRT for psychometric analysis.



Technical reporting

Pearson VUE can provide thorough documentation of the methodology used during the development, maintenance and review of our clients' exams. Our psychometricians write and present technical reports that fully document the statistical methods used, the information and outcomes the statistical analyses provide. Complete technical reporting ensures our clients have the information they need to be confident their tests comply with best practice standards and are legally defensible.

When tests are used to make important decisions about a candidate's future, it is imperative that the test be professionally developed, psychometrically sound and fair. Pearson VUE's Test Development Services provide our clients with reassurance that their tests meet the mark.

For further information, contact a
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Pearson VUE Sales Offices

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pvamericassales@pearson.com
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From paper and pencil to computer-based testing



Why test?

High-stakes assessment – an examination for which the results have important and direct results for those who take it as well as for those who sponsor it – has been around for a long time. As many as 5000 years ago, examinations were used in the selection process for civil service positions in China. For a vast majority of this history, pencil-and-paper (P&P) administration was the only choice. Modern-day test sponsors have the option of computer-based testing (CBT) and with it, a host of benefits that cannot be realised through P&P testing. Because of its advantages, CBT has become the de facto standard for large-scale, high-stakes assessments. But the benefits of CBT shouldn't be taken for granted. The benefits achieved in transitioning to CBT depend upon the CBT provider selected as well as the needs of the test sponsor and the candidate population. Pearson VUE has assisted hundreds of test sponsors across the globe in successfully implementing CBT. Many of these organisations started with a P&P test that they needed to convert to CBT.

“Using these experiences, Pearson VUE is able to work with you to determine the specific CBT model most advantageous to the particular needs of your candidates and organisation.”

Why have so many organisations decided that CBT is right for them?

Not all test sponsors arrive at the decision to transition to CBT through the same route or for the same reasons. It's important for you to understand the potential benefits of CBT so that you can implement a programme that takes full advantage of these benefits in line with your testing programme and priorities.

It's also important to work with a provider that understands that 'one size doesn't fit all' when it comes to CBT implementation.

Security

Test security matters. Protection of intellectual property – the test items and exams – is vital to your reputation. P&P testing involves the transportation of tests to those involved in their administration. Each paper copy of a test and each hand-off in the process carries with it a risk that the test may be exposed or leaked. The need to keep track of all printed copies of the test is a significant challenge in P&P testing. CBT eliminates the greatest risk of test exposure – multiple printed copies of the test.

At Pearson VUE, we use the latest encryption technology to deliver tests through our secure network. When the test is downloaded to the test centre, it is held in a secure state at all times prior to test delivery. When the candidate is ready to take the test, it is unlocked by the test invigilator. This happens in real-time and it is completely indiscernible to the candidate.

In addition candidates can be screened through a multi-layered process that goes beyond standard ID verification. Pearson VUE's check-in procedures, for example, can include biometric technology to establish candidate identity. Candidate monitoring is achieved through invigilation and CCTV. Pearson VUE also has well-established reporting procedures if candidate misconduct is suspected.

Benefits of CBT

- Increased security
- Professional, standardised and consistent testing environment
- More frequent testing opportunities: window or on-demand
- Scheduling in real-time
- Immediate candidate results
- Advanced item types
- Measurement accuracy and efficiency
- Increased test centre coverage & accessibility
- Data rich results
- Brand extension & customisation



Professional test environments

Pearson VUE test centres are designed to be both secure and conducive to testing, not in lecture halls, conference centres and other spaces adapted to administer pencil-and-paper tests on an occasional basis. This means that the CBT environment is far less subject to variation in human process providing a more consistent candidate experience. This is magnified when using a Pearson VUE-owned and -operated network. Pearson VUE's own test centres use a patented design which provides a neutral, distraction-free environment to enable the best candidate performance.

Flexibility: on-demand & test windows

CBT allows flexibility – for both the test sponsor and the candidates. On-demand testing means candidates can sit an exam throughout the year, selecting a date and location most convenient to them. On-demand testing is attractive to many test sponsors since it enables candidates to test when they are ready and able. However, we appreciate that on-demand testing may not work for all testing programmes. For some examinations, test windows may be preferred. Test windows allow test sponsors to make exams available for specific time periods during the year. Test windows can be selected to correspond to other milestones, such as the completion of a mandatory training programme.

Advanced item types

CBT opens up opportunities for new and innovative ways of assessing candidates' knowledge and skills, in some cases leading to more authentic assessment. CBT can provide a means of assessing test constructs that are difficult to assess in P&P testing.

Measurement efficiency

CBT facilitates the use of modern psychometric methods. Item response theory (IRT) has become the accepted standard for high-stakes assessment. IRT is a statistical model for analysing and scoring tests which provides greater measurement precision than other, older educational measurement methodologies. Using IRT means that exams can be better tailored to candidate proficiency – leading to measurement efficiency. IRT also permits the use of different test administration models – models that cannot be used in P&P testing. These models are discussed on the next page.

Access to data

CBT means that test sponsors have access to increased levels of data - data that is automatically captured about the candidate testing experience that just can't be captured in P&P testing. This information can be used to make informed decisions about your testing programme. For instance, timing analysis on how long it takes candidates to respond to questions or the test as a whole can provide information about whether the time allowed for an exam is appropriate or needs to be adjusted.

Brand extension and customisation

Pearson VUE's highly configurable CBT system means that we can adhere to and enforce your brand guidelines. Furthermore, the transition to CBT from P&P testing may enhance your brand perception as a modern organisation functioning in an ever-increasingly technological world.

CBT test administration models

Linear, fixed-form:

This method most closely resembles P&P testing. A set number of alternative test forms (or papers) are prepared prior to test administration. When linear forms are administered via CBT, test-takers are typically presented only one item at a time, and the test items are frequently administered in randomised order – providing additional test security.

Linear-on-the-fly testing (LOFT):

A test administration method that selects items for administration to individual test takers based upon predetermined content and statistical constraints so that test takers receive comparable test forms. Through LOFT, a large number of possible test forms are created, thereby limiting item exposure and increasing test security.

Computer-adaptive testing (CAT):

A test administration model in which successive items are selected from a pool of items based upon the test taker's performance on previous items – with a more difficult item being selected after a correct response, and an easier item being selected after an incorrect response. CAT provides higher-quality measurement and/or is more efficient than linear testing models because test takers are not administered items that are much too easy or much too difficult for them.

Pearson VUE can work with you to determine which CBT administration model is right for you.

Transition planning

Our core business is computer-based testing and large-scale data management. We've helped hundreds of test sponsors from a range of market sectors make the leap from P&P to CBT.

We can help you avoid some of the common transition pitfalls. One of these pitfalls is trying to mimic the paper based experience, without allowing full consideration of how CBT can benefit your testing programme. On the other side of the coin is choosing too many features that will not contribute to better measurement, just because they are CBT supported.

We recognise that some organisations may find it necessary to support dual delivery modes for a period of time to provide reassurance during the transition or for political reasons. However, parallel CBT and P&P testing is another course of action that we generally recommend against. Managing CBT and P&P processes at the same time increases expense and complexities of the measurement models implemented without allowing you to take full advantage of the infrastructure savings associated with CBT.

Working collaboratively, Pearson VUE can also support you with applying the best practices we have gathered through our experience in assisting other clients. Successful implementation of CBT requires a thorough consideration of all components of your testing programme – from item and test development to results and reporting – to determine how they will be affected by the transition, as well as how the processes might be improved by CBT.

The key to this type of thoughtful evaluation is that it is built upon your own organisational priorities. Pearson VUE has developed transition planning methodologies that address all of the necessary elements for successful CBT implementation. Planning and effort early on in the process creates an excellent framework for what must subsequently be accomplished.

Three primary elements to achieving a smooth transition:

1 A considered transition plan

A transition plan requires the combined effort of the test sponsor and the CBT provider. We will work with you to determine the final task list and timelines. We will also work with you to create a cross-organisational team (between you and Pearson VUE) to prepare for the hand-off of examination materials and other data transfer procedures.

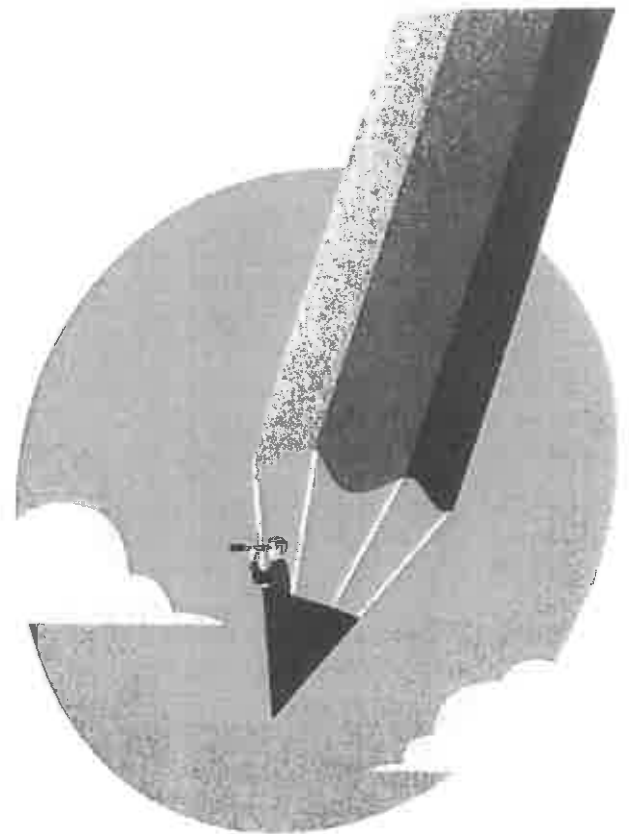
Task areas addressed in the transition plan include the following:

- Stakeholder buy-in
- Finalisation of programme requirements
- Internal processes of the test sponsor to support CBT
- Candidate communications
- Test publishing procedures
- Technology development plans, if necessary
- Results reporting schedules
- Quality monitoring processes & evaluation criteria



2 Stakeholder buy-in

It is critical that all stakeholders – educators, employers, potential candidates, and those who already hold the certification – buy-in to the transition to CBT. Communication is key to gaining stakeholder buy-in. A consistent message, geared for each type of stakeholder, should be communicated through a variety of means. Test sponsors should not rely upon one single communication but rather should develop a plan for staged communications during the transition. Misinformation is one of the biggest stumbling blocks in the transition. Pearson VUE plays an active role in the meetings and presentations scheduled during this phase. We bring extensive direct and relevant experience to the table and are eager to assist in a successful partnership by getting stakeholder buy-in to your new programme.



3 Programme requirements

Determining all the specific programme requirements must be accomplished very early in the transition process. The task of programme requirement refinement is made more effective in two ways:

- The thoroughness of the requirements gathering process
- Our experience in developing computerised testing programmes around the world

A not so daunting process

If you decide to convert to CBT, we'll be with you every step of the way. Being the CBT business of Pearson, the world's leading education company, we're part of a large and respected family. We've helped businesses, professional organisations, and academic institutions move their testing programmes from P&P to CBT. Our guidance – and organisation and effort at project onset – provide an excellent framework for a successful transition.

CBT is a standard, global practice

CBT is delivered in approximately 180 countries by Pearson VUE. It's an established practice across the globe – as the preferred way to develop, deliver, manage and grow a testing programme. Done right, computer-based testing can revolutionise your testing programme – for both your organisation and your candidates.



“When we ran our paper and pencil exam we were testing around 800 candidates a year. Due to significant growth, we soon found ourselves with a candidate population of over 2,000. Such an increase meant that delivery via paper and pencil was no longer viable. The move to CBT enabled us to run exams off-shore and benefit from more robust security measures. It proved an efficient process and caused no disruption to our operations or candidates.”

Susan Buick, Programme Director, Examinations Development & Risk Management at the Australian Medical Council

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Test design

Designing your exam

Being successful relies on the right expertise, efficient tools and a proven process.

With more than 200 years combined experience and serving over 100 of our clients with the leading test development tools and talent in the industry, Pearson VUE's testing services team is well placed to guide you through the development of your exam.

Pearson VUE on the factors that influence comput...



Test design: Understand your options
Kathi Gialluca, Senior Research Scientist

Determining what to test

The first critical step in developing your exam is deciding what knowledge, skills and abilities should be assessed. Your test blueprint communicates to everyone what will be tested.

Pearson VUE's testing services team is skilled at developing test blueprints using a variety of methods. Whatever you wish to assess, we can work with you to determine how best to develop your test blueprint.



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Creating test blueprints through job analysis

[\(/Documents/Security/pearson_vue_test_blueprints_US.aspx\)](#), PDF, 79 KB



[\(/Documents/Security/pearson_vue_fair_exams_US.aspx\)](#)

Developing valid, reliable and fair exams

[\(/Documents/Security/pearson_vue_fair_exams_US.aspx\)](#), PDF, 164 KB

If your assessment is based on measuring competency for a profession, a job analysis defines the knowledge and skills set needed to practice the profession.

Selecting an administration model

How can you protect your content by limiting item exposure and still provide a fair and equal candidate experience? Computer-based testing provides a number of possibilities for how test items are selected for administration to test takers.

Our testing experts will help guide you to make the best decision about the right test administration model for your exam.

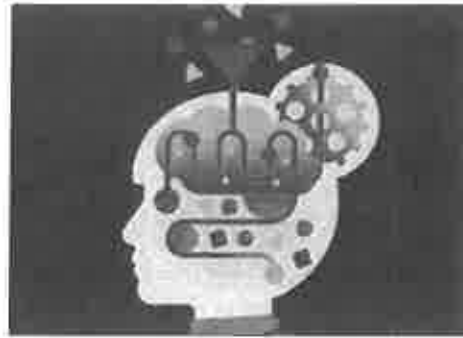
Finding the right item formats

What item types will best assess the knowledge, skills, and abilities you need to measure? Our experts can work with you to decide which formats will best meet your test objectives.

Ask a question

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Developing *valid,* *fair* and *reliable* exams



Some high-stakes examinations are created to distinguish test takers who demonstrate required professional competencies from others who do not. Other examinations place test takers along a continuum so that valid comparisons can be made. Whatever an examination's purpose, to achieve it, the exam must be valid, fair, and reliable.

Validity, simply put, is concerned with answering two questions:

1. Does the test measure what it is intended to measure?
2. Are the interpretations drawn from the test scores appropriate and justifiable?

Fairness is a specific validity issue. The examination should assess what it is designed to measure without the influence of extraneous factors. Results should not be affected by the specific version of the exam a test taker happened to receive. Nor should test taker demographics, such as gender, ethnicity, or disability status, interfere with an assessment of the ability the exam is intended to assess.

Reliability concerns the consistency and stability of the measurement. Are the test results reproducible? In other words, if the test taker were to take the examination again without any changes to the test taker's circumstances (such as further study or revision), would the test results be the same? Exam reliability may also be influenced by the conditions in which the exam is administered. For instance, a noisy environment may cause test takers to make errors in responding to test questions.

The quality of the test items (questions) and how they are worded can affect the reliability of the results as well as exam fairness. Items which are ambiguously worded may mean that test takers do not respond the way they would if the intent of the item was clearer. Test items containing language that is unfamiliar to certain groups of test takers is also a fairness concern.

These three concepts underlie all aspects of developing, constructing, and administering high-stakes exams. The process for defining what the exam will assess and item writing and review procedures contribute to content- and construct-oriented validity.

¹Test Development Guide 1: Creating test blueprints.

²Test Development Guide 2: Developing high-quality test items.

Developing valid, fair and reliable exams

Test administration models

The process for constructing exams – determining which items from the item bank will be administered to test takers – is instrumental to providing valid, fair and reliable examinations. Each version of the examination should be constructed according to the test blueprint with both content and statistical specifications addressed by the test administration model. Content specifications concern the distribution of questions across content or performance areas. Statistical specifications deal with item difficulty and statistical equivalence. All versions should be constructed to the same test specifications so that it does not matter which version of the exam each test taker receives – it will be comparable to the version others sit.

If test takers are to receive their results immediately (one of the advantages of computer-based testing), then it is strongly recommended that only items whose statistical properties are known are used in determining test taker performance.

Pre-testing of items can occur in a number of ways, including seeding unscored items amongst the scored items in an exam.

Test administration models supported by computer-based testing, as outlined in Becker & Bergstrom (2013), include:

Fixed linear forms:

This test administration model most closely resembles pencil-and-paper testing. A set number of alternative versions (or forms) of the test are developed prior to administration of the test. All test takers who receive a given test form are administered the same set of items; in computer-based testing, the order in which the items are administered is frequently randomised. The alternate forms should be built to the same content specifications and they should be statistically equivalent so that no one form is harder or easier than the others (in other words, the forms are “parallel” to each other).

Glossary of terms

Equating:

The process of statistically adjusting the scoring of alternate forms of a test so that the scores on different forms are expressed on the same scale. Equating is performed to address minor differences in difficulty across the alternate forms.

Item Response Theory (IRT):

A statistical model for analysing and scoring tests that is based upon the concept that the probability of a correct response on any test item is a function of person and item characteristics; the relationship between these characteristics and the probability of a correct response is modelled by an item characteristic curve (ICC).

Pre-test items:

Newly written items that have not yet been made operational. They are administered to test takers for the purpose of collecting data about the items (i.e. for computing item statistics). Pre-test items may be presented as unscored items amidst scored items in a test or in a separate test referred to as a beta test.

Psychometrician:

An expert in the theory and practice of measurement who typically has an advanced graduate degree from a university, usually from an educational measurement programme or quantitative psychology programme.

Linear-on-the-fly testing (LOFT):

In a LOFT exam, test items are selected for administration to individual test takers based upon pre-determined content and statistical constraints so that test takers receive comparable parallel test forms. It is called “on-the-fly” testing because intact test forms are not developed prior to testing; rather, the items for an individual test taker are selected when he or she sits the exam. It is considered a form of “linear” testing because the selection of items does not depend on the test taker’s performance on previous test questions. LOFT increases test security by limiting the exposure of all test questions since each test taker receives one of a large number of possible parallel forms.

Computer-adaptive testing (CAT):

Successive test items are selected to be administered to test takers from a pool of questions based upon the test taker’s performance on previous questions – with a more difficult question being selected after a correct response, and an easier question being selected after an incorrect response. A computer-adaptive test provides high-quality measurement and is more efficient than traditional linear testing models because test takers are not administered items that are too easy or difficult for them. Adaptive tests rely on statistics based in Item Response Theory (IRT) for scoring and question selection.

Computer-adaptive multi-stage testing (MST):

Multi-stage testing is similar to CAT in that test taker performance on previous questions determines which questions are seen next by the test taker. Unlike CAT, MST administers sets of questions in modules. Therefore, sets of questions (rather than individual questions) are selected for administration based upon the performance of the test taker on previous questions.

The appropriate test administration model for your examination is dependent upon a number of factors, including test taker volumes, the size of the item bank needed to support the model, reporting requirements, and how important it is for you to review intact test forms prior to administration.

How Pearson VUE can help

Pearson VUE’s Measurement Services team can assist you with the entire psychometric scope of work needed to support a high-stakes examination programme. Our psychometricians work with clients on test design, exam and item analyses, test construction, equating and scaling, and setting the standard (pass point). We can help you determine the test administration model most appropriate for delivering your examinations.

Our Measurement Services team includes approximately 25 PhD-level psychometricians with over 200 years combined experience. As psychometric resources are limited and highly valued within the testing industry, Pearson VUE’s assets in this area are significant.



Reference

Becker, Kirk A. & Bergstrom, Betty A. (2013). Test administration models. *Practical Assessment, Research & Evaluation*, 18(14). Available online: <http://pareonline.net/getvn.asp?v=18&n=14>.

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Test Development Guide

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Test content – your most valuable asset

Developing high-quality test questions takes more than an understanding of the exam objectives and subject knowledge. High-performing items result from expertise in the item writing process. You want to know your test items are assessing what they're intended to assess.

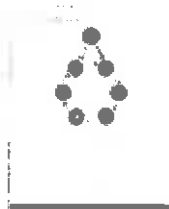
Pearson VUE on best practices for content develo...



Content development: Learn about best practices

Kellie Britten, Director of Content Development

Writing your test items



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Writing high quality test items

[\(/Documents/Security/pearson_vue_test_items_US.aspx\)](#), PDF, 215 KB

The Pearson VUE content development team is expert in both traditional item types and innovative formats. We offer two options to assist you in creating test items for your exams:

- **Facilitated workshops:** We work closely with your subject matter experts to create test items. We train your item writers and facilitate item writing and review workshops.
- **Contracted services:** If you don't have subject matter experts, we also offer a full-service model in which we recruit and manage item writers and reviewers on your behalf.

ExamDeveloper™ – a robust, collaborative authoring tool

Whether you're partnering with our content team or plan to create your own content, you can benefit from the secure, collaborative environment of ExamDeveloper to write your test items. ExamDeveloper creates specific item work flows (write, review, validate) and allows you to set rules, guidelines and even standards.

Uniquely built by psychometricians and testing experts, this industry-leading platform assists you in:

- Collaborating remotely
- Securely maintaining your test items and associated metadata
- Managing the entire exam development lifecycle

Learn more about **ExamDeveloper** (</Test-Owner/Develop-your-program/ExamDeveloper-Collaboration-platform.aspx>).

Ask a question

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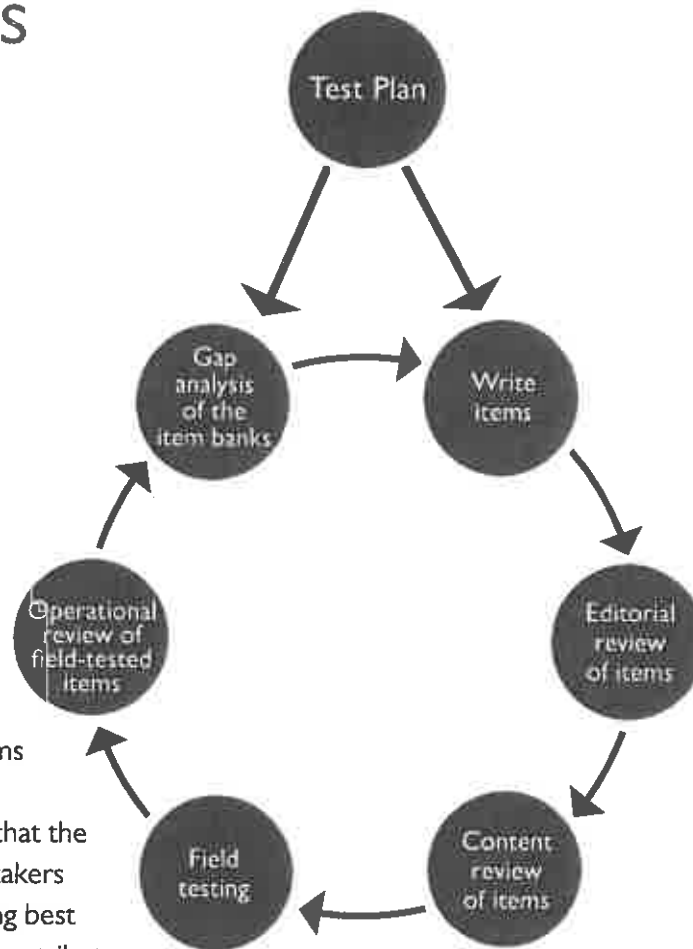
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Writing high-quality Test items

Item production



Writing high-quality test items is both an art and a science. Items must be crafted such that the response elicited from test-takers reflects their ability. Following best practice item development contributes to the validity evidence for a test.

Item development and test validity

The Standards for Educational and Psychological Testing (AERA, APA, and NCME, 1999, p. 9) define validity as “the degree to which evidence and theory support the interpretations of test scores entailed by proposed uses of tests.” The Standards go on to state that validity is “the most fundamental consideration in developing and evaluating tests” (p. 9). There are a number of areas in a testing program to examine when evaluating the validity of how the test scores are being interpreted, including the scoring procedures, for instance. Content-related validity is among the most important. Affirmative answers to the following questions provide evidence of the content-related validity of a test:

1. Are the test items linked to a test plan that has been developed using the participation of subject matter experts (SMEs)?
2. Have SMEs been involved in the item writing and review process?

3. Are the correct answers to test items validated by learning materials or a well-recognized reference, such as a textbook?
4. Have items been written using formatting and style guidelines?
5. Is an item bias and sensitivity review a component of the item development process?
6. Is there a review process for accepting items into the operational pool which involves reviewing the statistical properties of the items?
7. Is there a plan for the periodic review of operational items to ensure they still reflect current practice?

The item production process

The item production process in developing a new test is an intensive undertaking designed to yield a sufficient number of high-quality items for the initial administration of the test. Thereafter, annual replenishment is necessary so that item development is a continuous process of evaluating the performance of items in use and creating replacement items for those that are over-exposed, poorly performing or no longer relevant. The typical production cycle for items involves the basic steps shown above.

Writing high-quality test items

Pearson VUE content development staff are experienced at assisting clients with item production using a variety of methods to garner SME participation. Two basic models for partnering with clients in the item production process are discussed below. Whichever model is selected as the best fit to meet client needs, the Pearson VUE team assigned to the client will be led by a content developer, who manages the overall item production process. Our content development Team also includes content editors, copy editors who specialize in the editorial review of test items against formatting and style guidelines.

Item workshop model

In the workshop model for item production, content developers facilitate workshops for item writing and item review. SMEs are chosen by the test sponsor to participate in the workshops, the duration and frequency of which is dependent on the number of items to be developed. Workshops may involve both item writing and item review, although, to subject the items to a greater degree of scrutiny, it is often recommended that separate writing and review sessions are held with a different set of SMEs assigned to each task. An important component of the item writing and review workshops is discussing how to create test items which are fair for everyone and not biased toward a particular group of test takers. Pearson VUE is experienced at facilitating workshops in both virtual and in-person environments.

Contracted services model.

In this model, test sponsors contract with Pearson VUE to develop test items, which in turn, may engage content development partners and SMEs for item writing and review. The test sponsor provides high-level oversight using mutually-agreed upon key performance indicators.

Items as intellectual property

Items, like other scholarly creations, are viewed as intellectual property. Individuals participating in the item development process should be advised that all items written should be the original works of the item authors. Copyright permissions should be obtained for any item components, such as graphic images or reading passages, which are acquired from other sources.

Field testing of items

There are three commonly used methods for field testing items: Independent, beta and continuous testing. We recommend that items be tested before they are approved for use.

- Independent testing requires a separate examination to be developed and a sample of appropriate test-takers be obtained.
- Beta testing occurs prior to operational testing with a sample of actual test takers. Scoring is deferred until after the appropriate statistical analyses have been performed. Once a sufficient number of test takers have taken the examination, Pearson VUE psychometricians perform statistical analyses to evaluate item performance and determine final scores.
- During continuous testing, statistics on new items are obtained through pre-testing, which means that unscored items are seeded on the test. These items will not count toward the test taker's score; they are administered solely for the purpose of obtaining item statistics.

One of the advantages of computer-based testing (CBT) is that it allows for immediate scoring. This also means that no mediation can occur after testing if an item is identified as faulty. Testing prevents poorly performing items from being used on operational examinations.

Glossary of terms

Constructed response

A test item in which the test taker is required to supply an answer rather than choose it from a list of responses. Examples of constructed response items include essay, fill-in-the-blank and short answer.

Distractor

A response option that is not the correct answer or part of the correct answer in a multiple-choice item. A distractor is a response option that is intended to provide a test taker with a plausible alternative to the correct answer.

Item

The generic term for an individual question or task that forms part of a test.

Item bank

A collection of items and supporting elements stored in a database from which items can be pulled for a test or survey.

Key

The correct answer to a test item.

Item types

CBT provides the ability to include new types of items that can enhance a test far beyond the traditional multiple-choice and essay item types. However, innovative item types should never be included solely for the sake of being innovative. The selection of item types should be driven by the test plan and the construct being measured. For example, if the test plan calls for demonstration of a skill (completing a financial balance sheet, for instance), this construct may be best tested with a more complex and innovative item type, such as a spreadsheet item type. On the other hand, the simplest and most straightforward item types, such as multiple-choice, may be the most appropriate for many test constructs. Innovation can also be built into items through less complicated means such as adding graphics to multiple-choice items, either in the stem or as the answer options. Increasing complexity in item types is accompanied by increased complexity and increased cost in the item development and test administration processes. Item writers should be provided with clear instructions on the types of items to develop and the guidelines for developing items of each desired type.



Characteristics of high-quality test items

Regardless of the methodology or model used in the development cycle, the goal is the same—the development of high-quality test items. Items should assess the intended test construct and, as much as possible, the effects of other factors, such as reading ability (unless the purpose of the test is to assess reading skills), should be eliminated. Test items should 'face the FACTS':

Face valid

Accurate

Consistent with current practice

Test plan representative

Statistically appropriate

An organized, systematic process is needed to create items that meet these criteria. As discussed above, items should be linked to the test plan, SMEs should be involved in their development, and they should be field-tested to obtain statistics on how well they perform before they are used as operational items.

Operational item

An item approved for use as a scored item.

Selected response

A type of test item in which the test taker is required to select the correct answer (key) from a listing of answer options. Examples of selected response items include multiple-choice, multiple-selection and hot spot.

Stem

The question portion of an item; it presents the problem to be solved.

References

American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. (1999). Standards for educational and psychological testing. Washington, DC: American Educational Research Association.

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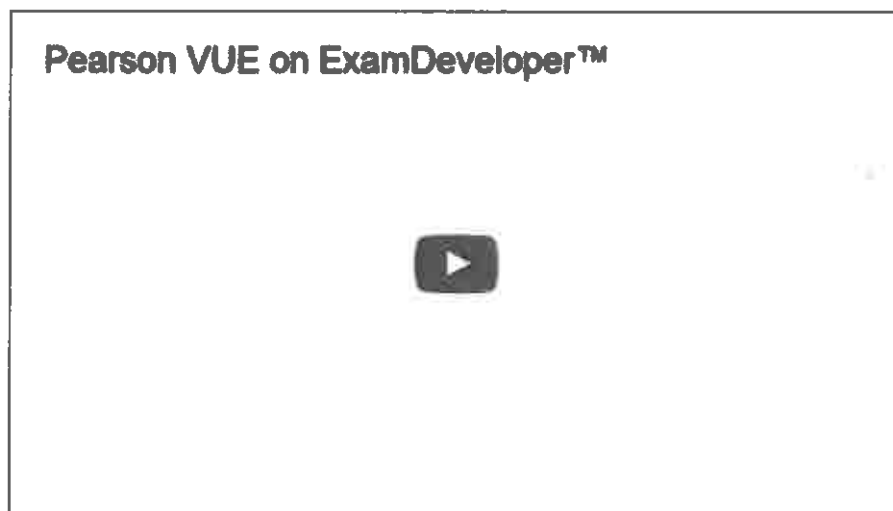
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ExamDeveloper collaboration platform

Completing your exam development cycle on one platform

Our testing services team uses ExamDeveloper™ to collaborate with subject matter experts on content writing, and then to manage content throughout the exam development cycle. It can also be used as a stand-alone tool if you already have in-house content writing experts.

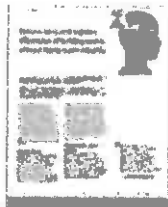
ExamDeveloper integrates much of the functionality for test development all within a suite of highly-secure web-based tools. The system allows remote collaboration, reducing the development costs of your examination. It is also configurable, to maximize cost savings while increasing productivity and exam integrity.



Content collaboration: See the platform
Scott Bublitz, Vice President of Test Development Technologies

Developed by exam experts

ExamDeveloper was developed by a team of organizational psychologists, psychometricians and other testing experts who specialize in high-stakes assessments. This state-of-the-art collaboration tool can be used to facilitate and manage any of the following test development tasks:



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Job analysis

If your test requires a job analysis, our team can use ExamDeveloper to:

- Transform a job analysis outline of any size or complexity into a test blueprint
- Validate items to the job analysis outline with rating scales such as importance, criticality and frequency

Item development

- Create, review and validate questions based on relevance to the job
- Improve the quality of items with best practice recommendations included in Exam Advisor™
- Create a variety of item types including multiple choice, true/false, hot-spot, drag and drop, case-based sets and extended matching

Item banking

- Import and export questions to many printable and database-ready formats
- Quickly locate questions in very large item banks with more than 35 search criteria
- Batch edit to simultaneously make changes to multiple items

Standard setting and validation

- Conduct an online standard-setting meeting with subject matter experts to determine a legally defensible passing point
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- Establish the validity of the exam for employment decisions with the Validation Report

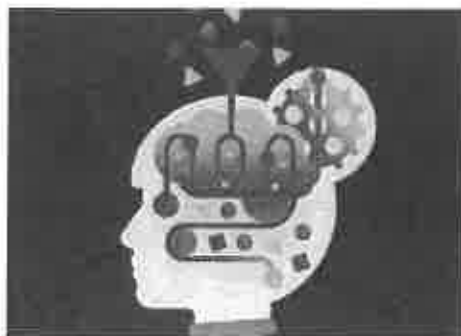
Your exam security is critical

Building and maintaining a test is a substantial investment for your organization and protecting it is important to your success. Security is a vital component of ExamDeveloper. The software is audited by a third-party Internet security consultant and guards against known Internet security vulnerabilities. At an organizational level, you can manage user privileges to ensure individuals working with exam content have access only to the information they really need.

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Psychology

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BENEFITS

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PSI has 70 years of experience providing solutions to federal and state agencies, corporations, and professional associations. PSI offers a comprehensive solutions approach from test development to delivery to results processing, including pre-hire employment selection, managerial assessments, licensing and certification tests, license management services and professional services. More information is available at www.psionline.com.



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TEST DEVELOPMENT

PSI works with governmental agencies and professional associations to develop licensing and certification tests. PSI takes on the rigorous, scientific processes involved in test development to enable the systematic collection, analysis, and interpretation of information about work in order to make a valid interpretation of a candidate's knowledge. By thoroughly understanding the content and the context of the assessment, we can develop an instrument that predicts performance and achieves the goals set forth by our clients.

Our test development process consists of several steps, including:

- Job Analysis
- Test Development Planning
- Item Writing
- Item Review and Revision
- Item Banking
- Field Testing
- Item Analysis and Revision
- Test Assembly

Each phase of the test development cycle is closely scrutinized and managed by experts in test development.

Professional test development is available for:

- Licensing Tests

- Professional Certification Tests

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TEST DEVELOPMENT / PSYCHOMETRIC SERVICES

PSI has a rich history of experience and expertise in the professional association and certifying bodies worldwide. As a credentialing expert, we participate in planning and management activities with our clients and their volunteers to ensure the program's success.

- PSI takes the rigorous, scientific processes of test development to systematically collect, analyze, and interpret information about work in order to make a valid interpretation of a candidate's knowledge.
- PSI's team of experts consults on best practices and marketing opportunities to help grow certification programs.
- PSI's Science Advisory Board helps to ensure that our psychometric practices are sound and effective – the Board is comprised of leading experts in Measurement, Industrial/Organizational Psychology, and Labor Law.

PSI Test Development Specialists and Psychometricians have extensive experience in all phases of test development:

- Job Analysis,
- Test Design and Content Specification,
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- Program Evaluation and Optimization,
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TEST DELIVERY AND ADMINISTRATION SERVICES

PSI provides clients with alternative test driver solutions throughout our extensive test center network:

1. Server-based;
2. Internet-based; and
3. Third-party test drivers.

This adaptability has made PSI stand out as a true credentialing partner.

PSI's ATLAS® system ensures a seamless end-to-end technology platform for the capture and delivery of certification testing information. This proprietary platform includes a sophisticated database management system and the capability to conduct all test development, administration, certification, auditing, and reporting features securely and reliably through a web-based solution.

ATLAS® allows session scheduling (online or by phone), management of candidate testing sessions at each test administration site, reporting of results to candidates immediately after testing is concluded, and generation of statistical reports for client use. The system also allows for immediate update of test content.

FormCast® : PSI's team of world-class psychometricians developed the state-of-the-art test generation software, FormCast®, an enhancement to linear-on-the-fly testing, which allows for the generation of an almost unlimited number of test forms that are unique yet sta-

tistically equivalent. PSI developed this approach specifically for licensing and certification testing services, and it can be used in both computer-based and paper-and-pencil testing programs.

Partner Site: The Partner Site is PSI's web-based reporting solution through which our clients can access our testing and reporting system on ATLAS®. Clients can generate reports and queries using the Partner Site, on everything ranging from examination statistics to individual candidate data and up-to-the-minute pass/fail rates.