VIRGINIA BOARD OF DENTISTRY

EXAMINATION COMMITTEE
AGENDA

December 16, 2016
Department of Health Professions
Perimeter Center
Second 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. Reen	
	Approval of February 13, 2015 Minutes	**2**
	Pathways to Licensure- Dr. Rizkalla (Slide Presentation)	
	Report on the ADA 2016 OSCE Development Forum	**4**
	Propose a Position Statement on Clinical Examinations for Licensure of Dentists and Dental Hygienists	
	• **Review Professional Organization Position Papers**	
	○ **ADA Licensure Overview and Position Statement**	**6**
	○ **ADHA Educational Standards Position Paper 2011**	**12**
	○ **ADEA Policy Statement**	**15**
	• **Review Testing Agency Information**	
	○ **SRTA**	**18**
	○ **CRDTS**	**24**
	○ **WREB**	**31**
	○ **CITA**	**40**
	○ **CDCA**	**67**
	• **Provide Guidance on Drafting a Proposed Statement**	
	Implementing a Law Exam for Licensure Applicants	
	• **Consider policy parameters**	
	• **Identify regulatory provisions to be addressed**	**75**
	Schedule Next Meeting	
Adjourn		

UNAPPROVED DRAFT

BOARD OF DENTISTRY
MINUTES OF EXAMINATION COMMITTEE
FEBRUARY 13, 2015

TIME AND PLACE:	The Examination Committee convened on February 15, 2015, at 9:04 a.m., at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, 9960 Mayland Drive, Henrico, VA 23233.
PRESIDING:	Tammy K. Swecker, R.D.H.
MEMBERS PRESENT:	James D. Watkins, D.D.S. Melanie C. Swain, R.D.H.
MEMBERS ABSENT:	Bruce S. Wyman, D.M.D.
OTHER MEMBER PRESENT:	Al Rizkalla, D.D.S.
STAFF PRESENT:	Sandra K. Reen, Executive Director Kelley W. Palmatier, Deputy Executive Director Huong Vu, Operations Manager
ESTABLISHMENT OF A QUORUM:	Three members of the Committee were present.
APPROVAL OF MINUTES:	Ms. Swecker asked if the Committee members had reviewed the March 8, 2013 minutes. No changes or corrections were made. Dr. Watkins moved to accept the March 8, 2013 minutes. The motion was seconded and passed.
STATUS OF PORTFOLIO MODEL CLINICAL EXAM DISCUSSION:	Ms. Reen reviewed the Committee's exploration of establishing a portfolio exam as an alternative clinical exam option for graduates of the VCU School of Dentistry. She said it was decided that the California portfolio exam model wasn't feasible for Virginia. She added that a letter was sent to Dr. Sarrett, Dean of the VCU School of Dentistry (School), requesting that he propose one or more portfolio models addressing both content and administration that could be accommodated at the School. She reported that she has not received a reply and that without the requested information the Board is not able to take further action. Following discussion, Dr. Watkins moved to table this matter pending a response from the school and for Ms. Reen to follow up with the school again. The motion was seconded and passed.

VA DENTAL LAW EXAM:

Ms. Reen stated that the Committee is charged with making a recommendation about the future of the Dental Law Exam. She reviewed the history of the exam and the lack of response to the last RFP issued for a testing agency to administer the exam. She advised that there were not enough licensees voluntarily taking the exam for CE credit to make it financially feasible for a testing agency to contract for its administration. She added that applicants frequently complained about the previous testing agency. She said that Board staff currently administers the exam for licensees who are required by a Board Order to take it.

After reviewing other states' provisions for law exams, the Committee agreed by consensus that the Board should reinstitute the requirement for passage of the law exam for licensure which is available online and preferably on the Board's web page. Ms. Reen stated that if the Committee wishes to require the law exam then it should recommend initiation of the needed regulatory process at the March Board meeting. She asked the Committee to put forward concepts for the development and implementation of the exam to facilitate discussion within DHP and testing agencies on establishing an online exam.

Following discussion, the Committee agreed by consensus to make the following recommendations to the Board:

- Issue a Notice of Intended Regulatory Action to require passage of a law exam;
- Require applicants for licensure to pass the exam;
- Require all licensees to pass the exam once every three years;
- Phase in the periodic exam requirement over a three year period starting with the lowest license numbers;
- Set the passing grade at 75;
- Give three hours CE credit for passage of the exam;
- Allow the exam to be "open book" and to be completed within 24 hours; and
- Have licensees certify at renewal that they have passed the exam within the last three years.

ADJOURNMENT:

With all business concluded, the Committee adjourned at 11:27 a.m.

Tammy K. Swecker, R.D.H, Chair

Sandra K. Reen, Executive Director

Date

Date

ADA American Dental Association®
America's leading advocate for oral health

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Date: August 31, 2016

To: Colorado Board of Dental Examiners
Connecticut Department of Public Health – Practitioner Licensing and Investigations Section
Iowa Dental Board
Kentucky Board of Dentistry
Minnesota Board of Dentistry
Virginia Board of Dentistry
Wisconsin Dentistry Examining Board

From: Dr. David M. Waldschmidt, Director, Department of Testing Services

Subject: Invitation to Attend ADA 2016 OSCE Development Forum

Dear Dr. Rizkalla, Board President, Virginia Board of Dentistry,

The Department of Testing Services (DTS) is a department within the American Dental Association (ADA) that provides psychometric and test development services for high-stakes examination programs within the dental and dental hygiene professions. DTS has been asked by the ADA's Council on Dental Education and Licensure (CDEL) to investigate the feasibility of developing a non-patient based, objective structured clinical examination (OSCE) for licensure purposes. Your dental board is invited to participate in a forum to solicit feedback on this topic.

The 2016 ADA OSCE Development Forum will include a brief presentation by DTS on the comparability of current clinical licensure examinations, and the anticipated characteristics of an OSCE capable of addressing core clinical examination licensure requirements. This presentation will be followed by a facilitated discussion led by Dr. Anthony Ziebert, SVP of the ADA's Division of Education and Professional Affairs. Feedback collected will be used to inform CDEL's recommendation to pursue an OSCE, as well as the construction and characteristics of the OSCE that could be developed.

To facilitate your board's participation, the forum will be held in Denver, Colorado, directly following the American Association of Dental Board's (AADB's) annual meeting. Details are provided below. Appetizers, beer, and wine will be provided.

Event:	**ADA 2016 OSCE Development Forum**
Date:	**Wednesday, October 19, 2016**
Time:	**5:00 pm – 6:30 pm**
Location:	**Tower Court B of the Sheraton Hotel Denver Downtown, Denver, CO**

We would appreciate receiving your response by September 31, 2016. At this time, attendance at the forum has been restricted to a select group of forward-thinking dental boards who might be amenable to such an examination. Your board's participation in this forum is important, and will be used to help inform the future of dental licensure in the US and its jurisdictions.

If you have any questions, please contact Betsey Palmer via email at palmerbe@ada.org.

Sincerely,

David M. Waldschmidt, Ph.D.
Director, ADA Department of Testing Services

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cc: ADA Board of Trustees and Officers
ADA Licensure Task Force
ADA state societies corresponding to invited dental boards
Cecile A. Feldman, D.M.D., M.B.A., Chair, ADEA Board of Directors
Daniel J. Gesek, Jr., DMD, Chair, CDEL
Karen M. Hart, Director, CDEL and Education Operations
Jane Jasek, Manager, Dental Education and Licensure Matters, CDEL
Nancy Honeycutt, Executive Director, American Student Dental Association (ASDA)
Kathleen T. O'Loughlin, DMD, MPH, ADA Executive Director
Jill M. Price, DMD, Vice Chair, CDEL
Sohaib Soliman, President, ASDA
Richard W. Valachovic, D.M.D., MPH, President and CEO, ADEA
Anthony J. Ziebert, DDS, MS, Senior Vice President, Education and Professional Affairs

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Licensure Overview

Licensure is a process every dentist must go through at least once during his or her professional life in order to practice dentistry. In the United States, licensure requirements vary from state to state and all applicants must meet three basic requirements: education, written examination, and clinical examination. **The state dental board is the appropriate agency to contact for specific information about licensure requirements**, the state dental practice act, or other licensure-related information. The information in this section is a brief summary of important facts to help dentists and dental students become more familiar with terms used and more informed about the licensure process.

State Specific Licensure Information

As a member service, the ADA collects and summarizes state dental licensure information. All licensing jurisdictions are included. A quick reference to state licensure requirements and laws for dentists is available within the state licensure tables.

In the United States, the final authority on licensure requirements is the individual state. Though requirements vary from state to state, all applicants for dental licensure must meet three basic requirements; an education requirement, a written examination requirement and a clinical examination requirement.

Review the State Dental Licensure Requirements for U.S. Dentists section for more information.

State Boards of Dentistry

The state board of dentistry (also known as board of dental examiners) is an agency of state government created by the state legislature. This agency governs the qualifications for and the practice of dentistry within the state. The board's authority is limited to that granted by the state legislature and typically includes:

1. establishment of qualifications for licensure,
2. issuance of licenses to qualified individuals,
3. establishment of standards of practice and conduct,
4. taking disciplinary action against those who engage in misconduct, and
5. promulgation of rules to enable the board to perform its duties.

The state dental board is the appropriate agency to contact for the most current and up-to-date information about licensure requirements, the state dental practice act, or other licensure-related information.

Individual state board information can be found on the American Association of Dental Boards (AADB) Website. Choose your state of interest for specific licensure information.

While the American Dental Association recognizes and supports the state's right to regulate dental licensure, it has adopted policies on licensure issues, including freedom of movement for dentists, increased standardization of clinical licensing examinations, specialty licensure and the use of human subjects in clinical examinations.

The ADA developed the document, "Ethical Considerations When Using Human Subjects/Patients in the Examination Process" as an educational tool for dental students and licensure candidates. It serves to promote awareness of the potential ethical dilemmas faced by candidates during the examination process and to assist in maintaining the welfare of the patient as the profession's paramount concern. The document reflects existing ADA policy supporting the elimination of the use of human subjects in the clinical examination process with the exception of the Curriculum Integrated Format (CIF) within dental schools.

- Ethical Considerations When Using Patients in the Examination Process (PDF)

Ethical Considerations When Using Patients in the Examination Process

The following information is intended to assist dental licensure candidates, as well as examiners and educators involved in the testing process, in recognizing ethical considerations when patients are part of the clinical licensure process.

Background: Dental licensure is intended to ensure that only qualified individuals are licensed to provide dental treatment to the public. Most licensing jurisdictions have three general requirements: an educational requirement-graduation from a dental education program accredited by the Commission on Dental Accreditation; a written (theoretical) examination-to determine whether the applicant has achieved the theoretical bases at a level of competence that protects the health, welfare and safety of the public; and a clinical examination in which a candidate demonstrates the clinical knowledge, skills and abilities necessary to safely practice dentistry. Anecdotal information and experiences reported in the literature by licensees and educators have raised ethical considerations when patients are used in the examination process.[1-6] While others disagree, it is recognized that the profession must ensure that the welfare of patients is safeguarded in every step of the clinical licensure examination process.[7]

The licensure examination process is evolving. Many clinical examination agencies continue to monitor developments for applicability and affordability of alternatives to patients in providing valid and reliable assessment of clinical competence.

The ADA has voiced its position regarding the use of patients in clinical examinations through a series of resolutions culminating with the adoption of the 2005 House of Delegates' Resolution 20H-2005.[8-10] This resolution reaffirms ADA support for the elimination of patients in the clinical licensure examination process while giving exception to a more recent methodology for testing known as the curriculum-integrated format (CIF). The 2006 ADA House of Delegates directed the ADA Council on Dental Education and Licensure to develop a definition of CIF and present it to the 2007 House of Delegates. The 2007 House adopted the following definition (1H:2007):

> Curriculum Integrated Format: An initial clinical licensure process that provides candidates an opportunity to successfully complete an independent "third party" clinical assessment prior to graduation from a dental education program accredited by the ADA Commission on Dental Accreditation.
>
> If such a process includes patient care as part of the assessment, it should be performed by candidates on patients of record, whenever possible, within an appropriately sequenced treatment plan. The competencies assessed by the clinical examining agency should be selected components of current dental education program curricula.
>
> All portions of this assessment are available at multiple times within each institution during dental school to ensure that patient care is accomplished within an appropriate treatment plan and to allow candidates to remediate

and retake any portions of the assessment which they have not successfully completed.

Given that currently there are no new technologies that completely eliminate the use of patients in the clinical examination processes, the ADA Council on Ethics, Bylaws and Judicial Affairs (CEBJA)[11] called on major stakeholders, including the ADA's Council on Dental Education and Licensure (CDEL), to provide input for the development of a statement that would identify key ethical considerations and provide guidance to help ensure the welfare of the patient remains paramount.

Ethical Considerations When Using Patients in the Examination Process

1. Soliciting and Selecting Patients: The ADA Principles of Ethics and Code of Professional Conduct[12] (ADA Code), Section 3, Principle: Beneficence states that the "dentist's primary obligation is service to the patient" and to provide "competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient, with due consideration given to the needs, desires and values of the patient." The current examination processes require candidates to perform restorative and periodontal treatments on patients. In light of the principle stated above, this may create an ethical dilemma for the candidate when seeking patients to sit for the exam. Candidates should refrain from the following:
    1. Reimbursements between candidates and patients in excess of that which would be considered reasonable (remuneration for travel, lodging and meals).
    2. Remuneration for acquiring patients between licensure applicants.
    3. Utilizing patient brokering companies.
    4. Delaying treatment beyond that which would be considered acceptable in a typical treatment plan (e.g. delaying treatment of a carious lesion for 24 months).

2. Patient Involvement and Consent: The ADA Code, Section 1, Principle: Patient Autonomy states that "the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities." Candidates and dental examiners support patient involvement in the clinical examination process by having a written consent form that minimally contains the following basic elements:
    1. A statement that the patient is a participant in a clinical licensure examination, that the candidate is not a licensed dentist, a description of the procedures to be followed and an explanation that the care received might not be complete.
    2. A description of any reasonably foreseeable risks or discomforts to the patient.
    3. A description of any benefits to the patient or to others which may reasonably be expected as a result of participation.

4. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the patient.
5. An explanation of whom to contact for answers to pertinent questions about the care received.
6. A statement that participation is voluntary and that the patient may discontinue participation at any time without penalty or loss of benefits to which the patient is otherwise entitled.

3. Patient Care: The ADA Code, Section 3, Principle: Beneficence states that the dentist has a "duty to promote the patient's welfare." Candidates can do this by ensuring that the interests of their patient are of primary importance while taking the exam. Examiners contribute to this by ensuring that candidates are adequately monitored during the exam process such that the following treatment does not occur:
   1. Unnecessary treatment of incipient caries.
   2. Unnecessary patient discomfort.
   3. Unnecessarily delaying examination and treatment during the test.

4. Follow-Up Treatment: The ADA Code, Section 2, Principle: Nonmaleficence states that "professionals have a duty to protect the patient from harm." To ensure that the patient's oral health is not jeopardized in the event that he/she requires follow-up care, candidates and dental examiners should make certain that the patient receives the following:
   1. A clear explanation of what treatment was performed as well as what follow-up care may be necessary.
   2. Contact information for pain management.
   3. Complete referral information for patients in need of additional dental care.
   4. Complete follow-up care ensured by the mechanism established by the testing agency to address care given during the examination that may need additional attention.

Sources:

1. Dr. Lloyd A. George Nov. 3, 2005 Letter to Dr. James W. Antoon, chair CEBJA
2. CEBJA March 2, 2006 Strategic Issue Discussion – Use of Patients in Clinical Licensure Examinations
3. Richard R. Ranney, D.D.S., et al., "A Survey of Deans and ADEA Activities on Dental Licensure Issues" Journal of Dental Education, October 2003
4. Allan J. Formicola, D.D.S., et al., "Banning Live Patients as Test Subjects on Licensing Examinations," Journal of Dental Education, May 2002
5. "The Agenda for Change," Objectives Developed at the Invitational Conference for Dental Clinical Testing Agencies by representatives of the clinical testing agencies and other organizations with an interest in dental licensure sponsored by the American Dental Association. It is considered informational and does not represent policy of the ADA. March 4, 1997
6. ASDA Resolution 202RC-2005, Revision of Policy L-1 Initial Licensure Pathways
7. Position Statement of the American Association of Dental Examiners in Response to ADA Resolution 64H, Oct. 12, 2001

8. ADA HOD Resolution 34-2006, Definition of Curriculum Integrated Format
9. ADA HOD Resolution 20H-2005, Elimination of the Use of Human Subjects in Clinical Licensure/Board Examinations
10. ADA House of Delegates (HOD) Resolution 64H-2000, Elimination of the Use of Human Subjects in Clinical Licensing/Board Examinations
11. CEBJA is the ADA agency responsible for providing guidance and advice and for formulating and disseminating materials on ethical and professional conduct in the practice and promotion of dentistry.
12. The entire text of the ADA Principles of Ethics and Code of Professional Conduct can be found on the ADA website at www.ada.org.

American Dental Hygienists' Association Educational Standards Position Paper 2011

The American Dental Hygienists' Association (ADHA) represents the professional interests of dental hygienists in the United States. There are currently over 150,000 licensed dental hygienists in the U.S.1 ADHA has defined dental hygienists as licensed, preventive oral health professionals who have graduated from accredited dental hygiene programs in institutions of higher education. They provide educational, clinical, research, administrative, and therapeutic services supporting total health through the promotion of optimal oral health.

Position of the American Dental Hygienists' Association

It is the position of the ADHA that the minimum educational preparation necessary for dental hygiene licensure and practice includes graduation from an accredited dental hygiene program of at least two academic years of full-time instruction in an institution of higher education, as well as successful completion of both the National Board Dental Hygiene Examination and a regional/state clinical examination. The ADHA opposes reduction of both educational standards and requirements for licensure of dental hygienists.2

Accreditation

Accreditation is a formal, voluntary non-governmental process that establishes a minimum set of national standards that promote and assure quality in educational institutions and programs and serves as a mechanism to protect the public.3 Accreditation Standards for Dental Hygiene Education Programs were mutually developed in 1947 by ADHA and the American Dental Association's Council on Dental Education.4 In 1975, the Council's accreditation authority was transferred to the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs, which became the Commission on Dental Accreditation (ADA CODA) in 1979.5

The ADA CODA currently accredits dental hygiene education programs. CODA's mission statement reads "The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental, and allied dental education programs."6

The accreditation *Standards* have been developed to protect the public welfare, serve as a guide for dental hygiene program development, serve as a stimulus for the improvement of established programs, and provide criteria for the evaluation of new and established programs.7 The accreditation standards address many areas, such as institutional effectiveness, student admissions, curriculum management and content, faculty, facilities, and health and safety provisions.

There are no current or planned guidelines for the accreditation of new and emerging allied dental disciplines by the Commission on Dental Accreditation (CODA). ADHA proposes to

uphold each state's statutory requirements regarding program approval. This will be maintained as the established process until CODA or another accreditation agency establishes accreditation standards for new oral health professionals.

Examination and Licensure

Licensed health professions typically require graduation from an accredited program as a prerequisite for licensure examination because accreditation is an important element of the licensure process. Whereas accreditation evaluates educational programs, licensure evaluates individual competence. Accreditation and licensure should focus on the same outcome, such as competency assessment and evaluation, yet the purpose of accreditation and licensure should remain separate-programmatic assessment versus individual assessment.8 As of 1951, all states have licensure requirements for dental hygienists.9 ADHA supports graduation from an accredited dental hygiene program as a requirement for dental hygiene licensure.

In order to be eligible for licensure, after graduation from an accredited dental hygiene program, dental hygienists must pass a regional and/or state clinical licensure examination as well as the written National Board Dental Hygiene Examination administered by the American Dental Association Joint Commission on National Dental Examinations (JCNDE). The purpose of the national examination is to assist state boards in determining qualifications of dental hygiene licensure applicants by assessing their ability to understand important information from basic biomedical, dental, and dental hygiene sciences, as well as their ability to apply such information in problem-solving situations.10

This combination of requirements, graduation from an accredited dental hygiene program, successful completion of the written National Board Dental Hygiene Examination and a regional/state clinical examination, assures the public that dental hygienists are qualified to provide safe, reliable, and appropriate care.

Oral Health and Total Health: The Needs of the Public

Oral health is an integral component of overall total health. The first Surgeon General's Report on Oral Health was published in May 2000. The main message of the report is that oral health is essential to the general health and well-being of all Americans and can be achieved by all Americans.11 Although links between periodontal (gum) disease and diabetes have long been noted, research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, and low-birth-weight, premature births.12

These associations are particularly important because often the signs and symptoms of systemic diseases, such as diabetes, first appear in the mouth. As noted in the Surgeon General's Report "If any of these associations prove to be causal, major changes in care delivery and in the training of health professionals will be needed." Oral health and its relationship to total health underscore the need for quality education for dental hygienists.

Access to Care

Access to preventive and therapeutic dental hygiene care can be increased by maximizing the services that dental hygienists are educated to provide, expanding dental hygiene practice settings, and removing restrictive supervision requirements. Disparities in access to oral health care services can be found today among various population groups according to socioeconomic levels, race and ethnicity, age and gender. Research has repeatedly demonstrated that oral disease rates and oral health needs are highest in low-income and special-needs populations, such as the elderly or disabled.

As regulatory and legislative changes occur that allow dental hygienists to provide services in more settings with less restrictive supervision, it is imperative that high educational standards remain in place.

Future Trends

The dental hygiene body of knowledge is expanding due to increased research and technology. Technological advances are also expanding the way students are educated, services are provided to the public, and how data are collected and disseminated. It is important for health care practitioners to keep abreast of changes within their professions. The ADHA advocates continuing education for all dental hygienists to expand scientific knowledge and enhance practice modalities.[13] It is through the educational foundation from an accredited dental hygiene program that dental hygienists can expand their knowledge and skills to meet the future health care needs of the public.

Conclusion

To assure the health, safety and welfare of the public, ADHA asserts that graduation from an accredited dental hygiene program, successful completion of the written National Dental Hygiene Examination, and
state or regional clinical examinations are the minimum requirements for entry into the profession of dental hygiene. As the health care delivery climate changes, including mounting scientific evidence associating periodontal (gum) disease and systemic diseases, increased demand for access to oral health services, and ongoing technological advances, it is the position of ADHA that dental hygiene education standards not be reduced, but rather, enhanced to meet the future health care needs of the public.

References

1. American Dental Hygienists' Association. Masterfile. Chicago: American Dental Hygienists' Association, 2010.
2. Policy Statement. Education/Accreditation 10-93/24-69. American Dental Hygienists' Association.
3. Policy Statement. Glossary/Accreditation 7-00. American Dental Hygienists' Association.
4. Motley WE. History of The American Dental Hygienists' Association 1923-1982, Chicago: American Dental Hygienists' Association, 1983, p.43.
5. Commission on Dental Accreditation. Accreditation Standards for Dental Hygiene Education Programs. Chicago: American Dental Association, 2001, p.3.
6. Commission on Dental Accreditation. Accreditation Standards for Dental Hygiene Education Programs. Chicago: American Dental Association, 1998, p.1.
7. Commission on Dental Accreditation. Accreditation Standards for Dental Hygiene Education Programs. Chicago: American Dental Association, 1998, p.4.
8. Gelmon SB, O'Neil, EH, Kimmey, JR, and the Task Force on Accreditation of Health Professions Education. Strategies for Change and Improvement: The Report of the Task Force on Accreditation of Health Professions Education. San Francisco: Center for the Health Professions, University of California at San Francisco, 1999, p.9.
9. Motley, WE. History of the American Dental Hygienists' Association 1923-1982, Chicago: American Dental Hygienists' Association, 1983, p.43.
10. Joint Commission on National Dental Examinations. National Board Dental Hygiene Examination Candidate Guide 2011. Chicago: American Dental Association, 2010, p.2.
11. U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. National Institute of Dental and Craniofacial Research, Rockville, MD, National Institutes of Health, 2000, p.1.
12. U. S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. National Institute of Dental and Craniofacial Research, Rockville, MD, National Institutes of Health 2000, p.2.
13. Policy Statement. Continuing Education/Professional Development 16-91/11-67. American Dental Hygienists' Association.

ADEA Policy Statements: Recommendations and Guidelines for Academic Dental Institutions

(With changes approved by the 2015 ADEA House of Delegates)

Introduction

These policy statements on Education, Research, Licensure and Certification, Access and Delivery of Care, Health Promotion and Disease Prevention, Partnerships, and Public Policy Advocacy are intended as recommendations and guidelines for allied, predoctoral, and postdoctoral dental education institutions, programs, and personnel.

When used in this document, "dental education" refers to all aspects of academic dental, allied dental, and advanced dental institutions, unless otherwise indicated. When used in this document, the term "institution" refers to the academic unit in which the educational program is housed.

The general topic of each policy statement appears in **boldface** at the beginning of the statement. All these policy statements are subject to a sunset review every five years.

I. Education

A. Admissions

All dental education institutions and programs should:

1. Diverse System of Higher Education. Support and help enhance the diverse system of higher education. Continued autonomy and growth in the private and public sectors depend on the preservation of this diversity. The nation's private and public systems of higher education are complementary and interdependent. Their preservation depends on the continued attention of all institutional members and ADEA itself. Students must have the freedom to choose, from the broad spectrum of dental education institutions and programs, the institution or program best designed to meet the student's specific needs.

2. Number and Types of Practitioners Educated. Use the public's need and demand for dental services as the criteria for determining the number and types of practitioners educated at an academic dental institution; and in partnership with appropriate federal, state, and local health agencies and state and local dental societies, constantly assess those needs and demands and the ability of the existing number and distribution of practitioners to meet them. Through ADEA, work with appropriate federal and state agencies to ensure consistent methods for collecting and assessing data to monitor demographic, epidemiological, and professional practice trends, so that dental education institutions and programs do not over- or underproduce practitioners in given areas. Collaborate with state and local dental societies and jointly advocate for federal and state funds and programs that will assist academic dental institutions in meeting projected workforce number and composition requirements, along with incentives and programs designed to achieve a more equitable distribution of practitioners to improve access to oral health care.

3. Preprofessional Recruitment Programs. Encourage their faculty and students to develop and sponsor preprofessional recruitment programs that help potential students assess career options, financial considerations, and various educational programs. Target high school and college students and education counselors at all levels about career options and appropriate academic preparatory requirements and interface with other professional organizations in these efforts.

4. Admissions Criteria. Base admissions policies on specific objectives, criteria, and procedures designed to identify students with high standards of integrity, motivation, and resourcefulness and the basic knowledge and attitudes required for completing the curriculum. Nondiscriminatory policies should be followed in selecting students.

5. Recruitment, Retention, Access: Best Practices. The American Dental Education Association strongly endorses the continuous use of recruitment, admission, and retention practices

6. Evaluation. Frequently evaluate their continuing education courses for quality and content, soliciting impressions from appropriate groups about their continuing education needs.

7. Community Service. Develop mechanisms for academic dental institutions to encourage learning and to provide ongoing services in the form of information and training to former students and area professionals.

II. Research

A. Fundamental and Applied Research. Dental education institutions and programs have the right and responsibility to conduct fundamental and applied research in the natural and social sciences and in the area of health services, in particular as it relates to oral health disparities. Dental education institutions and programs should actively foster and support basic and applied clinical research. Incentives should be provided to encourage both faculty and students to actively participate in research as appropriate to the type of academic setting.

B. Research Findings in Courses. Dental educators should be expected to include new information and research findings in their courses of instruction and to encourage students to engage in critical thinking and research. Students should be encouraged to contribute to the development of new knowledge for the profession.

C. Commercial Sponsors. ADEA encourages dental education institutions and programs and dental educators to interact with commercial and other extramural sponsors of research, clinical trials, and demonstration projects, under conditions in which the academic rights of faculty are protected. These conditions include rights of publication, ownership of intellectual property, and rights of patent and copyright within institutional policy, subject to appropriate contractual protection of the sponsor's legitimate interests.

D. Publication of Commercially Sponsored Research. ADEA encourages publication by faculty of the results of research, clinical trials, and demonstration projects supported by commercial and other extramural sponsors. Peer review by scientist/educators with expertise in the relevant field(s) of the research or project is the best means of ensuring the quality of the publication. ADEA discourages submission of manuscripts to any publisher that allows sponsors of the work to influence editorial policy or judgment after the completion of the peer review process.

E. Excellence in Teaching. Dental education institutions and programs should promote excellence in teaching through active programs of research on the teaching and learning process. Faculty members should be encouraged to conduct both quantitative and qualitative studies of educational programming including case studies that examine the impact of these various educational programs on student attainment of outcomes.

F. Scholarship. Dental education institutions and programs should encourage a broad range of scholarship from their faculty. Faculty members should be encouraged and rewarded, if appropriate to the academic setting, through the tenure and/or promotion and review process for systematically developing and validating new educational programs; for evaluating, analyzing, and interpreting the impact of educational programs on students and patients; and for publishing reports of these endeavors.

G. Forms of Research. Academic dental institutions should be encouraged to engage in innovative, collaborative, interdisciplinary, and interprofessional research including biomedical, social, and clinical research that contributes to the knowledge base and understanding of health issues that ultimately benefit both men and women, keeping in mind that women's health should be an integral part of the dental curriculum.

III. Licensure and Certification

A. Goals. ADEA supports achievement of the following goals for dentists and dental hygienists who are students or graduates of accredited programs and have successfully completed the National Board Dental Examination or the National Board Dental Hygiene Examination: freedom in geographic mobility; elimination of those licensure and regulatory barriers that restrict access to care; elimination of the use of patients in clinical examinations; and high reliability of any licensure examination process and content as well as predictive validity of information used by licensing authorities to make licensing decisions.

B. Live Patient Examination. By the year 2015, the live patient exam for dental licensure should be eliminated, and all states should offer methods of licensure in dentistry that include advanced education of at least one year, portfolio assessment, and/or other non-live patient-based methods and include independent third-party assessment.

C. Achieving Goals. In order to achieve these goals, the Association should work diligently, both

independently and cooperatively, with appropriate organizations and agencies, to support appropriate demonstration projects, pilot programs, and other ways to explore development of alternative testing methods and to develop uniform, valid, and reliable methods that can be used nationally to measure the competencies necessary for safe entry into independent practice as licensed dentists and legally authorized practice as licensed dental hygienists. In the interest of ensuring high quality oral health care, ADEA has always supported periodic third-party evaluation of dental and dental hygiene students and graduates through mechanisms like the National Board Dental and Dental Hygiene Examinations. In considering the clinical competence of dental and dental hygiene students and graduates, ADEA also supports the development and administration of a national clinical examination. ADEA also supports with the American Dental Association the principle that a clinical examination requirement may also be met by successful completion of a postgraduate program in a general dentistry or dental specialty training program, at least one year in length, which is accredited by the Commission on Dental Accreditation.

ADEA also strongly supports development of means for licensing authorities to assess continuing competence. With valid, reliable, and fair methods for continuing competence determinations, initial licensure examinations may become unnecessary.

D. Allied Dental Personnel. In addition, the Association supports the following principles concerning the licensure and certification of allied dental personnel. Qualified dental hygienists should be appointed to all agencies legally authorized to grant licenses to practice dental hygiene. Dental hygienists should participate in the examination of candidates for dental hygiene licensure and be full voting and policymaking members of licensing authorities in all matters relating to the practice of dental hygiene. Successful completion of an accredited program should be a prerequisite for eligibility for the certification examination of the National Board for Certification of dental laboratory technicians and the Dental Assisting National Board for dental assistants.

E. Preparing Students for Licensure in Any Jurisdiction. Institutions that conduct dental and allied dental education programs have the right and responsibility to prepare students for licensure examinations in any jurisdiction in the United States, Puerto Rico, and Canada.

Individuals or students applying for dental hygiene licensure in any jurisdiction must successfully complete the didactic, laboratory, and clinical instruction and meet the competencies for providing patient care as required by the dental education Accreditation Standards of the Commission on Dental Accreditation.

IV. Access and Delivery of Care

A. Health Care Delivery and Quality Review. Dental education institutions and programs and ADEA should be leaders in developing effective health care delivery systems and quality review mechanisms and in preparing their students to participate in them.

B. Scope of Services. Dental education institutions and programs should provide treatment consistent with contemporary standards of care.

C. Dental Health Personnel. Dental educators and ADEA should inform policymakers and the public that:

1. Dental education institutions and programs are important national, regional, state, and community resources.
2. Dental education institutions and programs have a vital role in providing access to oral health care to all, with special consideration for the underserved.
3. Dental education institutions and programs are a vital component of the health sciences segment of universities.
4. Dental education institutions and programs, through their graduates, contribute significantly to meeting the oral health needs of the public.
5. Dental education institutions and programs collaborate and create linkages with community-based agencies to increase access to care.
6. Dental education institutions and programs prepare their graduates to provide services in a variety of settings to reduce barriers to care and provide more accessible care to various population groups.

D. Dental Insurance, Federal, and State Programs. ADEA should be a strong advocate on both the federal and state levels for:

1. Strengthening reimbursement and inclusion of meaningful dental and oral health care services provided under Medicaid and the State Children's Health Insurance Program.
2. Strengthening Medicare by seeking inclusion of medically necessary oral health care services for populations covered under the program.
3. Encouraging states to appoint a chief dental officer for every state.
4. Educating federal and state policymakers about the lack of dental insurance and its rela-

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since 1975

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Dental Exam Description

Dental Examination Information

Dental General Information

The dental licensure examination administered by the Southern Regional Testing Agency, Inc., (SRTA), evaluates clinical performance skills. The examination provides reliable clinical skills assessment for use by state boards in making licensing decisions. The examination in dental consists of three required sections and one optional section:

Two simulated clinical examinations performed on manikins

- Endodontic Clinical Examination Section
- Fixed Prosthodontic Clinical Examination Section

Two clinical examinations performed on patients

- Restorative Clinical Examination Section, Anterior and Posterior
- Periodontal Scaling Clinical Examination Section (optional, based on the requirements in the state where the candidate seeks licensure)

Note: For licensure in Wyoming, slot preps are not acceptable.

Each section is judged by specific criteria and scored on a "Pass/Fail" basis. Successful completion of a section is contingent on a passing score of 75 or more of the specified criteria in any and all procedures within that section. Successful completion of the examination requires passing all three (or four if taking Periodontal) sections. The clinical examination is given in an open format. Candidates may perform the clinical procedures as they wish, providing the guidelines for each procedure as outlined in the Dental Candidate Manual are followed.

The technical procedures, as well as the specific materials used in the restorative Dentistry examinations shall be the candidate's own choice. Satisfactory patient treatment is the criterion for acceptance or rejection of any method, procedure or material used. The Southern Regional Testing Agency examines candidates with varying education backgrounds. Because universities teach different preparations, SRTA does not look for one type of standard preparation.

The examiners at all sites are experienced practitioners with diverse backgrounds. The examiners are trained and standardized prior to each examination and are evaluated to assure grading to established criteria. The examiners are separated from the candidates and will remain in the "Evaluation Area" of the clinic. The candidates must observe all signs and follow instructions so as to not breach anonymity. Anonymity is preserved between the scoring examiners and the candidates, but not among the examiners themselves. Examiners may consult with one another whenever necessary. There are times when fairness requires consultation between examiners.

Each candidate must furnish all patients, necessary materials and instruments including high and slow speed hand pieces. Patients must be at least 14 years of age. A parent or guardian must be available in the waiting area during treatment and provide written consent for minors under the age of 18.
On day one of the examination, candidates taking the complete examination are required to register prior to orientation and are expected to attend the orientation session/presentation when specific instructions for the exam will be given. An opportunity for questions and answers will be provided after the presentation is completed. Only candidates registered for the examination are permitted to attend the orientation session. Please direct your assistant and/or patients either to the clinical or waiting area. Candidates failing to attend the orientation session will not be given separate instructions.

Candidate Qualifications

Final acceptance of candidates for the examination is contingent upon being a graduate of an American or Canadian Dental College accredited by the American Dental Association Commission on Dental Accreditation.

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Our Mission

SRTA will continue to provide valid, reliable, legally defensible examinations and results while striving to implement new testing methodologies in a candidate friendly environment for the next generation of dental professionals.

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Candidates who have not formally graduated from their university are required to secure certification from their Dean stating:

1. The candidate is eligible and qualifies for the D.D.S. or D.M.D. degree requirements.
2. The candidate will complete the D.D.S. or D.M.D. degree requirements within eighteen months of the examination date.
3. This certification must be in the form of a letter from the Dean submitted with the application or provided to SRTA by the Dean prior to the receipt of the candidate's application.

Candidates who graduated from a school outside of the United States and Canada may apply and be considered for the "state only" status, pending receipt of the appropriate state authorization. The candidate must furnish a letter from the State Board of Dentistry that accepts the results of this examination. This letter should indicate that the candidate is eligible for licensure in that state upon successful completion of the examination. In addition, a copy of the candidate's diploma with an English translation must be provided.

Application Process

The online application was developed for the candidate's convenience. To apply online, go to http://www.srta.org/, and click the "Apply Online" link to connect to a secure website that requires the candidate's contact and school information. Gathering all required items prior to starting the online application will save significant time. Applicants will need:

- A recent digital headshot of close proximity to the candidate is required for the online application. Candidates should be clearly distinguishable, as the photo will be printed on the candidate admission card. Photos must be in one of the following formats: JPG, GIF, or PNG.
- A digital copy of current and valid CPR certification is required. Valid certification is defined as a "hands-on" training program that provides an assessment of cognitive skills and skills acquired via classroom training. A minimum of Basic CPR skills is required. Classes provided solely by Internet instruction are not acceptable.
- A copy of the candidate's diploma from a CODA-accredited dental hygiene program must be provided in order for the profile to be valid. This document can be uploaded into the profile, faxed, or emailed to the SRTA office. Candidates who have not formally graduated from their dental hygiene program are required to secure certification from their Dean or Program Director stating:
  - The candidate is eligible and in the last semester of the graduation requirements.
  - The candidate will complete the graduation requirements within twelve months of the examination date.
  - The candidate has successfully completed local anesthesia requirements, (only if the candidate plans to personally administer local anesthesia). This should include whether the candidate has been trained in infiltration techniques only or in both block and infiltration.

SRTA accepts VISA and MasterCard only. No international credit/debit cards will be accepted. Debit cards may be used if allowable by the issuing bank and if they bear the VISA or MasterCard logo. The total payment will include the site-specific facility as well as the examination fee. All payments are drawn immediately and must be paid in full. Failure to pay the application fee and facility fee at the time of application will forfeit the applicant's ability to sit for the examination. The Veterans Administration has approved the cost of the SRTA Dental Hygiene Examination for reimbursement. Contact the regional Veterans Affairs/Veterans Education Office to obtain the proper forms.

After the candidate has completed the application profile, the following steps will occur:

- The application profile is complete and accepted by "verification." SRTA personnel will verify the profile only after all required profile information has been entered, uploaded, and received. Profiles without a photo or without CPR cards will not be validated. Please allow between 3 – 5 days for verification. Only after a candidate's profile has been verified can he/she apply for an examination. With the exception of password changes, all profile changes will automatically mark the candidate temporarily invalid and must be verified again.
- Application for the examination: Once all profile information has been uploaded, candidates may apply for examinations. Simply click on the "Apply" tab at the top of the screen to begin the application process. Detailed instructions will be presented based on the available examinations.
- Candidates must visit the "Documents" portion of the secure site to download and complete all required documents. Instructions for each document are on the website. Some documents must be completed and returned to the SRTA office to the examination.

Dental Candidate Manual

Upon successful registration, candidates must download and read the current Dental Candidate Manual. This is the definitive guide to the SRTA examination and contains a complete description of the examination, examination schedule, and instructions. The information at srta.org and in all other SRTA publications is intended to only give a

broad picture of the SRTA examination and does not fully prepare a candidate to take the examination. Failure to read the candidate's manual may result in examination failure.

2016 Dental Exam Candidate's Manual

A hardcopy is available by request, by contacting the SRTA office.

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Dental Hygiene Exam Description

Get the 2016 Dental Hygiene Pre-Exam Overview

2016 SRTA Dental Hygiene Overview

(This slide show has audio. If you are unable to play the slide show with the audio, please contact the office.
This is a .ppsx file)
Most recently updated on January 18, 2016

Dental Hygiene General Information

The dental hygiene licensure examination administered by the Southern Regional Testing Agency, Inc., (SRTA), evaluates clinical performance skills. The examination provides reliable clinical skills assessment for use by state boards in making licensing decisions. The examination in dental hygiene consists of:

- Presenting an eligible patient and a selection of teeth that meets all required criteria
- Presenting radiographs that are of diagnostic quality
- Detecting all types of dental calculus and recognizing when a surface is free of calculus
- Completing a partial oral prophylaxis while preserving the integrity of surrounding tissue
- Completing a partial periodontal assessment by recording of periodontal pocket depths

A passing grade is 75. Failure will require re-examination.

The SRTA exam has been developed, administered, and reviewed in accordance with guidelines from the American Dental Association, the American Association of Dental Boards, the American Psychological Association, the American Educational Research Association, and the National Council on Measurement in Education. In addition, the examination undergoes annual psychometric review and input from independent firm, Alpine Testing Solutions. Concerns of students/candidates are addressed through input from former candidates and dental hygiene program faculty. Input from practicing dental hygienists is collected every five years through a nationwide Task Analysis Survey, which guides all decisions regarding content. The most recent Task Analysis Survey was conducted in 2011. Clinical skills examinations administered by SRTA are conducted anonymously. All examination materials are identified by the candidate's SRTA number (assigned prior to the examination). The candidate's name or school information does not appear on any material. The examiners at all sites are experienced practitioners with diverse backgrounds. The examiners are calibrated and standardized prior to each examination and are evaluated to assure grading to established criteria.

All questions concerning examination procedures, content, applications, and examination dates should be sent to the SRTA corporate office. Email questions regarding the dental hygiene examination to dentalhygiene@srta.org or to help@srta.org for general questions. Always include contact information.
Once an application has been processed for a particular site, all questions for both pre-examination and post-examination can only be initiated by the candidate. Due to confidentiality, the SRTA staff will not discuss candidate concerns or questions with a candidate's spouse, parent, faculty, family member, or friend.

Patients

The candidate must provide his/her own patient and is responsible for the patient's arrival and return. SRTA does not provide patients used in examinations. Candidates must advise patients of the time required to participate in this examination. Patients should expect to be at the testing site for a minimum of four hours. Case selection is a scored part of the examination and should be completed independently. Opinions of professionals who are not calibrated to SRTA standards cannot be relied upon to ensure that all criteria are met. Candidates unable to secure a patient will not be eligible for a refund or credit toward a future examination attempt. Appeals based on issues such as patients handling the paperwork or inability to secure a patient will not be considered.

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Patient eligibility:

- Must be at least 18 years old
- Cannot be a dentist, dental hygienist, or a dental or dental hygiene student
- Patients with a latex allergy will not be allowed to participate unless the testing site is latex free. Consult the examination site letter or call the testing site directly to find out if the site is latex free.
- May not have received any injectable bisphosphonate therapy
- Cannot be a woman in either the first or the third trimester of pregnancy
- Oral herpetic lesions: Patients who present with an oral herpetic lesion will be evaluated by a SRTA dentist serving as the Clinic Floor Manager. This dentist does not serve as an examiner but is the liaison between the candidates and the examiners. That dentist will determine if the patient can be safely treated or if the patient will be dismissed as ineligible.

Each patient to be treated must sign a Patient Disclaimer, Consent, and Release Form.

Both the candidate and patient must complete a Post-Operative Care Agreement and an Incident Disclaimer form before any clinical procedure may commence. Two copies of the Post-Operative Care Agreement, one copy of the Incident Disclaimer, and one copy of the Patient Disclaimer, Consent, and Release forms are submitted during registration. The patient must also receive a copy of these forms.

Instruments

The instruments required for the examiner to evaluate case presentation, calculus detection, and calculus removal skills are:

1. UNC probe (with markings of 1-2-3-4-5-6-7-8-9-10 of any brand.) SRTA prefers probes that have colored markings such as yellow/black, yellow/bare metal, yellow/white plastic, or any other combination of colored markings. This improves accuracy of measurements by both the candidates and examiners. The probe may be single ended or double ended. However, if providing a double ended probe, the unused end must be covered using autoclave tape. Candidates may use the brand or manufacturer of their choice.
2. ODU or EXD 11/12 explorer of any brand for calculus detection and final evaluation of calculus removal. No other type of explorer will be accepted for examiner's use.
3. A reflective front surface mouth mirror. May be one or two sided.
4. All other instruments are the choice of the candidate.
5. Syringes & supplies for anesthetic administration, if needed. These will also be the choice of the candidate. The school may or may not supply anesthetic cartridges for candidates. Please contact the exam site or refer to the exam site letter for supplies provided.
6. Candidates must provide or have access to a blood pressure measuring device.

Candidate Qualifications

Final acceptance of candidates for the examination is contingent upon their being hygienists who are graduates of an American or Canadian dental hygiene program accredited by the American Dental Association Commission on Dental Accreditation or who will graduate from such an institution within twelve months of successful completion of the examination.

Application Process

The online application was developed for the candidate's convenience. To apply online, go to http://www.srta.org/, and click the "Apply Online" link to connect to a secure website that requires the candidate's contact and school information. Gathering all required items prior to starting the online application will save significant time. Applicants will need:

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- A digital copy of current and valid CPR certification is required. Valid certification is defined as a "hands-on" training program that provides an assessment of cognitive skills and skills acquired via classroom training. A minimum of Basic CPR skills is required. Classes provided solely by internet instruction are not acceptable.
- A copy of the candidate's diploma from a CODA-accredited dental hygiene program must be provided in order for the profile to be valid. This document can be uploaded into the profile, faxed, or emailed to the SRTA office. Candidates who have not formally graduated from their dental hygiene program are required to secure certification from their Dean or Program Director stating:
    - The candidate is eligible and in the last semester of the graduation requirements.
    - The candidate will complete the graduation requirements within twelve months of the examination date.

- The candidate has successfully completed local anesthesia requirements, (only if the candidate plans to personally administer local anesthesia). This should include whether the candidate has been trained in infiltration techniques only or in both block and infiltration.

SRTA accepts VISA and MasterCard only. No international credit/debit cards will be accepted. Debit cards may be used if allowable by the issuing bank and if they bear the VISA or MasterCard logo. The total payment will include the site-specific facility as well as the examination fee. All payments are drawn immediately and must be paid in full. Failure to pay the application fee and facility fee at the time of application will forfeit the applicant's ability to sit for the examination. The Veterans Administration has approved the cost of the SRTA Dental Hygiene Examination for reimbursement. Contact the regional Veterans Affairs/Veterans Education Office to obtain the proper forms.

After the candidate has completed the application profile, the following steps will occur:

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- Candidates must visit the "Documents" portion of the secure site to download and complete all required documents. Instructions for each document are on the website. Some documents must be completed and returned to the SRTA office to the examination.

Refunds

Application fees are not refundable and may not be applied to a future examination. Failure to appear for a scheduled examination will result in the loss of the candidate's fee unless the Agency has received written notification fifteen days prior to the application deadline – in such cases a 50% refund will be given. Refunds will not be given for a patient's failure to appear, presenting an ineligible patient, presenting a case that does not meet the required criteria, or a candidate's inability to secure patients for the examination.

If you have any further questions concerning the Dental Hygiene examination, please call 757-318-9082 or email dentalhygiene@srta.org.

2017 Content, Criteria and Scoring - Overview

PART I: NATIONAL DENTAL BOARD EXAMINATION – PARTS I & II*

***CRDTS does not require any additional documentation for Part I**

PART II: ENDODONTICS EXAMINATION - 100 POINTS

CONTENT	FORMAT
1. Endodontic access opening only on tooth #14, a multi-rooted artificial tooth. 2. Endodontic access, canal instrumentation and obturation on tooth #8, a single-canal artificial tooth.	• Performed on a Manikin • Time: 3.0 hours

PART III: FIXED PROSTHODONTICS EXAMINATION - 100 POINTS

CONTENT	FORMAT
1. Preparation of tooth #5, a single-layered artificial tooth, for a porcelain fused to metal crown as one abutment for a 3-unit bridge. (The bridge is not fabricated for this examination.) 2. Preparation of tooth #3, a single-layered artificial tooth, for a cast gold metal crown as the other abutment for the same 3-unit bridge. Both preparations must be parallel to each other. 3. Preparation of tooth #9, a single-layered artificial tooth for a full ceramic crown.	• Performed on a Manikin • Time: 4.0 hours

PART IV: PERIODONTAL EXAMINATION - 100 POINTS

CONTENT	FORMAT
1. Treatment Selection - Medical Management, Radiographs, Patient selection & Calculus detection 2. Oral Assessment 3. Probing Depth Measurements/Gingival Recession 4. Subgingival Calculus Removal 5. Supragingival Deposit Removal 6. Tissue and Treatment Management t	• Performed on a Patient

PART V: RESTORATIVE EXAMINATION - 100 POINTS

CONTENT	FORMAT
Class II Amalgam Preparation Class II Amalgam Restoration OR Class II Composite –Preparation Class II Composite – Restoration AND Class III Composite –Preparation Class III Composite - Restoration–	• Performed on a Patient

Scoring System

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed on an analytical model. The examination is conjunctive in that its content is divided into separate Parts containing related skill sets and competence must be demonstrated in each one of the Parts. A compensatory scoring system is used within each Part to compute the final score for each Part, as explained below.

Only State Boards of Dentistry are legally authorized to determine standards of competence for licensure in their respective jurisdictions. However, in developing the examination, CRDTS has recommended a score of 75 to be a demonstration of sufficient competence; and participating State Boards of Dentistry have agreed to accept that standard. In order to achieve "CRDTS status" and be eligible for licensure in a participating state, candidates must achieve a score of 75 or more in each Part of the examination.

Each examination score is based on 100 points. **If all sections of an examination are not taken, a score of "0" will be recorded for that specific examination.**

Parts II-V: Scoring System for Manikin and Patient-Based Restorative Procedures

CRDTS and other testing agencies have worked together on a national level to draft and refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 4-level rating scale. Those criteria appear in this manual and are the basis of the scoring system. Those four rating levels may be generally described as follows:

SATISFACTORY
The treatment is of good to excellent quality, demonstrating competence in clinical judgment, knowledge and skill. The treatment adheres to accepted mechanical and physiological principles permitting the restoration of the tooth to normal health, form and function.

MINIMALLY ACCEPTABLE
The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not damage the patient nor significantly shorten the expected life of the restoration.

MARGINALLY SUBSTANDARD
The treatment is of poor quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry, which if left unmodified, will cause damage to the patient or substantially shorten the life of the restoration.

CRITICALLY DEFICIENT
The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The treatment plan must be altered and additional care provided, possibly temporization in order to sustain the function of the tooth and the patient's oral health and well-being.

In Parts II, III and V, a rating is assigned for each criterion in every procedure by three different examiners evaluating independently. Based on the level at which a criterion is rated by at least two of the three examiners, points may be awarded to the candidate. In any instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of ***critically deficient*** by two or more of the examiners, ***no points are awarded for that procedure or for the Examination Part,*** even though other criteria within that procedure may have been rated as satisfactory. A description of Parts II, III and V and the number of criteria that are evaluated for the procedures in each of those Parts appears below:

PART II: ENDODONTICS EXAMINATION - 100 POINTS

The Endodontics Examination is a manikin-based examination which consists of two procedures: an access opening on an artificial posterior tooth and an access opening, canal instrumentation and obturation on an artificial anterior tooth. The criteria for these procedures are combined and scored in total:

- Anterior Endodontics/Posterior Access Opening 17 Criteria

PART III: FIXED PROSTHODONTICS - 100 POINTS

The Prosthodontics Examination is a manikin-based examination which consists of three procedures completed on artificial teeth: a cast gold crown preparation as a terminal abutment for a 3-unit bridge, a porcelain-fused-to-metal crown preparation as an abutment for a bridge, plus an evaluation of the line of draw for the bridge abutment preparations, and an all ceramic crown preparation on an anterior central incisor.

- Cast Gold Crown 10 Criteria
- Porcelain-Fused-to-Metal Crown Preparation 10 Criteria
- Ceramic Crown Preparation 11 Criteria

PART V: RESTORATIVE EXAMINATION - 100 POINTS

The patient-based Restorative Clinical Examination consists of four procedures as specified below; for the posterior procedure, candidates may choose to place a Class II Amalgam or a Posterior Composite:

- Class II Amalgam Preparation 12 Criteria
- Class II Amalgam Restoration 8 Criteria*

OR

- Class II Composite Preparation 11 Criteria
- Class II Composite Restoration 8 Criteria*

AND

- Class III Composite Preparation 7 Criteria
- Class III Composite Restoration 9 Criteria*

* 1 category split into 2 for clarity; scored as 1 criteria

To compute the score for each individual procedure, the number of points the candidate has earned for each criterion is totaled, divided by the maximum number of possible points for that procedure and the results are multiplied by 100. This computation converts scores for each procedure to a basis of 100 points. Any penalties that may have been assessed during the treatment process are deducted *after* the total score for the Examination Part has been converted to a basis of 100 points.

If no ***critical deficiency*** has been confirmed by the examiners, the total score for each of Parts II, III and V is computed by adding the number of points that the candidate has earned ***across all procedures in that Part***, and that sum is divided by the number of possible points for all procedures in that Part. If a ***critical deficiency*** has been confirmed by the examiners, an automatic failure is recorded for both the procedure and the Examination Part. An example for computing scores that include no critical deficiency is shown below for Part III:

PROCEDURE	#CRITERIA	POINTS EARNED	POINTS POSSIBLE	COMPUTED SCORE
Cast Gold Crown Preparation	10 Criteria	30	40	75.00
Porcelain-Fused-to-Metal Crown	10 Criteria	34	40	85.00
Ceramic Crown Preparation	11 Criteria	38	44	86.36
TOTALS for PART III	31 Criteria	102	124	82.25

Although there are three Parts that are scored separately for restorative clinical skills, ***within each Part a compensatory system*** is used to compute the final score for that Part, as long as there is no ***critical deficiency***. For Parts III and V, the computed score for each procedure is ***not averaged,*** but instead is numerically weighted by the ratio of its number of scorable criteria to the total number of scorable criteria in the Part. For example, the Cast Gold Crown Preparation has a total of 10 scorable criteria which represents 40 possible points out of the total of 124 possible points for Part III. As shown in the example above, the candidate earned 102 out of 124 possible points for the three procedures in Part III for a final score of 82.25 points. If any penalties were assessed, the points would be deducted from the final score for Part III.

PART IV: PERIODONTAL EXAMINATION - 100 POINTS

1. Treatment Selection - Penalty points are assessed for Treatment Selections that do not meet the described criteria for medical management, radiographs, patient selection and calculus detection:
    - 7 penalty points for 1st rejection
    - 7 penalty points for 2nd rejection
    - No additional penalty points deducted for subsequent rejections but an acceptable Treatment Selection must be submitted within the allotted time limits
2. Extra/Intraoral Assessment – 16 Points
    - 8 scorable items
    - 2 points awarded for each Intra/Extra-Oral structure that is evaluated and described correctly
3. Periodontal Measurements/Gingival Recession - 12 Points
    - 12 probing depths evaluated on two teeth
    - 0.75 points for each correctly measured probing depth
    - 4 gingival recession measurements taken on facial and lingual aspects of two teeth
    - 0.75 points for each correctly measured area of gingival recession
4. Scaling/Subgingival Calculus Removal - 60 Points
    - 12 scorable items
    - 5 points are awarded for each of the 12 required surfaces that are acceptably debrided of subgingival accretions
5. Supragingival Deposit Removal - 12 Points
    - Evaluation of all teeth scored in treatment selection; max of 6 errors
    - 2 points awarded for each of the teeth that are free of all supragingival accretions
6. Tissue Management - Penalty Points
    - 5 penalty points are assessed for any unwarranted areas of tissue trauma
    - 1 point awarded for each of the six teeth and surrounding tissues that are free of damage and well managed
    - Critical Error: A tissue trauma critical error, resulting in failure of the examination, will be assessed if any of the following exist:
        - Damage to 3 or more areas of gingival tissue, lips or oral mucosa located anywhere within or near the Treatment Selection
        - An amputated papillae
        - An exposure of the alveolar process
        - A laceration or damage that requires suturing or perio packing

- An unreported broken instrument tip found in the sulcus
- One or more ultrasonic burns requiring follow-up treatment

7. Treatment Standards—Penalty points are assessed for any violation of standards as defined for:
   - Infection Control
   - Record Keeping
   - Patient Management
   - Professional Conduct and Demeanor

Penalty Deductions

Throughout the examination, not only clinical performance will be evaluated, but also the candidate's professional demeanor will be evaluated by Clinic Floor Examiners. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards, as defined within this manual, or for certain procedural errors as described below:

1. Any of the following may result in a deduction of points from the score of the entire examination Part or dismissal from the exam in any of the clinical procedures:
   a. Violation of universal precautions or infection control; gross asepsis; operating area is grossly unclean, unsanitary or offensive in appearance; failure to dispose of potentially infectious material and clean the operatory after individual examinations.
   b. Poor Professional Demeanor--unkempt, unclean, or unprofessional appearance; inconsiderate or uncooperative with other candidates, examiners or testing site personnel;
   c. Poor Patient Management--disregard for patient welfare or comfort; inadequate anesthesia
   d. Improper management of significant history or pathosis;
   e. Inappropriate request for extension or modification;
   f. Unsatisfactory completion of required modifications;
   g. Improper Operator/Patient/Manikin position;
   h. Improper record keeping;
   i. Improper treatment selection:

   Periodontal Treatment Selection Penalty Points
   - Penalty points are assessed for Treatment Selections that do not meet the described criteria
   - 7 penalty points for 1st rejection
   - 7 penalty points for 2nd rejection
   - No additional penalty points deducted for subsequent rejections but an acceptable Treatment Selection must be submitted within the allotted time limits

   Restorative Treatment Selection Penalty Points
   - Penalty points are assessed for Treatment Selections that do not meet the described criteria
   - 5 penalty points for 1st rejection on either procedure
   - No additional penalty points deducted for subsequent rejections but an acceptable Treatment Selection must be submitted within the allotted time limits

   j. Improper liner placement;
   k. Inadequate Isolation - The isolation dam is inappropriately applied, torn and/or leaking, resulting in debris, saliva and/or hemorrhagic leakage in the preparation, rendering the preparation unsuitable for evaluation or the subsequent manipulation of the restorative material.
   l. Administration of anesthesia before approval of Medical History by Clinic Floor examiners
   m. Corroborated errors for Treatment Management criteria on all Restorative procedures
2. The following infractions will result in a loss of ***all*** points for the entire examination Part:
   a. Temporization or failure to complete a finished restoration;
   b. Violation of Examination Standards, Rules or Guidelines;
   c. Treatment of teeth or surfaces other than those approved or assigned by examiners;
   d. Gross damage to an adjacent tooth;
   e. Failure to recognize exposure;

f. Unavoidable mechanical exposure which is poorly managed or irreparable;

g. Unjustified or irreparable mechanical exposure;

h. Critical Lack of Diagnostic/Clinical Judgment Skills - This penalty would be applied when the prognosis of the treatment and/or the patient's well-being is seriously jeopardized. Examples include but are not limited to:

- Inability to differentiate between caries and a pulpal exposure.
- Inability to carry out instructions for modifications that any competent practitioner should be able to complete.
- Failure to recognize the need for a critical alteration of the preparation beyond the assigned surfaces, such as a fracture or defect that must be eliminated by the extension of the preparation

The penalties or deficiencies listed above do not imply limitations, since obviously some procedures will be classified as unsatisfactory for other reasons, or for a combination of several deficiencies. Corroborated errors for the treatment management criteria for each Restorative procedure – Manikin and Patient-based will be deducted as penalty points. If any restorative procedure is unacceptable for completion during the examination, any preparations must be temporized, the patient must be adequately informed of any deficiencies, and a "Follow-up Form" must be completed.

PROFESSIONAL CONDUCT

All substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, or use of unwarranted assistance during the course of the examination shall automatically result in failure of the entire examination by any candidate.

In addition, there will be no refund of examination fees and that candidate cannot apply for re-examination for one full year from the time of the infraction. Any of the following will result in failure of the entire examination:

- Falsification or intentional misrepresentation of application requirements
- Cheating (Candidate will be dismissed immediately);
- Any candidate demonstrating complete disregard for the oral structures, welfare of the patient and/or complete lack of skill and dexterity to perform the required clinical procedures.
- Misappropriation of equipment (theft);
- Receiving unwarranted assistance;
- Alteration of examination records and/or radiographs

CENTRAL REGIONAL DENTAL TESTING SERVICES, INC crdts

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Hygiene > Exam Content & Scoring

Content and Scoring

The dental hygiene examination is based on clinical patient treatment, with an evaluation of specific clinical skills as well as the candidate's compliance with professional standards during the course of treatment. Below is a summary of the specific content and scoring associated with the examination.

Clinical Skill	Scorable Items x	Points scored per Item =	Max Points
Extra/Intra Oral Assessment	8	2	16
Periodontal Probing	12	1	12
Scaling/Subgingival Calculus Removal	12	5	60
Supragingival Deposit Removal	6	2	12
TOTAL EXAM POINTS/MAX SCORE			**100**

Examination Scoring System

There is one, comprehensive, total score reported by CRDTS for the Dental Hygiene Examination. CRDTS utilizes a criterion-based grading system to differentiate between acceptable and unacceptable performance. Criteria have been established for each clinical procedure. Three examiners independently evaluate all treatment and apply the criteria in assessing performance. For every scorable item that is confirmed as an error by at least two independent examiners, points will be deducted from the 100 possible points.

Penalty Point Deductions

In addition to penalties assessed for unacceptable Treatment Selections, penalties assessed by the Dental Hygiene Coordinator for Treatment Standards categories such as patient management and infection control will also be computed into the score. If a candidate is assessed any penalty points, they will be notified of this fact during the exam via written communication (Treatment Standards Form) from the Hygiene Coordinator.

Treatment Selection: Penalty points are assessed for Treatment Selections that do not meet the criteria outlined in the candidate manual.

- Maximum 4 treatment submissions allowed
- 7 penalty points for 1st Treatment Selection rejection ..... -7 Points
- 7 penalty points for 2nd Treatment Selection rejection ..... -7 Points
- 0 penalty points deducted for 3rd and 4th rejections

Treatment Standards: Penalty points are assessed for any violation of standards as defined for:

- Improper Record Keeping -2 Points
- Failure to properly complete Anesthetic Documentation -2 Points
- Professional Demeanor -2 Points
- Infection Control/Asepsis violations -2 Points
- Patient Management/Inadequate pain control -5 Points
- Tissue Trauma (2 errors allowed / 3 errors constitutes Critical Error) -5 Points
- Time Penalty 1-15 minutes late -10 Points
- Time Penalty 16 or more minutes late DISMISSAL FROM EXAM
- Unprofessional Conduct DISMISSAL FROM EXAM

Critical Errors

Critical errors are any procedures that could lead to patient injury or may jeopardize overall treatment of the patient. Critical errors may result in failure of the Dental Hygiene Examination even though other rated treatment criteria are acceptably completed.

Critical Tissue Trauma Error: A tissue trauma critical error, resulting in failure of the exam, will be assessed if any of the following exist:

- Damage to 3 or more areas of gingival tissue, lips or oral mucosa
- An amputated papillae
- An exposure of the alveolar process
- A laceration or damage that requires suturing or periodontal packing
- An unreported broken instrument tip found in the sulcus
- One or more ultrasonic burns requiring follow-up treatment

WREB
A National Dental and Dental Hygiene Testing Agency

Exam Procedures & Patient Requirements

The WREB Dental Exam consists of a clinical exam and a computer (CTP) exam. Passing the dental exam requires successful completion of each of the sections described below. Detailed information and instructions for all procedures are in the applicable Candidate Guide. Once your application is processed, the CTP Candidate Guide will be mailed to you. The clinical Candidate Guide will be mailed approximately two months prior to the clinical exam. Both guides can also be viewed and downloaded online.

WREB candidates come from a large geographical area and a diverse educational background; WREB does not look for any one standard for procedures. Grading examiners score according to the criteria found in the Candidate Guides. Reading and understanding the scoring criteria will assist you in successfully completing the procedures.

Comprehensive Treatment Planning (CTP) Exam

The Comprehensive Treatment Planning (CTP) examination is a computer-based examination administered by Prometric testing centers. The exam consists of three (3) patient cases of varying complexity, one of which is a pediatric patient. For each case, Candidates assess patient history, photographs, radiographs, and clinical information, create and submit a treatment plan, and then answer questions or perform tasks related to each case. Candidates are allowed three (3) hours to complete the CTP exam. A 15 minute tutorial is provided prior to the beginning of the examination.

Once enrolled in an exam, you will receive information regarding scheduling the CTP exam. This exam will be taken at a Prometric testing center. You will have approximately a 45-60 day time frame to take the exam.

Clinical Exam

The clinical exam consists of two Operative and one Periodontal treatment on live patients, plus an Endodontic treatment exam on extracted teeth.

The schedule consists of one Orientation Day and two and a half Clinic Days.

Orientation Day - Endodontic model collection, School Tour, Candidate Orientation question and answer period, and Candidate packet distribution.

- **Clinic Day 1** - First full clinic day
- **Clinic Day 2** - Second full clinic day
- **Clinic Day 3** - 1/2 clinic day the exam ends at 11:00 a.m.

The exam begins with Orientation Day, the first day listed in the Dental Exam Locations, Dates, & Fees. Do not apply for the exam if you are unable to attend all the exam days. Scheduling modifications cannot be arranged.

The Loma Linda exams are scheduled for five days, beginning with Orientation Day on a Friday. The second day (Saturday) has no exam

activities. Candidates with religious restrictions on Saturdays should consider enrolling in one of the Loma Linda exams.

Operative

The Operative procedures may be completed any time that you are not scheduled for the Endodontic exam during the 2½ clinic days. You will provide patients and complete two different restorative procedures, one of which must be a Posterior Composite. The second procedure can be one of the following four:

- Direct Restoration Posterior Class II Composite
- Direct Restoration Posterior Class II Amalgam
- Direct Restoration Anterior Class III Composite
- Indirect Restoration Posterior Class II Cast Gold

Two Posterior Composite restorations are acceptable.

Patients will be submitted for approval, a preparation grade and a finish grade.

An indirect class II posterior composite will not be allowed.

Periodontal Treatment

The Periodontal Treatment procedure may be completed any time that you are not scheduled for the Endodontic exam during the 2 ½ clinical days. A patient is submitted for approval, then scaling and root planing of one or two quadrants is performed and the patient is submitted for grading.

Endodontics

The Endodontic exam is a four hour timed exam. You will be allowed in the lab 30 minutes before the exam time to set up your station and receive the Floor Examiner set up check to start access and treatment. The exam consists of endodontic treatment on two extracted teeth: one anterior tooth and one multi-canal posterior tooth. The teeth will be mounted in arches and treatment will be done with the arches mounted in a manikin.

The Endodontic exam is the only section of the clinical exam that is scheduled at a specific time. You will receive an email approximately four weeks prior to the first day of the exam notifying you that your Candidate ID number and the Dental Exam Schedule have been posted. You will need your login information to access the information. Your schedule will only be posted only if your proof of qualification has been received. Schedules will not be given out over the phone or via email. Scheduling requests will not be considered.

Patient Selection

Patient selection is an important factor in the clinical exam. You must provide a Patient or Patients for the Restorative and the Periodontal Treatment procedures.

The following criteria apply to all Patients for the clinical exam:

The minimum Patient age for the Periodontal Treatment procedure is 18 years. There is no minimum age for Operative procedures.

Patients cannot have completed more than two years of dental school.

Patient selection is your responsibility. WREB staff, the Boards of Dentistry of participating states, and dental schools are not able to supply Patients. You are graded on your ability to accurately determine and effectively interpret Patient qualification criteria. ***This is an integral part of the examination. Therefore, other professionals should not "prequalify" your Patient for the examination.***

Dental Assistants

Dental chair-side assistants may be used during clinical procedures. Dental assistants may perform any duties, which are legally acceptable in the state where the exam is given, except graded procedures. Please see the Dental Exam Candidate Guide for detailed assistant requirements.

Equipment

Candidates must furnish all instruments and equipment, including high and low-speed hand pieces. Equipment may be available to rent at some exam sites. Certain expendable materials are furnished to candidates. Details are covered in the School Information for Candidates.

Malpractice Insurance

CNA Insurance Company, through the Professional Protector Plan in cooperation with WREB, will extend WREB professional liability coverage with the limit amounts of $1,000,000/$3,000,000 for the patient-based portion of the calendar year 2016 dental exam at no charge to the candidate. WREB will forward the names and addresses of all candidates to CNA.

Identification at Exam

Candidates MUST present acceptable and valid identification (ID), as described below, in order to be admitted to Prometric testing centers and to the WREB Dental exam.

NOTE: If you have questions about the following identification requirements, you should contact WREB Dental Department BEFORE applying for the exam.

You must provide a personal photo during the exam registration process. This becomes a component of your individual Candidate Profile at WREB and will be included on all score reports to schools and state licensing boards. Your profile photo is used to create an individual Candidate ID badge for the exam. This profile photo and the identification verification document will be validated at the exam by the WREB Site or Auxiliary Coordinator to verify the identity of the candidate. Identification must be verified prior to admittance to any WREB clinical examination.

At the exam, you shall appear in person and provide two valid, non-expired forms of identification, one of which must be primary and one may be secondary.

Primary ID must have your photo and your signature. Acceptable forms of primary ID are:

- Government-issued driver's license
- Passport
- Military ID
- Alien registration card
- Government-issued ID
- Employee ID
- School ID (must have either an expiration date – and be current or have a current date of school year)

Secondary ID must have your name and signature. Acceptable forms of secondary ID are:

- Social Security card
- Bank credit card
- Bank ATM card
- Library card

Make sure your ID's are current and indicate the same name that you submitted to the WREB Office. This is very important for allowing you admittance to the examination.

At any time during the exam, you may be asked and should be prepared to present the "Acceptable Document" and Candidate ID badge to a School Coordinator, Site Coordinator, Auxiliary Coordinator, or Floor Examiner. Admittance to the exam does not imply that the identification you presented was valid. If it is determined that your ID was fraudulent or otherwise invalid, WREB will report to the appropriate governing agencies or board any candidate or other individual who has misreported information or altered documentation in order to fraudulently attempt an exam. You are subject to dismissal from the clinical exam.

For Dental exam questions: dentalinfo@wreb.org

For Dental Hygiene, Local Anesthesia and Restorative exam questions: hygieneinfo@wreb.org

For general WREB questions: generalinfo@wreb.org

WREB
A National Dental and Dental Hygiene Testing Agency

Examination and Policy Updates for 2016 Dental Hygiene, Restorative and Local Anesthesia

Dental Hygiene Examination

Online Candidate Tutorial
The online tutorial is intended to familiarize Dental Hygiene Candidates with the exam process and paperwork prior to attempting the Dental Hygiene Examination. A mandatory onsite Candidate Orientation is held the day prior to the Clinical Examination. As of January 4, 2016, the tutorial is available on the WREB website. We encourage all candidates and faculty to view this beneficial tutorial, , particularly prior to attending the onsite Candidate Orientation.

Radiographic Evaluation
It is no longer a patient rejection if radiographs are non-diagnostic. A four (4) point penalty will be assessed if radiographs do not meet diagnostic criteria. A three (3) point penalty will be assessed for **each** radiographic technique error. **Radiographic point deductions will not exceed ten (10) points for the entire radiographic evaluation combined.**

Extraoral and Intraoral Examination
Prior to Check-In, complete an Extraoral and Intraoral Examination on your Patient. For the purposes of the WREB exam, you are only required to note and describe the presence of abnormal conditions, which pose a potential health threat to the patient, warranting immediate medical or dental evaluation.

A brief description, location and history should be recorded, but measurements are not required. Please do not record simple, transient changes that do not require immediate attention (e.g. apthous ulcer, hematoma).

Example Descriptions
Location: Left side, floor of the mouth, adjacent to #20
Description: Small, irregular, raised, red and white lesion
History: Asymptomatic. Patient unaware of duration

Location: Right, submandibular lymph node
Description: Swollen, tender and fixed
History: Present 2 months with difficulty swallowing

If Examiners agree with your findings, after grading, you will receive a Referral Recommendation form indicating the condition that the Chief Examiner will discuss with you and your Patient.

Dental Hygiene Retakes Onsite
Notification of Results
As a result of Candidate feedback, not only will WREB provide the preliminary initial attempt results onsite, WREB will also deliver Dental Hygiene retake results onsite effective 2016.

Official Results
It is WREB Policy to notify Candidates of their **official** examination results as soon as possible. Generally, within one (1) week of the last scheduled exam day. Official results will be posted online and can be accessed with their Candidate login (username and password). Candidates will receive an email notification once their official results are available.

Restorative Examination

Feedback for Restorative Candidates
Based on previous Candidates feedback WREB will now present unsuccessful Candidates, who receive a median score of (2) or (1) in any category, with specific criteria reasons listed on their official Individual Performance Report.

Online Candidate Tutorial
The online tutorial is intended to familiarize Restorative Candidates with the exam process and paperwork prior to attempting the WREB Restorative Clinical Examination. A mandatory onsite Candidate Orientation is held the day prior to the Clinical Examination. As of January 4, 2016, the tutorial is available on the WREB website. We encourage all candidates and faculty to view this beneficial tutorial, particularly prior to attending the onsite Candidate Orientation.

Typodont Criteria
The Acadental ModuPRO® One (MP_R320) typodont with corresponding gum tissue is the only typodont acceptable for use during the WREB Restorative Examination in 2016.

The typodont must meet the following criteria:
- Full dentition (32 teeth)
- Only the two (2) assigned, WREB-marked Class II molar preparations are present
- All remaining teeth must be virgin (i.e. no sealants)
- Adjacent teeth are anatomically correct and properly placed
- Tooth preparations and adjacent teeth are not mobile

WREB offers the Restorative examination to those member states that have statutes or rules that require the applicant pass an examination. Applicants whose state does not require a Restorative exam for licensure are not required to take WREB's Restorative examination.

WREB Preparations
Each Candidate is notified prior to the examination, during Candidate Orientation, which WREB-marked maxillary and mandibular Class II molar preparation will be assigned. On the day of the examination WREB will provide the assigned WREB-marked maxillary and mandibular molar preparation. They will be placed at each Candidates operatory prior to set up. The original typodont teeth must be replaced with the assigned, WREB-marked preparations during set up.

Examination Materials Used by Candidates
Polishing agents or petroleum jelly (i.e. Vaseline®, etc.) may be used but are not recommended.

Examination Materials Used by Examiners
- Henry Schein Thin Blue Articulating Paper - **NEW**
- Johnson & Johnson Reach® Waxed Dental Floss - **NEW**
- Front surface #4 or #5 mouth mirror
- UNC 1-12 periodontal probe
- Hu-Friedy 2R/2L pigtail explorer
- Screwdriver

Performance Evaluation
Each category (occlusal, margins and proximal) of this examination is independently graded by three Examiners on a 5-1 scale according to the Grading Criteria Chart found in the 2016 Candidate Guide. A final value of three (3) or higher is considered the passing level. The value of three (3) is defined to reflect minimally competent performance for all scoring criteria, and can be interpreted as corresponding to 75% in states where the passing level is legislated as 75%.

The two (2) restorations are graded separately and any additional point deductions are applied at that time. The average of the two (2) determines the final grade.

Restorative Reference
Nelson, Stanley J. (2015). Wheeler's Dental Anatomy, Physiology and Occlusion (10th ed.). St. Louis, MO: W. B. Saunders.

Local Anesthesia Examination

Local Anesthesia Written
WREB is pleased to announce that we will be utilizing Prometric to administer the 2016 Local Anesthesia Written Examination.

https://www.prometric.com/en-us/clients/wreb/pages/landing.aspx

Based on Candidate feedback WREB will now collect all Written Examination fees (both WREB's and Prometrics) from the Candidate thru the WREB registration process. This new policy will eliminate Candidate confusion when asked to pay the testing center when scheduling their Written Examination appointment. The written fees combined equal $105.00. This change upholds no fee increase to Candidates in 2016.

Registering for a Local Anesthesia Examination, if Applicable
WREB offers the Local Anesthesia Examination to those member states that have statutes or rules that require the applicant pass an examination. Applicants whose state does not require a local anesthesia examination for licensure are not required to take WREB's Local Anesthesia Examination.

The Local Anesthesia Examination is a two-part examination; written and clinical. Overall successful completion of the WREB Local Anesthesia Examination requires passing scores in both the Written Examination and the Clinical Examination within a period of 12 (twelve) months. Candidates may register for the Local Anesthesia Clinical Examination with the understanding that they are not eligible to challenge the Clinical Examination until successfully passing the Written Examination. Failure to pass the Written Examination may result in forfeiture of the Clinical Examination fees.

When registering for a 2016 Local Anesthesia Clinical Examination, the WREB website will automatically include the Written Examination fee (if the applicant has not previously registered and paid for the written portion) to their clinical fee. After selecting the clinical site it will add the written fees ($105.00) to the clinical fee. Both fees (written and clinical) will be charged upon completion of the registration process.

Candidates have two registration options for the Local Anesthesia Examination:

1. **Written-Only Registration:** Attempt the Written Examination within the specified timeframe (an immediate 45 [forty-five] day window). Successful Candidates must then **register separately** for

an available Clinical Examination by the stated application deadline on the WREB website.

2. **Simultaneous Local Anesthesia Written & Clinical Registration**: Attempt the Written Examination within the specified timeframe attached to the Clinical Examination (60-15 days prior to the Clinical Examination). Successful Candidates then proceed to their scheduled Clinical Examination.

Local Anesthesia Clinical

Clinical Preparation
Effective 2016, Candidates must not loosen the needle cap until instructed by the Examiners.

Clinical Examination
In, 2016, there will be four (4) times that a Candidate is required to stop and inform the Examiners when reaching each critical aspect of the injection.

After each critical phase, one (1) Examiner will say, "I see," and the other Examiner will say, "Proceed." Both Examiners must be able to fully observe all four (4) aspects of the injection.

1. **Initial Penetration.** After the needle has penetrated the tissue, stop and hold the position. Inform the Examiners upon reaching the penetration site. The Candidate must wait until instructed to proceed.

2. **Angle and Depth.** Advance to the deposition site, stop and hold the position. Inform the examiners when at the optimum depth and angle. The Candidate must wait until instructed to proceed.

3. **Aspiration.** Aspirate and announce if the aspiration is positive or negative. If the aspiration is negative, the Candidate will be instructed to proceed and deposit the anesthetic solution. WREB requires that a Candidate aspirate on one (1) plane. There is no penalty if aspiration is on two (2) planes.

4. **NEW-Deposition Rate.** Once instructed to proceed, inform the Examiners when beginning to deposit the anesthetic. It is not necessary to deposit the entire cartridge since the Patient is not being anesthetized for clinical procedures. The Candidate will be instructed when to stop and withdraw.

WREB Reminder - No Faculty Allowed Onsite at Examination Sites

WREB does not permit faculty or educators to be present on the premises during the examinations. Enforcing this policy, will assure that the exam process is consistent from site-to-site and fair for all Candidates. Please note, this policy does not prohibit onsite faculty from working in their office, away from the reception area and examination clinics, while the exam is being administered.

For Dental exam questions: dentalinfo@wreb.org

For Dental Hygiene, Local Anesthesia and Restorative exam questions: hygieneinfo@wreb.org

For general WREB questions: generalinfo@wreb.org

CITA

DENTAL CANDIDATES : INFO

DOWNLOAD EXAM MANUALS

Registration for all 2017 Exams will open September 1, 2016. Please see the Exam Schedule for a complete list of all currently scheduled exams. CITA may add exams as the year progresses, so keep checking back for more opportunities!

TYPODONTS

Based on the hosting facility, candidates will be tested using either the Acadental ModuPro typodont or a typodont manufactured especially for CITA by Kilgore International.

Please confirm which typodont will be used at the chosen location from the *Facility Information Sheet* available under the *Documents* tab of BrightTrac prior to ordering a practice model.

To order practice typodonts or additional teeth, please select from the following:

CITA-EP KIT-COMPLETE TESTING KIT - KILGORE

CITA PROSTHODONTIC TEETH - KILGORE

ACADENTAL MODUPRO EXAM PRACTICE KIT or ENDODONTIC TEETH

****Note: Endodontic teeth (#8 and #14) are the same for both typodonts. These are manufactured and must be purchased directly from Acadental.****

SELECT YOUR STATUS TO BEGIN:

D3

D4 (Final)

RESIDENT

GRADUATED

INTERNATIONAL

CIF FORMAT

CITA allows D3 students to participate in the manikin parts of the ADEX dental exam. Educators and students have favored the administration of the manikin examination during the junior year of study due to the fact that the manikin examination is closer to the students' pre-clinical laboratory experience in working with typodont simulation. The Curriculum Integrated Format (CIF) is the pre-graduation format of the ADEX Dental Examination Series for D3 (junior) and D4 (final year) dental students of record. Both the Curriculum Integrated Format and the Traditional Format examinations are identical in content, criteria, and scoring. The major difference between the two formats is in the sequencing of examination sections. In the Curriculum Integrated Format, examination parts are administered over the course of an eligible dental student's D3 and D4 (or final) years. Beginning July 1 of a candidate's D4 (or final) year, candidates have 18 months within which they must successfully complete all parts of the dental licensure exam. Therefore, D3 candidates can take the manikin portions of the exam before their 18-month time line begins.

TRADITIONAL FORMAT

In the Traditional Format, the manikin-based and patient-based examination sections are administered in their entirety at each site over the course of two consecutive days. D4 (final year), Resident/Graduate dental students, internationally trained dental students, and those candidates who have already graduated dental school may sit for all parts of the dental examination. Candidates participating in the Traditional Format have 18 months from the time they first attempt any of the 6 parts of the ADEX Dental Licensure Exam within which they must successfully complete all parts of the ADEX Dental Licensure Exam in order to be eligible for licensure.

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American Board of Dental Examiners

ADEX

PATIENT-BASED DENTAL EXAMINATION

Periodontal/Scaling and Restorative Sections

2016 CANDIDATE MANUAL

Administered by:

CITA

Council of Interstate Testing Agencies, Inc.
1003 High House Road, Suite 101
Cary, NC 27513
www.citaexam.com

Please read this manual in detail prior to attending the examination

The ADEX Dental Examination Series

MANIKIN-BASED

III. Examination Content

The Examination

A. Fixed Prosthodontics Exam:

The prosthodontics examination (limited to four hours) is followed by the endodontics examination (limited to three hours). If a candidate finishes the prosthodontics procedures early, he/she may proceed to the endodontics procedures without waiting. However, the candidate will only be allowed the standard three hours for this section. In any case, before proceeding to the endodontics procedures, a CFE must be requested to check the completion of the three prosthodontics procedures and assist in mounting the endodontics typodonts in the typodont head.

1. Important Notes about the Prosthodontics Examination Preparation

Air/Water spray: Although candidates may use both air and water spray, candidates should use **only air** when preparing the teeth. If water spray is utilized, a mechanism to collect and remove the water must be in place during the use of the water spray.

Patient simulation: The correct patient/operator position must be maintained while operating. Throughout the manikin procedures, the treatment process will be observed by CFEs and evaluated as if the manikin were a patient. Manikins are not required to wear protective eyewear but are subject to the same treatment standards as a patient. The facial shroud may not be displaced other than with those retracting methods that would be reasonable for a patient's facial tissue.

Assigned teeth: Only the assigned teeth may be treated. If the candidate begins a procedure on the wrong tooth, he/she **must** notify the CFE immediately.

Security requirements: No written materials may be in the operating area other than a copy of the candidate manual or parts thereof, notes written on these copies, and pertinent examination forms.

Assistants: Auxiliary personnel are **not** permitted to assist at chairside or in a laboratory during the manikin-based examination sections. Candidates may not assist each other or critique or discuss one another's work.

2. Fixed Prosthodontics Examination Procedures (FOR CITA MODEL)

During the Fixed Prosthodontics Examination Section, the candidate will perform:

1. Preparation for a PFM crown as one 3-unit bridge abutment (#5 on both Kilgore/Nissin typodont and Acadental typodont)
2. Preparation for a full cast crown (#3 on both Kilgore/Nissin typodont and Acadental typodont) as the other abutment for the same 3-unit bridge – both preps must be parallel
3. Preparation for a ceramic crown (#9 on both Kilgore/Nissin typodont and Acadental typodont)

Prohibited materials: Impressions, registration, overlays, pre-made stents, clear plastic shells, models, extra teeth, or pre-preparations are not permitted to be brought to the examination site. **Failure to follow these requirements will result in confiscation of the materials as well as dismissal from and failure of the examination.**

Isolation dam: No isolation dam is required for the crown preparations.

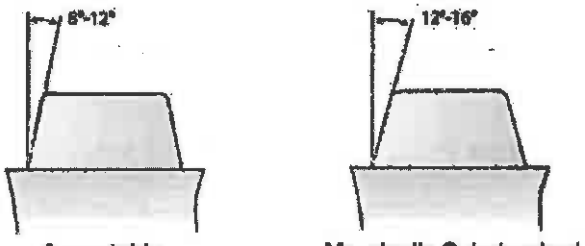
Margins: If the simulated gingival margin is recessed below the CEJ, prepare the margins to within 0.5 mm of the CEJ. The lingual margin for the porcelain-fused-to-metal crown should be prepared for a metal margin, 0.5 mm.

The lingual margin on the porcelain-fused-to-metal crown preparation should be prepared to receive a metal margin. The transition from the facial shoulder to the lingual margin should begin to occur at the interproximal-buccal line angles.

Occlusal reduction: The tooth for the porcelain-fused-to-metal crown should be prepared for a porcelain occlusal surface with an optimal occlusal reduction of 2 mm. For the full cast metal crown preparation, the occlusal reduction is optimally 1.5 mm.

Equilibration prohibited: No equilibration will be permitted on the typodont prior to or subsequent to any crown preparation.

Taper: To taper is defined as to gradually become narrower in one direction. For the purposes of this examination the requirements for tapering are illustrated below:



Taper greater than 16 Degrees is considered Critically Deficient

Note: Candidates who finish the prosthodontics procedures early and have completed the check-out from that part may proceed to the endodontics procedures without waiting; however, the three-hour time limit for the endodontics procedures will still

apply. Candidates must notify the CFE if after finishing the Prosthodontics procedures early, they wish to begin the Endodontics Section. The CFE will guide the candidate through changing the modules, typodont mounting and will then note the start-time and finish-time on the candidate's Progress Form.

3. Prosthodontics exam flow

By 7:45am candidates must have in their possession all necessary instruments and materials to begin the FIXED-PROSTHODONTICs examination.

Between 7:45am and 8:30am, Clinic Floor Examiners will assist candidates with preparing for the Fixed-Prosthodontics Examination. The Fixed-Prosthodontics Examination will begin at 8:30am. Candidates may NOT begin the Fixed-Prosthodontics Examination until instructed by the Clinic Floor Examiners. All candidates will discontinue treatment by 12:30pm. Failure to discontinue treatment of the Prosthodontic Section by 12:30pm is a breach of examination protocol and will result in dismissal from the examination. Between 12:30pm and 12:45pm, candidates must have a Clinic Floor Examiner assist in the dismantling of the typodont and submit the Prosthodontic modules to the check-out station.

At 8:30am. Fixed-prosthodontic treatment begins for all candidates. There is no extension of time due to starting treatment after 8:30am. Candidates **MUST** complete the Fixed-Prosthodontics Examination by 12:30pm.

When the candidate has finished the prosthodontic portion of the examination, the candidate must first obtain permission from the Clinic Floor Examiner (CFE) to dismantle the typodont. A CFE will come to the candidate's clinic area, oversee the dismantling of the typodont, and assist the candidate in submitting the carrier trays and typodonts to the desk coordinator at the check-out station.

B. Endodontics Examination Procedures (FOR CITA MODEL)

During the Endodontics Examination, the candidate will perform:

- An access opening on a posterior tooth (#14 on both the Kilgore/Nissin typodont and Acadental typodont). Candidates must achieve direct access to all three canals.
- An access opening, canal instrumentation and obturation on an anterior tooth (#8). Tooth #8 is considered to have a normal size pulp chamber for a 21 year old. The size, shape, and extent of the prepared access opening should reflect such anatomy and will be graded accordingly. Canal instrumentation to a minimum size equivalent with a 35-40 file on the #8 endodontic tooth (Kilgore/Nissin typodont) will be required prior to obturation.

1. Important Notes about the Endodontics Examination

Radiographs: Since the tooth length is directly measured prior to the procedure, no radiographs are utilized before or after treatment.

Isolation dam: The use of an isolation dam is required for each endodontic procedure (two isolation dams, one for each tooth treated). **An isolation dam clamp should not be placed on the teeth on which the endodontic procedure is performed, as doing so may cause the crown to separate from the root of these manikin teeth.** Clamping of adjacent teeth or ligation is the acceptable methodology to be employed. All treatment must be done with the dam in place.

Instruments: Other than the instruments and materials provided by the testing site, the candidates are responsible for providing the instruments, files, and materials of their choice. Rotary instruments are permissible during the Endodontics Section.

Prohibited treatments: On the anterior tooth, the use of warm gutta-percha or carrier-based, thermo-plasticized gutta-percha techniques should not be used, as they may cause damage to the plastic endodontic tooth.

Tooth Fractures: If the anterior endodontic tooth fractures during filling, the treatment should be continued/completed. If the crown fractures during treatment, contact a CFE immediately.

Reference point: The cemento-enamel junction (CEJ) on the facial surface should be used as the reference point to determine the fill depth in the pulp chamber.

Filling material: No temporary filling material, cotton pellet or restorative material should be placed in the pulp chamber.

2. Endodontics Exam Flow:

By 12:45pm candidates must have in their possession all necessary instruments and materials to begin the Endodontics examination. Candidates must be ready to set-up for the endodontics examination at 12:45pm. Between 12:45pm and 1:30pm the CFE will verify that

1. The tooth for the endodontic fill has been measured and secured in the typodont;
2. The manikin head is properly assembled; and
3. Any defective equipment or materials have been identified and corrected or replaced. The endodontics examination will begin at 1:30 pm. Candidates may NOT begin the endodontics examination until instructed by the CFEs.

When the candidate has finished the endodontics procedures, the candidate should request a Clinic Floor Examiner (CFE) who will oversee the dismantling of the typodont and assist the candidate in submitting the carrier trays and typodonts at the check-out station.

C. Examination Check-out

Once all attempted procedures have been completed, follow the steps below:

1. Request a CFE to confirm that you have completed all procedures
2. Collect the items below and place them in the white envelope provided to you at exam day registration:
   a. Completed *Progress Forms* (the Fixed Prosthodontics and Endodontics *Progress Forms* are submitted with the typodont to the CFE)
   b. Photo ID badge
   c. Color-coded cubicle ID cards (2) (IF APPLICABLE)
   d. Extra labels
   e. Survey

Candidates will NOT be dismissed from the examination site until they have completely checked out with a desk coordinator at the assigned check-out station. Candidates should request the help of a CFE if they need assistance with the check-out process

The ADEX Dental Examination Series

PATIENT-BASED

III. Examination Content

The Examination

A. General Administrative Flow

Candidates will begin their clinical day by attending the exam-day registration (see *Part I: Examination Overview* for further details about what to bring to this registration). **All patients and assistants MUST remain in the assigned waiting room area during exam-day registration! Only candidates attend the exam-day registration.** Following the exam-day registration period, candidates will use the materials given to them in their candidate packet to identify their operatory number and place their instruments and supplies, along with their patient, in their assigned operatory. During the set-up period, Clinic Floor Examiners (CFEs) will be available in the clinic area to answer candidates' questions regarding procedural issues.

When candidates are ready to present their patients and the associated documents and forms for approval, they should request a CFE who will, at the candidate's operatory begin the patient/paperwork and medical history approval process. Should the review uncover an error or deficiency in candidate patient presentation, the candidate, if appropriate, may be allowed to correct such deficiency and re-submit the patient for approval. Candidates will not be allowed to proceed with treatment until their patient and documents have been approved.

When candidates are ready to submit their patients for lesion approval, evaluation, or a Modification Request they must gather all required forms, including a completed *Progress Form/Evaluation Station Request Form*, radiographs (if not submitted electronically prior to exam; see section on radiographs for further details), patient health history form, and consent form and place them in a candidate folder which will be provided at the test site. There will be a table designated in the clinic as the Blue Station (paperwork review). The folder with all required materials will be presented to a desk coordinator at this Blue Station (paperwork review) who will review the forms submitted. This is a review to ascertain that the required documents are present and does not substitute for the approval process which has been conducted by a Clinic Floor Examiner on the clinic floor.

If the documents are complete and meet the requirements for the evaluation or process being requested, the candidate will be issued a procedure card which will be placed in the front pocket of the candidate folder so that it is easily visible.

Upon receipt of the procedure card the candidate will move to the Green Station (electronic check-in) where a desk coordinator will enter the procedure the candidate is wishing to have evaluated into the electronic system. If an operatory is available in the Evaluation Station, an escort will take the folder and paperwork to the candidate's operatory and then escort the patient to the evaluation station. If an operatory is not available, the candidate should then return to his/her operatory and have the folder and the required instruments ready for the arrival of an escort who will take the patient to the Evaluation Station when an operatory is available. Candidates may NOT bring their patients to the paperwork review station for paperwork acceptance. Failure to have the required instruments may result in a penalty

being assessed to the candidate. CITA advises candidates to consult their manual(s) for a list and description of the instruments required for each visit to the Evaluation Station.

Once the patient is returned from the Evaluation Station, the candidate should check the paperwork to see that all forms have been completed and have been stamped with either a green "✓" or a red "X" stamp. The candidate should also note the presence or absence of an *Instruction to Candidate Form* which must, if present, be reviewed with a Clinic Floor Examiner.

B. Testing Schedule Overview – Restorative and Periodontal/Scaling

See pg. 8 of this manual for a chart of the exam timeline AND see the Procedure Flow Charts on pgs. 101-102, as well as via your online candidate profile

C. Procedures

Sequence of Treatment - Candidates may begin with either a restorative procedure or the periodontal/scaling procedure. Once the initial procedure is completed, the candidate may begin the remaining two procedures in whichever order he/she desires, unless both lesions were approved on the same patient at the same lesion approval submission.

Instruments submitted with the patient to the Evaluation Station must be fully functional. Mirrors that are clouded, tinted, or unclear and explorers that are not fine and sharp will be rejected, and the candidate will be required to submit new instruments.

D. Communication From Examiners

Candidates may receive instructions (*Instruction to Candidate Form*) from the examiners in the Evaluation Station to resubmit a treatment selection or to modify their treatment. A CFE should deliver this instruction and will check to see that the candidate understands its contents.

Candidates who receive an *Instruction to Candidate Form* should not assume that they have failed. It is possible to pass the examination after being instructed to modify a procedure. Conversely, candidates who receive no instructions to modify procedures should not necessarily assume that their performance is totally satisfactory or will result in a passing grade. In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether each candidate has passed or failed a specific examination.

E. Check-Out Procedure for ALL Examination Procedures

Upon completion of all procedures, candidates must pick up a *Check-Out Form* from the paperwork table located in the clinic area. Candidates are to use this checklist to compile their papers (in the order listed on the *Check-Out Form*) to place in their individual white envelope, making sure to verify that the green patient dismissal area on each *Progress Form* has been signed by a CFE. If there are missing signatures, a CFE should be notified immediately.

Once the candidates have compiled their forms for check-out in the proper order, they may approach the check-out station with their white envelope and all associated materials to be turned in (see list below). A desk coordinator will be stationed at the check-out station to verify that the candidate has indeed organized their forms in the proper order, and that all forms are complete.

****Do not approach the check-out station until all forms have been completed and have been placed in the order listed on the *Check-Out Form*.****

Candidates MUST check out in order to have their performance scores released.

The following items **must be submitted in the provided white envelope and accounted for prior to dismissal from the examination site:**

- Pre-operative and post-operative (if requested during the examination) radiographs of teeth restored during the examination must be submitted and clearly marked for identification
- Completed *Progress Forms/Evaluation Station Forms*
- Patient Consent Form(s)
- Medical History Form(s)
- ID badges for candidate and assistants (remove from plastic holder)—IF NOT TAKING ANY MANIKIN PROCEDURES
- Cubicle card

1.866.678.9795 HOME ABOUT DOWNLOAD FORMS EXAM SCHEDULE

CITA

DH CANDIDATES : INFO

Registration for all 2017 Exams will open on September 1, 2016. Please see the Exam Schedule for a complete list of all currently scheduled exams. CITA may add exams as the year progresses, so keep checking back for more opportunities!

CITA will be offering both the ADEX Hygiene exam in 2017. Please check the hygiene schedule to see which exam best fits your schedule.

APPLICATION PROCESS

DOWNLOAD APPLICATION FORM

CREATE CANDIDATE PROFILE

Dental Hygiene Exams

DOWNLOAD EXAM MANUALS

Candidates should contact the Dental Board where they plan to apply for licensure to confirm which hygiene exams are accepted in their state.

CITA Hygiene Exam

The CITA Dental Hygiene Licensure Examination consists of one component - the Patient Treatment Clinical Exam (PTCE). The Computer Simulated Clinical Examination (CSCE) is optional but is required by some dental boards. This examination has been developed and is revised as needed by the CITA Board of Directors and the Members of CITA. These individuals have considerable content expertise upon which to draw, and also rely on Job Task Analysis, practice surveys, current educational curricula, standards of competency, published literature and textbooks on psychometric principles, and the American Association of Dental Examiners' (AADE) publication entitled "Guidance for Clinical Licensure Examinations in Dentistry" to assure that the content and protocol of the examination are current and relevant to the practice of dental hygiene.

ADEX Hygiene Exam

The ADEX Dental Hygiene Licensure Examination consists of two components - the Patient Treatment Clinical Exam (PTCE) and the Computer Simulated Clinical Examination (CSCE). The ADEX Dental Hygiene Examination is the examination approved by The American Board of Dental Examiners, Inc. (ADEX). ADEX is a private not-for-profit consortium of state and regional dental boards throughout the United States and some international jurisdictions. The ADEX provides for the ongoing development of a series of common national dental and dental hygiene licensing examinations. These exams are uniformly administered by individual states or regional testing agencies on behalf of participating and licensing jurisdictions.

NOTE: ALL FEES LISTED BELOW ARE FOR NON-STUDENTS OF RECORD. STUDENTS OF RECORD MAY HAVE DIFFERENT FEES ASSESSED. PLEASE SEE THE FACILITY AND STAFFING FEES FOR FURTHER DETAILS.

DENTAL HYGIENE EXAM COSTS

Hygiene Exam	School	Facility Fee	Staffing Fee	Total	
$950	GTCC	$250	$275	$1475	Site Information
$950	LSU	$150		$1100	Site Information
$950	UAB	$250	$275	$1475	Site Information
$950	UNC	$275	$275	$1500	Site Information
$950	A-B Tech	$200	$275	$1425	Site Information
$950	VCU	$125		$1075	
$950	Lamar	$100		$1050	
$950	UT	$150		$1100	

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Examination Overview

A. Examination Content

The examination consists of a patient-based examination. CITA no longer requires candidates to send their National Board scores to the CITA office. Candidate scores will be sent to the state boards upon successful completion of the patient-based exam.

The CITA examination has been developed, and is revised as needed, by the CITA Board of Directors and the Members of CITA. These individuals have considerable content expertise upon which to draw, and also rely on its Job Task Analysis, practice surveys, current educational curricula, standards of competency, published literature and textbooks on psychometric principles and the American Association of Dental Examiners' (AADE) publication entitled *"Guidance for Clinical Licensure Examinations in Dentistry"* to assure that the content and protocol of the examination are current and relevant to the practice of dentistry. Determining the examination content is also guided by such considerations as patient availability, logistical restraints, and the potential to ensure that a skill can be evaluated reliably. The examination content and evaluation methodologies are reviewed on an ongoing basis and are revised annually.

B. Examination Schedule

1. *Dates, Sites and Registration Deadlines*

Specific examination dates, exam sites and registration deadlines for a participating dental or dental hygiene school can be found on the CITA website.

2. *Timely Arrival*

Candidates are responsible for determining their travel and time schedules to ensure they can meet all CITA's time requirements. The candidate is expected to arrive at the examination site at the designated time stipulated in the published schedule for that particular examination. Failure to follow this guideline may result in failure of the examination.

Once the exam has closed (30 days prior to the first day of the exam) Candidates will be informed via email to check their profile as to the date and session (AM or PM) on which they are to take the examination. Candidates should note that the dental hygiene patient-based examination procedures have specific time restraints, and all procedures for the examination must be completed within the allotted time. The charts in this manual are samples of the timelines of this examination; however, examination schedules are not finalized until after the examination application deadline.

Candidates should consider the fact that the time allowed for completion of the examination **INCLUDES THE TIME DURING WHICH PATIENTS WILL BE AT THE EVALUATION STATION** and thus should plan their time accordingly. As such, this time may vary according to the procedure being evaluated, the testing site, and the number of candidates.

Dental Hygiene Examination Schedules

AM Session	Hygiene
6:30 AM	Candidate Registration
6:45 AM	Q & A
7:00 AM	Patient Set Up. Pre-Treatment may start after case acceptance.
8:00 AM	Treatment Begins
10:15 AM	Pre-Treatment Ends
11:00 AM	Exam Ends. (Candidate must be checked-in for Post-Treatment)

PM Session	Hygiene
12:00 PM	Candidate Registration
12:15 PM	Q & A
12:30 PM	Patient Set Up. Pre-Treatment may start after case acceptance.
1:30 PM	Treatment Begins
3:45 PM	Pre-Treatment Ends
4:30 PM	Exam Ends. (Candidate must be checked-in for Post-Treatment)

C. Interpreters

Candidates can employ the services of an interpreter for their patients who do not speak English or who are hearing impaired with a hearing loss which cannot be corrected. (This is particularly important when the patient has a history of medical problems or is on medications). Interpreters may be related to a patient, but in all cases an interpreter must be at least eighteen (18) years old (nineteen [19] years old in Alabama and twenty one [21] years old in Puerto Rico).

Candidates may not share an interpreter during the examination. All interpreters that are utilized by a candidate during the course of the examination will be required to wear a photo identification badge. All interpreters that are utilized by a candidate during the course of the examination will be required to wear a photo identification badge. Bring to the exam-day registration one (1) passport-size photograph of your requested interpreter taken within the last six (6) months at a local post office, drug store or similar venue, along with a completed *Interpreter Form*. Affix the approved photo to the interpreter badge (available to candidates during exam-day registration). Interpreters will be required to wear the identification badge at all times while on the clinic floor and assisting the patient in the evaluation station. An interpreter will be not be permitted to assist a candidate and his/her patient if he/she does not have a CITA-issued photo identification badge. After you deliver the badge to your interpreter, keep the *Interpreter Form* with you, and remind your interpreter to keep his/her photo ID on his/her person during the set-up period, as an authorized CITA Exam Team official will come to your operatory, verify your interpreter's identity, and collect the *Interpreter Form*.

Candidates are responsible for the conduct of their interpreter during the examination. While there is no strict dress code for interpreters, candidates must be mindful of the fact that the examination site is a professional setting and all personnel should be appropriately dressed. Inappropriate dress would include

DENTAL CANDIDATE MANUAL

American Board of Dental Examiners (ADEX)

ADEX

Dental Examination series

2016

(rev. 9-6)

Approved by
American Board of Dental Examiners, Inc.

As Administered by:

The Commission on Dental Competency Assessments
1304 Concourse Drive, Suite 100
Linthicum, MD 21090
www.cdcaexams.org

II. General Information, Overview of the examination

PURPOSE:

The purpose of the ADEX examination series is to provide the licensing authorities (dental boards and other licensure authorities) of states and other jurisdictions with uniform, accurate third party assessments of the clinical competency of individual candidates for dental licensure. The ADEX Examination Series is widely accepted for use in the dental licensure process in jurisdictions throughout the United States and in Jamaica. Candidates should confirm with the individual jurisdiction(s) where they wish to be licensed, whether the ADEX Examination Series is accepted in that jurisdiction.

METHOD:

Clinical competence is measured using didactic (testing center-based) and performance (clinic-based) examinations. For the performance examinations, trained examiners use specific criteria to assess clinical competence. The criteria used for the performance examinations can be viewed in the two candidate manuals for the clinic-based examinations (Sections IV and V of this manual).

ADEX EXAMINATION SERIES:

There are five examinations in the 2016 ADEX examination series:

Diagnostic Skills Examination *("DSE", a computer-based examination)*
Endodontics Examination (a simulated patient-based examination in a clinical setting)
Prosthodontics Examination (a simulated patient-based examination in a clinical setting)
Periodontics Scaling Examination (a patent centered examination in a clinical setting)
Restorative Dentistry Examination (a patient centered examination in a clinical setting)

SCHEDULING: For information about ADEX examination sites, dates and fees, visit CDCA at www.cdcaexams.org or CITA at www.citaexam.org

Scheduling the DSE:

The computer-based Diagnostic Skills Examination (DSE) is taken at a computer-based testing center and scheduled by you, the **"Candidate"** at a time of your choosing.

Scheduling the Clinic-Based Examinations – SCHEDULING FORMATS:

The clinical setting examinations are available in three scheduling **"formats"**:

Curriculum Integrated Format – "CIF" (available during the fall, winter and spring of a dental student's senior year, to allow for multiple opportunities to challenge the examination series before graduation and to challenge portions of the examination series at times appropriate to the student's readiness for each portion; candidates normally take the exams given in this format at their own school clinics). For the Curriculum Integrated Format, the two simulated patient based examinations are given separately, usually months or weeks apart from the patient based examinations.

Curriculum Integrated –"Buffalo Model" Format (also available multiple times during a student's senior year, but more individually tailored to each student's readiness and

integrated within the framework of a student's faculty-approved treatment-planned school clinic caseload. Any necessary further treatment of a patient or remedial treatment becomes integrated to the student's faculty-supervised treatment plan for that case; candidates take examinations in this format at their own school clinics)

Traditional Format (available several times each year, for senior dental students or for graduates of dental schools. Examinations in the Traditional Format are given at several different host-school sites and candidates for the examinations may apply to take the examinations at any of the available sites.) For the Traditional Format, the two patient based examinations and the two simulated patient examinations are given over two consecutive days.

All three formats of the clinical setting examinations are identical in content, criteria and scoring. They differ only in the manner in which they are scheduled and the degree to which they are integrated into each student's educational program.

ELIGIBILITY FOR EXAM FORMATS:
Students, or graduate students attending a dental school accredited by the American Dental Association Commission on Dental Accreditation, or the Commission on Dental Accreditation of Canada, or a dental school in Jamaica are eligible to take the examination series in either of the **Curriculum Integrated Formats** if certified by the school that the candidate is sufficiently prepared to participate. Students of schools not offering the CIF format, or graduates of US dental schools are not eligible to take a CIF format examination and should apply to take a **Traditional Format** examination. International graduates must first receive permission from an individual state dental board before they may apply to take the examination and results of these examinations may only be sent to the authorizing state dental board.

CURRICULUM INTEGRATED FORMAT 18 MONTH RULE:
All examinations of the ADEX Examination Series must be successfully completed within 18 months, beginning on July 1 at the beginning of the senior year and ending on December 31 of the graduation year. If the candidate is held back a year, the time starts on July 1 of the final year. If any examination in the series is not successfully completed within the 18 months, all examinations of the series must be retaken using the Traditional Format.

TRADITIONAL EXAMINATION 18 MONTH RULE: Candidates may take the examination in the traditional format up to three times during an 18-month exam period. All sections must be successfully completed within 18 months after taking the first examination in the series (whichever examination the candidate elects to take first, including the DSE). Otherwise all examinations of the series must be retaken in the Traditional Format.

THREE-TIME FAILURE RULE:

The candidate may apply to retake each failed or incomplete examination of the examination series at the next available examination opportunity. A candidate may attempt each examination within the series up to three times within the 18 month period. If a candidate does not successfully complete any individual examination within the series, in three attempts within the 18 month period, the entire series must be retaken.

To retake any portion of the examination series, the candidate must re-apply at http://www.cdcaexams.org/apply , update their CDCA profile and submit the applicable fees.

GENERAL FEATURES OF THE CLINIC-BASED EXAMINATIONS:

The clinical setting examinations (simulated patient-based and patient centered) have some common features in terms of general protocol. You, as a candidate, are asked to perform basic dental procedures in a clinic setting, at a dental school, without help from faculty or peers, and your treatment is evaluated at prescribed stages. The procedures you are asked to perform have been selected on the basis of an **occupational analysis.** They are some of the procedures most commonly performed during the first five years of a dentist's practice. You are deemed to have successfully performed a procedure if you perform at or above a prescribed level of competence for that procedure. When you have successfully completed all sections of the ADEX Dental Examination Series, you have passed the entire examination and are designated as having achieved **"ADEX Status".**

EXAMINERS:

Candidate performance in the clinical setting examinations is evaluated by Dental Examiners. All examiners for the ADEX clinical setting examinations are licensed dentists. They are trained, tested and subject to quality assurance reviews of their performance. Dental Examiners come from general practice backgrounds and from all of the dental specialties. Dental educators are prohibited from acting as ADEX examiners at their own schools. More specific information about the roles of dental examiners and your interactions with them is included in the individual manuals for the clinic-based examinations.

PREPARING FOR THE EXAMINATIONS:

Some preparatory work is required for the patient based examination. You are required to provide patients for the procedures you will be performing and to perform diagnostic procedures to support the need for treatment for your patients. You will need to complete some forms prior to the examination. And you may need to bring some instruments or equipment to the examination, depending on what is or is not supplied by the facility (dental school) hosting the examination. Specific instruments used in treatment are your choice, unless specifically prohibited in this manual. Instruments sent for use by the examiners are specified. Details are given in the individual manuals for each clinic based examination.

DATES, TIMES, CANDIDATE IDENTIFICATION:
You will be assigned dates and times for taking the clinic- based examinations and you will be assigned a **Candidate ID number** and a **Candidate Sequential number** after you have applied to take the examinations and paid the examination fee. These ID numbers will be used throughout the examination process to identify you, your patients or simulated patients, your work space, your forms, radiographs, instrument packs (if using your own instruments), all electronic data entry pertaining to you or your patients, tracking your progress through the examination, scoring evaluations of your performance and reporting your scores. Your ID numbers will be assigned prior to the examination, as noted above, and will be shown on your registration confirmation, which will be available in your Candidate profile at the CDCA website (CDCAexams.org). You must either bring a print-out of that registration confirmation (showing your ID numbers) or an electronic device displaying that message when you present for your Candidate Orientation session (see below) on the day preceding any of the clinical setting examinations.

OTHER REQUIRED ID:
You will also need to bring two forms of ID, one must be an official picture ID; both must have your signature. Examples of acceptable official IDs are current valid driver's licenses, passports, military ID or official school ID. A secondary form of ID would be a credit card or voter registration card. A social security card is not considered a valid ID for this purpose. If your name has recently changed bring a copy of the marriage certificate or court document to the examination.

CANDIDATE ORIENTATION SESSION:
There is a Candidate Orientation session preceding each of the clinical setting examinations. It is given by some of the examiners who will be working with you during the examination. It is usually held in the evening, on the day preceding the first examination day at each site. The time and location will be communicated to you by the examination coordinator at the school. At the orientation session you will receive a packet of materials, which are required for the examination, including a required **ID badge**, some of your **required forms** and a sheet of personal **ID labels** (peel-off labels) required for use on all hard copy materials you submit during the examination. An orientation power point program is shown which reviews important aspects of the examination process followed by a question and answer session.
The picture ID badge that you receive at your candidate orientation session becomes your admission badge on the examination days and you must wear it at all times during the examination.
Proper completion of required forms for each exam is discussed later in this manual, in the Appendix. See also discussions of required forms in the sections for each examination.

EVALUATION AND SCORING: Sometimes, the completed treatment for the simulated patients is evaluated and scored off-site at a central location, by teams of examiners trained for that purpose. At some examinations, usually those in the Traditional Format, the evaluations are done on site, after the examination has been completed for each candidate.

Evaluations and scoring of candidate performance in the patient centered examinations are always done on-site. Evaluations are made at specified steps as a candidate progresses through each exam procedure. This will be explained in the individual manual for the patient centered examination

(Candidate Manual for the ADEX Periodontal Scaling and Restorative Dentistry Examinations, which is Section V of this Complete Manual).

Evaluations are made in a **"triple blind"** manner. Three examiners must independently evaluate each exhibit of candidate performance and enter their evaluations electronically into the examination data bank. Each examiner is unable to see the evaluations of the other two examiners for any exhibit. They are prohibited from discussing their evaluations during the examination. Examiners are randomly assigned by a computer, so that the same three examiners do not repeatedly examine the same preparations or restorations. Evaluations are made according to **defined criteria.** The criteria used can be viewed in this manual, in the section appropriate to the specific examination. A performance level is **electronically computed** for each item evaluated, based on the entries of the three examiners. An overall score is computed for each procedure.

EXAMINATION SCORING SYSTEM

The scoring system, for the clinical examinations of the ADEX series, is based on pre-established criteria. Parts within the examinations are graded independently (Endodontics, Prosthodontics, Anterior Restoration, Posterior Restoration, and Periodontal Scaling. A Candidate must demonstrate competence in each part required for licensure for that Candidate. (However the Periodontal Scaling Examination is an optional examination for Candidates.) A poor or failing performance in one part is not compensated for by a good performance in the others. In addition, the candidate must pass the computer based Diagnostic Skills Examination in order to pass the overall examination.

To pass the ADEX examination series the candidate must score 75 or higher on each of the four (or five) required parts. While only state boards of dentistry can legally determine the standards of competency for licensure in their states, ADEX has recommended a score of 75 to be a demonstration of sufficient competency, and the participating state dental boards have agreed to accept this standard.

General descriptions of the levels of evaluation are as follows:

- **Acceptable:** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill.
- **Marginally Substandard:** The treatment is of poor quality, demonstrating less than desirable clinical judgment, knowledge or skill.
- **Critically Deficient:** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill.

A rating is assigned for each criterion in every procedure by three calibrated, independent examiners, as previously noted. Based on the level at which a criterion is rated by at least two of the three examiners, points will be awarded to the candidate. If none of the three examiners' ratings are in agreement, the median score is assigned. However, if a criterion is assigned a rating of critically deficient by two or more examiners, no points are awarded for that procedure or for the examination section.

PHYSICAL ORGANIZATION OF THE EXAMINATION SITE:
For the clinic-based examinations, the school clinic spaces being used for the examination are divided into three areas:

1. A patient treatment clinic area, for candidates and patients (called the **"Clinic Floor"**)

2. An evaluation clinic area, for evaluating the results of candidate performance (called the **"Evaluation Station"**)

3. An administrative area, called the **"Administrative Desk"** which is the electronic control hub of the examination. It is located between the Clinic Floor and the Evaluation Station, in close proximity to, but outside of the Evaluation Station. It is the link and also the boundary between the Clinic Floor and the Evaluation Station, as explained below.

ISOLATION OF THE EVALUATION STATION AND CANDIDATE ANONYMITY:
The team of dental examiners is also divided into those who are present with examination candidates and patients in the treatment clinic area (**Clinic Floor Examiners**) and those who are present in the evaluation clinic area (**Evaluation Station Examiners**). Those two areas, and those two types of examiners, are isolated from each other at all times during the examinations. All interaction between those two areas occurs at the Administrative Desk.

Examination candidates and Clinic Floor Examiners are not permitted in the Evaluation Station at any time. Evaluation Station Examiners are not permitted in the treatment clinic area, at any time, and must not come into contact with candidates while the examination is taking place. Evaluation Station Examiners and Clinic Floor Examiners may not discuss candidate performance with each other during the examination. Evaluation Station Examiners may not see the names of candidates or know anything about them while the examination is proceeding. **Candidates are identified by ID number only during the examination.**

OTHER EXAMINATION PERSONNEL:

Chief Examiners:
In each examiner team, one of the examiners is designated to serve in an administrative role for the examination and is referred to as the **Chief Examiner.** There may also be additional Chief Examiners serving as **Assistant Chief Examiners** at larger examinations. Those examiners do not evaluate and score candidate performance. They are responsible for coordinating with the school and making arrangements for the examination and also for general oversight of the examination. They are the only examiners permitted to move between the Clinic Floor and the Evaluation Station or to communicate with examiners in each area when it is necessary for administrative purposes or to resolve problems. They are the only examiners with access to the names of candidates, if needed for administrative purposes (such as admission to the orientation session and examination).

Non-Examiner Personnel:

For the patient centered examinations, non-examiner personnel are recruited and employed by the testing agency to help on the examination days as **Examiner Assistants.** They are either students or staff at the host school who expedite the examination process in important ways. Some, referred to as **"runners"**, escort patients from the Clinic Floor to the Administrative Desk near the Evaluation Station at the request of candidates or Clinic Floor Examiners (when patients are sent for evaluation of the candidate's performance). The same runners escort patients from the Administrative Desk back to the candidates, at the request of personnel at the Administrative Desk, (when the evaluations have been completed). A separate group of Examiner Assistants escort patients between the Administrative Desk and the individual Evaluation Station cubicles (operatories) and also clean, disinfect and re-prepare the cubicles as patients come and go from the Evaluation Station. Examiner Assistants in the Evaluation Station may not go to the Clinic Floor during the examination. They may only go as far as the Administration Desk. Examiner Assistants from the Clinic Floor may not go into the Evaluation Station during the examination. They also may go only as far as the Administrative Desk. The same principles of examination security, which apply to examiners and candidates, including isolation of the Evaluation Station and anonymity of the candidates, must be observed by these non-examiner personnel, and they are required to sign a confidentiality agreement with the testing agency.

For the specific details of the patient centered examinations, see the individual manual for these examinations, which is Section V of this manual.

III. ADEX DIAGNOSTIC SKILLS EXAMINATION (DSE)

THE MULTIPLE-CHOICE, COMPUTER-BASED DSE IS ADMINISTERED AT A COMPUTER TESTING CENTER UPON AUTHORIZATION BY THE TESTING AGENCY AND CAN BE TAKEN ANY TIME AFTER REGISTRATION AND AUTHORIZATION. THE DSE SECTION MAY BE TAKEN EITHER BEFORE OR AFTER THE CLINICAL AND SIMULATED EXAMINATION SECTIONS.

The DSE is divided into two sections with a short break in between. The two exam sections will cover three subsections (areas of study). Each subsection is designed to progressively assess more complex levels of diagnosis and treatment planning knowledge, skills and abilities:

The Patient Evaluation (PE) subsection is designed to assess the candidate's abilities to recognize critical clinical conditions or situations encountered regularly in the general practice of dentistry (30 items).
The Comprehensive Treatment Planning (CTP) subsection is designed to assess the candidate's abilities to recognize critical clinical conditions or situations encountered regularly in the general practice of dentistry, and also to identify the appropriate treatment options required for the clinical condition or situation depicted in simulations (60 items).
The Periodontics, Prosthodontics and Medical Considerations (PPMC) section is designed to assess the candidate's abilities to recognize critical clinical conditions or situations encountered regularly in the general practice of dentistry and to formulate appropriate treatment options in a more integrated fashion than in the CTP subsection (60 items).
Simulations of patients are made through photographs, radiographs, images of study and working models, laboratory data and other clinical digitized reproductions.

Pilot items Questions that are being tested for use in future versions of the examination may be added but do not affect the score. **Additional time is provided for these items.**

The score for the DSE Section is based on the percentage of items answered correctly and scaled to equate scores from year to year. A scaled score of 75 or higher is required to pass.
There is a total of 100 possible points

Candidates should consider the availability of appointments at Testing Centers when planning to take the DSE. Information will be provided about the testing centers when the candidate receives CDCA authorization to schedule their appointment for the DSE. This will include information about appointment scheduling, arriving at the center and material required. Candidates must follow the rules for conduct of the examination as established by the testing center. Note: A CDCA ID badge is not required to take the DSE computer-based examination.

DSE Test Construction:
The test construction maximizes input from across the United States and avoids emphasis on any concept or procedure that has limited applicability. The ADEX Examination Committee, which is responsible for test development, consists of examiners, educators and other state

dental board and testing agency appointees. In addition, special consultants review the examination before it is finalized. Because of the broad-based approach to test development, no single textbook or publication can be used as a reference. The examination is based on concepts taught and accepted by educational institutions accredited by the American Dental Association or Canadian Commission on Dental Accreditation. Any current textbook relevant to the subject matter of the examination utilized in such institutions is suitable as a study reference.

CONTENT	FORMAT
1. Patient Evaluation (PE) Anatomical identification Pathology of bone/teeth/soft tissue Identification of systemic conditions Radiology techniques/errors Physical evaluation/laboratory diagnosis Therapeutics 2. Comprehensive Treatment Planning (CTP) Systemic diseases/medical emergencies/special care Oral Medicine Endodontics Orthodontics Restorative Dentistry Oral and Maxillofacial Surgery Pediatric Dentistry --- 15 minute break --- 3. Periodontics, Prosthodontics and Medical Considerations (PPMC) Periodontal diagnosis and treatment planning Periodontal treatment and follow-up Prosthodontic diagnosis and treatment planning Prosthodontic treatment and follow-up Medical emergencies Infection control	4 hour appointment at Testing Center Simulated patients presented on a computer. 165 total questions Part I: 114 minutes PE CTP Break: 15 minutes Part II: 78 minutes PPMC

CANDIDATE MANUAL

American Board of Dental Examiners (ADEX) Dental Hygiene Examination

2016

(rev.)

ADEX

American Board of Dental Examiners, Inc.

Approved by:

American Board of Dental Examiners, Inc.

Administered by:

The Commission on Dental Competency Assessments
(NERB is now the CDCA)
1304 Concourse Drive, Suite 100
Linthicum, MD 21090
www.cdcaexams.org

CDCA

INTRODUCTION

American Board of Dental Examiners, Inc.

The American Board of Dental Examiners, Inc. (ADEX) is a private not-for-profit consortium of state and regional dental boards throughout the United States and some international jurisdictions. The ADEX provides for the ongoing development of a series of common national dental and dental hygiene licensing examinations. These exams are uniformly administered by individual state or regional testing agencies on behalf of participating and licensing jurisdictions. The Commission on Dental Competency Assessments (CDCA) is a member of the ADEX and have adopted the ADEX Dental and Dental Hygiene Examinations.

ADEX Mission Statement

To develop clinical licensure examinations for dental professionals.

ADEX's mission is further to develop examinations that:

1. are professionally relevant, defensible and psychometrically sound.
2. identify deficiencies early in the candidate's training to allow for safe and thorough remediation within his/her educational setting.
3. are fair and effectively measure candidates skills in order to verify minimal competency and thus protect the public.

Purpose of the Examination

The purpose of the ADEX Dental Hygiene Examination is to provide state dental boards with a uniform, accurate, third party assessment of the judgment and clinical skills of candidates applying for dental hygiene licensure. This examination will identify areas of deficiency or weakness within skill sets allowing candidates the opportunity for remediation.

ADEX Dental Hygiene Examination – 2016

The ADEX Dental Hygiene Examination is the examination approved by the ADEX and administered by The Commission on Dental Competency Assessments (CDCA). The ADEX Dental Hygiene Examination consists of two components – the Computer Simulated Clinical Examination (CSCE) and the Patient Treatment Clinical Examination (PTCE) performed on patients. The examination is used to assist licensing jurisdictions in making decisions concerning the licensure of dental hygienists. The examination for 2016 consists of judgment skills and clinical skills and evaluated as follows.

Computer Simulated Clinical Examination (CSCE)

- Clinically based questions presented on a computer
- 100 graded questions
- Passing score of 75 or greater

Patient Treatment Clinical Examination (PTCE) Performed on a patient

- Judgment skills
- Clinical skills
- Passing score of 75 or greater

The examination is based on specific performance criteria used to measure clinical competence. In this Manual ADEX provides the candidate with the criteria, content and scoring for the ADEX Dental Hygiene Examination. We believe this Manual answers most of the commonly asked questions regarding the examination process. Bring/have this Manual with you to the clinical examination and keep it available in the cubicle for easy reference. A thorough understanding of this Manual is crucial to success on the exam.

Candidates taking this examination do so voluntarily and agree to accept the provisions and to follow the rules established by the ADEX and CDCA for the examination as detailed in this Manual.

ADEX Status

To achieve ADEX Status, candidates must successfully complete both the CSCE and the PTCE of the ADEX Dental Hygiene Examination with a score of 75 or greater in each of the examinations.

The Candidate Manual

The Candidate Manual supports and assists candidates in their preparation to participate and perform successfully in the two examinations. The Manual is designed to present the required administrative information, as well as setting forth the criteria and necessary requirements. The ADEX sets forth criteria and scoring standards that must be followed by all testing agencies administering the ADEX Dental Hygiene Examination.

Administrative information includes: candidate eligibility, fees, forms, schedules, examination sites, dates for the examinations, and policies. These procedures are provided by the testing agency the candidate chooses to use, such as the CDCA.
Individual jurisdictions may require a state jurisprudence or other additional examinations. It is the candidate's responsibility to contact the licensing jurisdiction of interest to determine current eligibility and additional requirements.

ADEX Examination Development

The ADEX Dental Hygiene Examination is developed and revised by the ADEX Dental Hygiene Examination Committee (DHEC). This committee is comprised of representatives from every ADEX member district. The committee has considerable content expertise and also relies on practice surveys, current curricula, standards of competency and the American Association of Dental Board's (AADB) "Guidance for Clinical Licensure Examinations in Dentistry" to ensure that the content and protocols of the examination are current and relevant to practice. Examination criteria, content, and evaluation methodologies are reviewed annually, and are determined by such considerations as:

- Patient selection and eligibility
- Psychometric validity
- Potential to ensure that a skill can be evaluated reliably

Three Time Examination Policy

Candidates failing either the CSCE or the PTCE on three successive attempts must begin the entire examination process again and retake both the CSCE and Patient Treatment Clinical Examinations of the ADEX Dental Hygiene Examination administered by the CDCA.

Previously passed clinical examinations will not be recognized for successful completion of the entire clinical examination series in dental hygiene and attainment of ADEX Status. A new application must be filed together with appropriate documentation and applicable fees. (See Supplemental Section of the Manual).

CLINICAL EXAMINATION

Examiners for the ADEX examination evaluate candidates on their clinical and judgment skills. Judgment skills include presenting an eligible patient, an acceptable case, a selection of teeth that meets all calculus requirements, and diagnostic-quality radiographs. Clinical skills include detection and removal of calculus, accurate periodontal pocket depth measurements, tissue management, and final Case Presentation. This section describes in detail the evaluation criteria for both of the categories.

The ADEX uses a triple-blind scoring system, which requires three examiners to perform independent evaluations of the candidate's performance in meeting specific criteria for Case presentation, calculus detection, calculus removal, periodontal pocket depth measurements, tissue management, and final Case presentation. Points are awarded on a 100-point scale. Candidates must earn 75 or greater to pass.

Judgment Skills

Patient selection and eligibility

For the PTCE, the candidate must present his/her own patient. Selecting an eligible patient is essential to successfully completing this examination. Candidates who present ineligible patients will fail the examination.

Patient selection and management is an important part of the examination and should be completed independently, without help or assistance of faculty or colleagues. Candidates must carefully assess any physical or medical conditions that may be impacted by the examination process. Patients should be informed of the time commitment and the process of the examination.

An **eligible** patient must:

- Be at least 18 years of age.
- Have a physician's written clearance, if needed.
- Be presented with required radiographs of diagnostic-quality.
- Have an acceptable health history including a blood pressure within the guidelines of this examination.

An **ineligible** patient:

- Dentist
- Dental Hygienist
- Dental student
- Final Year Dental Hygiene student
- Currently taking or history of injectable or oral bisphosphonate therapy
- Latex allergy
- 1st or 3rd trimester of pregnancy
- Oral herpetic lesions - This condition may be left to the discretion of the Clinic Floor Examiner (CFE)

Case selection

The presentation of a full quadrant and additional teeth for the ADEX Examination is known as the "Case." Candidates indicate their selection of teeth for the clinical examination on the appropriate examination forms.

The candidates' treatment phase is performed on a pre-determined selection of the patient's teeth. The candidates select their Case in accordance with the criteria requirements presented below. Examiners evaluate the Case during the Pre-Treatment Evaluation to determine that it meets all requirements. During clinical treatment time, candidates remove all calculus on all surfaces within the Case selection. During post-treatment evaluation, examiners evaluate the selection to ensure that the candidate properly removed all calculus while maintaining tissue integrity.
The Case selection consists of one full quadrant plus two posterior teeth from a second quadrant.

There must be two molars in the selection. One of the six teeth in the quadrant and one of the two teeth in the second quadrant must be molars. The required two molars must have three mesial and/or distal contacts with an adjacent tooth within 2mm or less.

QUICK TIP

The Case selection must include:

- A full quadrant with at least six natural, permanent teeth and two posterior teeth from a second quadrant
- At least two molars
  - One must be located in the primary quadrant
  - One of the teeth in the second quadrant must be a molar
- One of the molars must have both a mesial and a distal contact. Another molar must have at least one contact
  - To be considered a contact, the adjacent surface must be no more than 2 mm from the molars
  - Must be free of excessive soft debris

OPTIONAL: If candidates cannot identify 12 surfaces of qualifying calculus in a primary quadrant they may select surfaces on up to 2 posterior teeth in the secondary quadrant. The teeth on which these surfaces are found would be in addition to the 2 teeth that are already part of the Case Selection. So, there could be up to 4 teeth from the secondary quadrant in the Candidate's Case Selection.

QUICK TIP

A Case Selection with the following tooth selection is **strongly discouraged:**

- Class III furcation or mobility
- Advanced periodontal disease
- Orthodontic brackets or bonded retainer
- Implants included in the treatment selection (prohibited)
- Partially erupted third molars
- Retained primary teeth (prohibited)
- Gross caries
- Defective restorations
- Extensive full or partial esthetic veneers
- Multiple localized probing depths in excess of 6mm

Third molars: If the primary quadrant has a third molar, the candidate must choose whether to include the third molar in the selection. If the candidate chooses not to include the third molar in the case selection, that tooth does not needed to be treated and will not be evaluated. All other teeth in the quadrant and/or the additional teeth must be debrided and will be evaluated for remaining calculus, plaque, and stain.

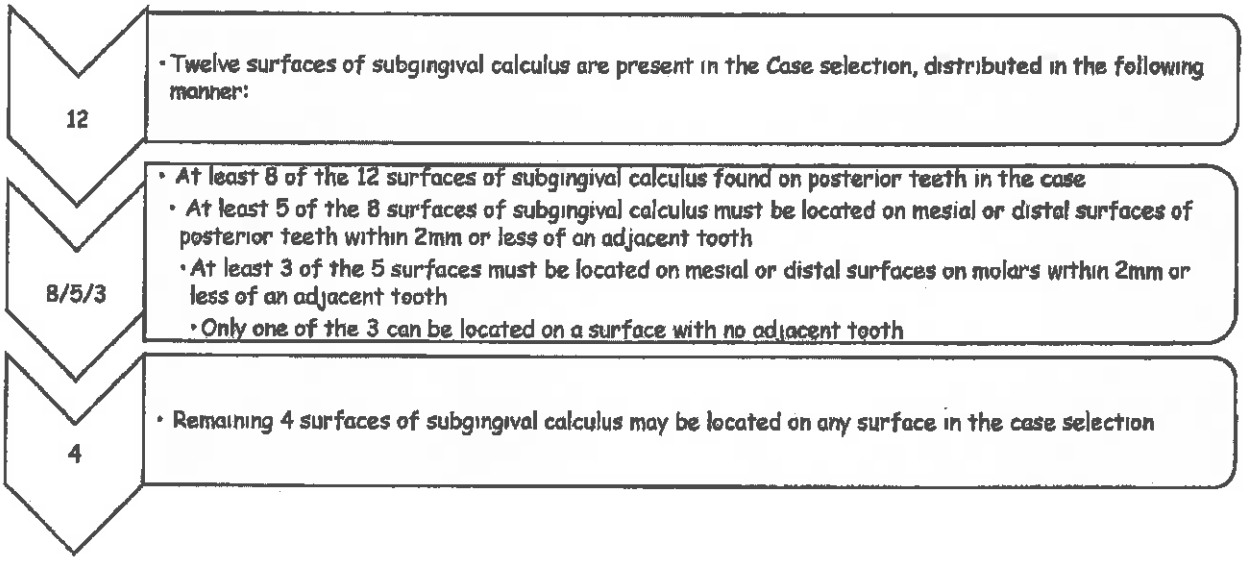
Primary teeth and restored implants may count as a proximal contact with a molar. No other criteria can be met by a primary tooth or a restored implant.

Calculus requirements
In the Case selection the candidates must list 12 surfaces where they detect qualifying calculus. Examiners will add two more surfaces from within the Case Selection. All surfaces in the selection must be debrided and will be evaluated. The Case Selection must meet the following calculus requirements:

- All selected teeth must have subgingival calculus.
- Qualifying surfaces may occur with or without associated supragingival deposits.
- Detect mesial and distal deposits by exploring from facial and/or lingual.

Primary teeth and restored implants located in the selection will not count toward any calculus requirements, nor will they count as molars for purposes of meeting the molar requirements. However, they can constitute a contact with a molar to help meet the initial Case presentation criteria.
The Case must include 12 surfaces of qualifying subgingival calculus distributed as follows:

- At least 8 of the 12 must be on surfaces of premolars and molars
- At least 5 of the 8 must be on mesial or distal surfaces of the posterior teeth within 2mm or less of an adjacent tooth
- At least 3 of the 5 mesial or distal surfaces must be on molars within 2mm of an adjacent tooth. Only one distal surface of a second or third terminal molar may be used or one mesial or distal surface on a molar that does not have an adjacent tooth
- The remaining 4 of the 12 qualifying surfaces qualifying calculus are the e of the candidate and must be subgingival.



QUICK TIP

CHARACTERISTICS OF QUALIFYING SUBGINGIVAL CALCULUS

- Explorer-detectable moderate to heavy subgingival calculus
- Distinct and easily detected with an 11/12 explorer as it passes over the calculus
- Must be apical to the gingival margin
- May occur with or without supragingival deposits
- A definite jump or bump detected by the explorer with one or two strokes
- Ledges or ring deposits
- Spiny or nodular deposits
- Significantly enough in quantity to be readily discernible or detectable
- Mesial and distal deposits detectable from lingual and/or facial

Law Exam Question Topics

1. Patient Record

2. Dentistry Prescribing

3. DH Practice & Admin

4. Pharmacists

5. Grounds for Discipline

6. Advertising

7. What is Practice

8. Dentist Administering

9. CE

10. HPMP

11. PPG

12. Licensure

13. Address

14. # of DH / DA II

15. Inspections

16. Practice Location

17. Display License

18. Renewal

19. Dental Labs

20. Practice DA II

21. Reinstate