VIRGINIA BOARD OF DENTISTRY

EXAMINATION COMMITTEE
AGENDA

February 2, 2018

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

<u>**TIME**</u>   <u>**PAGE**</u>

10:00 a.m.   **Call to Order – James D. Watkins, D.D.S., Chair**

Evacuation Announcement – Ms. Palmatier

Public Comment

Approval of April 28, 2017 Minutes   **2**

Implementing a Law Exam for Licensure Applicants   **5**

- **Sample Companies**
  - **Pearson Vue**
  - **PSI**
- **Discussion of Implementation – Ms. Palmatier**

Propose a Position Statement on Clinical Examinations for Licensure of Dentists

- **Current Statutory and Regulatory Requirements**
  - **§54.1-2709 of the Code of Virginia**   **79**
  - **18 VAC 60-21-210 of the Regulations Governing the Practice of Dentistry**   **81**

- **Review Testing Agency Information**
  - **SRTA**   **82**
  - **CRDTS**   **87**
  - **WREB**   **92**
  - **CITA (ADEX)**   **96**
  - **CDCA (ADEX)**

- **Provide Guidance on Drafting a Guidance Document/Possible Regulatory Action**
  - **Draft Guidance Document**   **101**

Adjourn

BOARD OF DENTISTRY
EXAMINATION COMMITTEE
April 28, 2017

TIME AND PLACE:	The Examination Committee convened on April 28, 2017, at 10:00 a.m., at the Department of Health Professions, Perimeter Center, 2nd Floor Conference Center, 9960 Mayland Drive, Henrico, VA 23233.
PRESIDING:	James D. Watkins, D.D.S.
MEMBERS PRESENT:	Nathaniel C. Bryant, D.D.S. Carol R. Russek, JD
MEMBER ABSENT:	Patricia B. Bonwell, R.D.H., PhD.
STAFF PRESENT:	Kelley W. Palmatier, Deputy Executive Director Sheila Beard, Executive Assistant
ESTABLISHMENT OF A QUORUM:	With three members of the Committee present, a quorum was established.
PUBLIC COMMENT:	Dr. Watkins explained the parameters for public comment and opened the public comment period. One written comment was received from Dr. Alan Bream in regards to the dental board examination that we are trying to implement which is more of a law exam versus a clinical type exam. Dr. Bream is addressing a clinical exam. The committee believes Dr. Bream is referencing something similar to a mock board. Dr. Watkins stated this doesn't seem appropriate for the licensing agency and that schools actually have mock boards. The Committee, by consensus, asked Mrs. Palmatier to write a letter from the Board to address the aforementioned comments to Dr. Bream.
APPROVAL OF MINUTES:	Dr. Watkins asked if the Committee members had reviewed the February 10, 2017 minutes and asked if there were any corrections needed. Ms. Russek moved to accept the minutes presented. The motion was seconded by Dr. Bryant and passed.
PGY-1 RESIDENCY IN LIEU OF A CLINICAL EXAMINATION:	Dr. Bryant asked for clarification regarding whether the PGY-1 was in addition to a clinical exam and not in lieu of. Mrs. Palmatier said most states researched have a PGY-1 residency as an additional way to become licensed. Mrs. Palmatier clarified "in lieu of" did not mean an additional requirement on top of a clinical examination but rather an applicant would have the option to do the clinical exam or take a PGY-1 as part of the licensing requirements in Virginia.

Following discussion, Dr. Bryant motioned to use the same language as the Dental Board of Colorado stating "The Board will accept completion of a PGY-1 residency (a CODA-accredited residency that was at least one year long and occurred in a hospital or dental facility) in lieu of clinical examination."

Mrs. Palmatier was asked by the Committee to look into more information by the June 9, 2017 Board meeting about the Advanced Education in General Dentistry (AEGD) and General Practice Residency (GPR) programs to inquire about the length of the programs, and find out what neighboring states are doing.

IMPLEMENTING A LAW EXAM FOR LICENSURE APPLICANTS DISCUSSION OF IMPLEMENTATION:	Mrs. Palmatier reported she has met with the Department of Health Professions Information Technology department to determine whether or not it is feasible take the questions developed by the Board and create the test and make it available on the Board's website. IT stated it is entirely possible, however, they have never done it before, this would be time consuming on their part and referred us to the Board of Nursing for a more economical feasible method. Pearson and PSI are the companies that assess symmetrical sound, legal, and economically feasible professional testing. After further discussion Dr. Watkins made a motion for Mrs. Palmatier to inquire about a RFP in order to retain quotes for outside services. The motion was seconded and passed.
CLOSED MEETING:	Ms. Russek moved that the Board enter into a closed meeting pursuant to §2.2-3711(A)(11) of the Code of Virginia for discussion or consideration of tests, examinations, or other information excluded from this chapter pursuant to subdivision 4 of § 2.2-3705.1. Additionally, she moved that Board staff, Kelley Palmatier and Sheila Beard, attend the closed meeting because their presence is deemed necessary and their presence will aid the Committee in its deliberations. The motion was second and passed.
RECONVENE:	Ms. Russek moved to certify that this Committee of Board heard, discussed and considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and passed.

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

Dr. Watkins asked that each member look at the questions again and come up with an additional 10 questions. The Committee will present 75 questions to the Board during the June meeting.

The next Exam Committee meeting will be held on July 21, 2017.

ADJOURNMENT: With all business concluded, the meeting was adjourned at 12:17 p.m.

_____   _____
James D. Watkins, D.D.S., Chair   Sandra K. Reen, Executive Director

_____   _____
Date   Date

Partner with Pearson VUE

Definitively measuring a candidates' competency or fitness requires the best people, processes and technology working together at the highest level. So when the world's leading licensure, certification, admissions or other credentialing programs need a computer-based testing partner, they turn to Pearson VUE.

Why? The answer is both easy and complex.

From the moment we begin working together, our customers come to understand that each Pearson VUE team, whether content development, program management, test center operations or candidate services, is committed to excellence.

Computer-based testing, however, is a complicated business. Pearson VUE PhD psychometricians, solution architects, technologists and security experts —true industry leaders—are continuously innovating to improve systems and processes.

Pearson VUE has the talent and tools to develop, manage, deliver and grow your computer-based testing program. Let us show you how.

Develop your exam

Whether your exam measures professional competence, IT proficiency or driving skills, we can help you achieve your goal of a fair, valid, reliable and legally defensible exam. **Learn more about developing your exam (/Test-Owner/Develop-your-program.aspx).**

Manage your testing program

The technology, tools and expertise to help you effectively manage your program and better serve your candidates. **Learn more about managing your testing program (/Test-Owner/Manage-your-program.aspx).**

Deliver your exam

Based on your program's coverage and security requirements, Pearson VUE will recommend the testing environments, technology and processes to administer your exam effectively. **Learn more about exam delivery (/Test-Owner/Deliver-your-exam.aspx).**
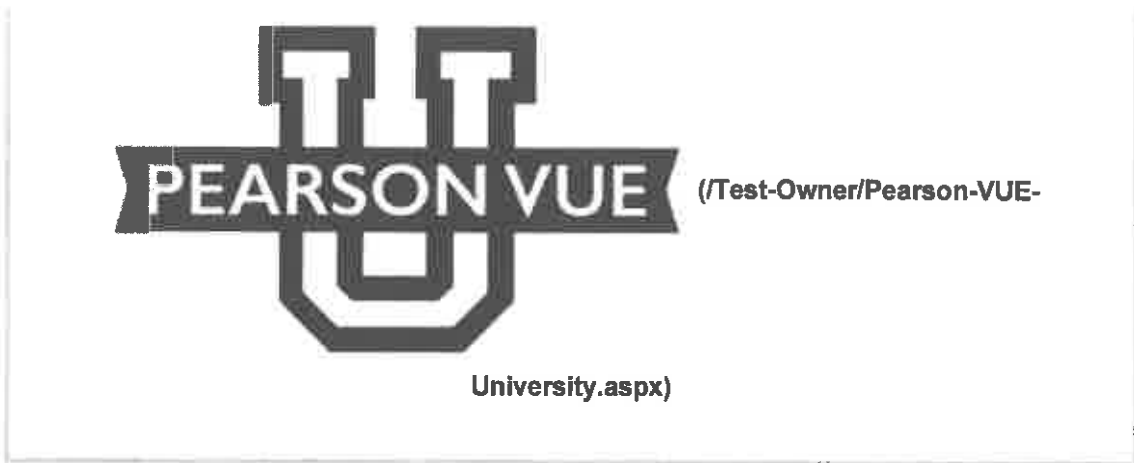
Grow your program

Whatever the stage of your testing program – recently launched, years of successful administration or developing a brand new exam – if your objective is to grow your program, Pearson VUE is eager to help. **Learn how we can grow your program (/Test-Owner/Grow-your-program.aspx).**

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

As computer-based testing continues to evolve, the technologies and services to support certification and licensure programs continue to innovate. Pearson VUE University is a new resource that brings the latest information in testing right to you. **Learn more about Pearson VUE Unversity» (/Test-Owner/Pearson-VUE-University.aspx)**

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Develop your exam

Whether your exam measures professional competence, IT proficiency or driving skills, we can help you achieve your goal of a fair, valid, reliable and legally defensible exam.

Test development – service options

Your exam program is unique. At Pearson VUE, we work with you to craft a solution to meet your needs and you choose how you wish to engage our services. An initial program evaluation helps provide the best recommendations for your testing program. **Learn more about test development » (/Test-Owner/Develop-your-program/Service-options.aspx)**

Test design

Fair, valid, reliable and defensible: It all starts with the design of your test. Pearson VUE can help you determine what should be tested and how to test it. **Learn more about test design » (/Test-Owner/Develop-your-program/Test-design.aspx)**

Content creation

From training your subject matter experts and facilitating item writing workshops, to managing the entire item development process, our content development team can help you create test content that focuses on the appropriate knowledge base. **Learn more about content creation » (/Test-Owner/Develop-your-program/Content-creation.aspx)**

ExamDeveloper™ collaboration platform

Our unique test development system Exam Developer™ can be used by you or by Pearson VUE's test development team on your behalf to help manage the item development lifecycle. **Learn more about ExamDeveloper™ » (/Test-Owner/Develop-your-program/ExamDeveloper-Collaboration-platform.aspx)**

Test construction

Pearson VUE's commitment to blending the latest in automated tools with industry-leading expertise enables us to efficiently construct and publish your exams while maintaining best practices. **Learn more about test construction » (/Test-Owner/Develop-your-program/Test-construction.aspx)**

Analysis and measurement

Once you've started to deliver your test, you will want to know how it performs. Pearson VUE's dedicated psychometricians can provide standard-setting assistance and ongoing analysis so that your exam and items are achieving their optimal performance. **Learn more about analysis and measurement » (/Test-Owner/Develop-your-program/Analysis-Evaluation.aspx)**

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Service options

Models

Full-service model

Should you require a comprehensive, end-to-end solution, Pearson VUE can provide a
fully outsourced service to meet your content development and psychometric services
needs.
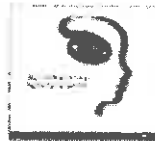
 (/Documents/Security/pearsonvue_testing_services.aspx)

**Test Development and Psychometric Services
(/Documents/Security/pearsonvue_testing_services.aspx)**, PDF, 1.5 MB

Partial-service model

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

Self-service model

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

Program evaluation

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

A complete picture of your program

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

Moving from pen & paper

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

Security

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

Learning content — the Pearson complementary effect

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

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Reporting

Managing a testing program can be difficult. With so many decision points and variables, you need reliable information to ensure the decisions you make are best for your program. Getting relevant data quickly can make the difference between allowing you to take advantage of a program opportunity or recognizing an issue early enough to resolve it. Pearson VUE reporting capabilities can put that valuable data into your hands when it can be of most use.

IntelliVUE

Pearson VUE's IntelliVUE business intelligence technology allows you to quickly understand potential issues affecting your program and identify trends that enable you to make informed business and security decisions.

> *Could a spike in pass rates indicate a security issue?*
> *How many exams are scheduled in China next month?*
> *Are there particular test questions of concern?*

IntelliVUE standard reports help you identify trends, challenges and opportunities. From overview information like registrations and completed exams to more focused reports that include candidate information and individual test center activity ... IntelliVUE provides the data you need to make better program decisions.

IntelliVUE reports include:

- Candidate search report
- Authorized test centers
- Authorization status
- Exam performance summary
- Pass rate by form
- Exam activity report
- Individual candidate record

- Candidate roster
- Discount utilization report

Custom reports

Need something not found in our standard report offering? Contact us to learn how we can create the custom reports you need.

(/Documents/Manage-your-

program/pearsonvue_event_notification_us.aspx)
Understand your candidates ... in real-time (/Documents/Manage-your-
program/pearsonvue_event_notification_us.aspx), PDF, 105 KB

Real-time event notification (RTEN)

RTEN helps you enhance your relationship with candidates. This subscription-based, web service technology harnesses the power of real-time data and turns it into knowledge you can act upon. You are given control over what events you are notified about and you determine your automated response.

Ask a question

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Candidate services

Candidate services

Millions of test takers come to Pearson VUE every year to register, schedule an appointment and test. Whether via chat, telephone or online — providing a great experience for candidates is as important to us as it is to you.

Web services

The majority of candidates who test with Pearson VUE schedule their appointments on our intuitive and informative **Test Taker site (/test-taker.aspx)**. Registration provides the following:

- Candidates may schedule an appointment on computer or mobile device
- Scheduling system shows multiple test centers to offer a wide range of appointments choices
- Geocoding allows test takers to locate the closest test center
- System-managed eligibility and retake rules; only authorized candidates may test
- Confirmation email sent immediately after booking

Client landing pages

As a Pearson VUE client, your content appears on our **Test Taker site (/test-taker.aspx)** where candidates can access information about your program through a customized client landing page. Although tailored to your program, a typical client landing page includes:

- Eligibility requirements
- An overview of your exam(s)
- Scheduling information

- How candidates can access special accommodations
- Test preparation materials
- Frequently asked questions

The client landing page also contains links that take your candidates directly to schedule an appointment to take your exam.

Reaching a contact center

As an extension of your program, our contact center professionals are trained and skilled in answering candidate questions about your program:

- Eligibility or prerequisites to test
- Exam and retake policies
- Required credentials (IDs)
- Registering and scheduling appointments
- What candidates should expect on test day

Located in the Americas, Europe and Asia, Pearson VUE contact centers are available in English during each region's business hours throughout the year. Local languages are also supported in particular countries.

Let candidates manage their own credentialing success

Credential Manager™ (/Test-Owner/Manage-your-program/Credential-Manager.aspx) enables candidates to access and manage their own credential information through an intuitive, secure portal. Candidates can easily view and update personal information, track credential progress, set email notifications and communicate with customer service. You control what information candidates may view. The result is improved candidate satisfaction and reduced customer service costs.

See your candidates earn their Acclaim!

Acclaim gives organizations the ability to translate your credential to an Open Badge – an online, validated representation of your credential or certification. Acclaim enables badge earners to verify skills, professional achievements and learning outcomes and then share and display them on LinkedIn, Facebook, Twitter, a blog or website. This allows potential employers to quickly and easily verify the qualifications of job applicants. Find out how **Acclaim benefits credentialing programs (/About-Pearson-VUE/Discover-Pearson-VUE/Pearson-VUE-businesses/Acclaim.aspx)** and **badge earners (http://youracclaim.com)** in one innovative, secure platform.

Ask a question

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Testing outside a test center

Your candidates can test anywhere ... and succeed everywhere

"

Pearson VUE is the only exam delivery partner capable of offering credential owners all of these choices within a single, streamlined system that produces a single, unified candidate record — regardless of exam type. "

Need to deliver your test in a location where there is not a permanent test center? We can solve that problem.

Pearson VUE Integrated Platform

Delivering exams outside a test center is possible through the Pearson VUE **Integrated Platform (/Test-Owner/Deliver-your-exam/Exam-delivery-options.aspx)**. Our integrated approach lets you choose where your exam is delivered, what type of device is used to administer your test, how an exam appointment is scheduled and the level of proctoring required.

Your exam, your location

It's easier than ever to create your own long-term or temporary test center. Deliver exams at a single-day corporate event or a week-long conference, or combine an in-house center with your current training facility.

Security, scheduling and delivery management

The same flexible system that delivers your exam to multiple devices in a variety of venues also lets you determine the best way to schedule, proctor and manage administration.

Depending on the delivery mode you choose, Pearson VUE, an authorized partner or members of your staff can manage the entire process.

Specific modes of delivery allow candidates to pre-schedule an exam or schedule at the time they test, while others deliver on demand without a scheduling system. In the same way, proctoring can be provided on site by an authorized proctor or by your own Pearson VUE-trained Certified Test Administrator.

> *Thousands of candidates test every year in client-managed sites with minimal Pearson VUE involvement, while some clients elect to manage short-term events with help from our onsite operations experts.*

Remote *and* proctored

The problem of securely delivering exams in a remote location — without benefit of an onsite proctor — is solved.

To take an exam from a remote location under the real-time scrutiny of a professional proctor, candidates need ...

 a suitable device
 an Internet connection
 a webcam

Whether the test taker and proctor are miles or even thousands of miles apart, live audio and video streaming afford many of the same controls as an in-person proctor.

The Pearson VUE proctor monitors your candidates in a live testing session through remote surveillance, unlike some remote proctoring options that merely record testing to audit or play back in the event of a suspicious test result. The ability to monitor test taker behavior as he or she takes your exam translates to confidence for you.

Pearson VUE Online Proctored

Unproctored assessments

Even when the stakes aren't as high, reliable delivery of your exam is important. Unscheduled and immediate, your unproctored assessments delivered with Internet-based testing through Pearson VUE's **Integrated Platform (/Test-Owner/Deliver-your-exam/Exam-delivery-options.aspx)** benefit from the same single registration and reporting system as your high-stakes, proctored exams. All of the data for a single candidate are in one record regardless of how each exam was taken.

Ask a question

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Secure Testing Framework

A framework to secure your content and protect your program

> **❝** *Test security issues are a multi-dimensional problem, which continues to evolve and become more complex as technology advances.* **❞**

Cheating ... proxy testing ... item harvesting. Because the techniques and technologies to deceive are complex and evolving, Pearson VUE is constantly developing ways to deter, identify and respond to testing misconduct. In order to effectively mitigate the increasing variety of test security threats, Pearson VUE is transforming the way test security is viewed, integrated and managed. At its core, the new Secure Testing Framework™ aligns a program's security plan with the organization's business strategies.

Our holistic approach to test security

Applying security processes or technology to disparate parts of the testing process can leave test owners vulnerable to attack by fraudsters. To be most effective, test security should be integrated into every strategic plan and activity related to the exam. Pearson VUE's holistic approach includes multiple layers of test security to protect test owners from the threats already impacting their programs daily.

The Secure Testing Framework

The Secure Testing Framework allows test owners to identify the best combination of mitigation techniques. Click on sections below to see how Pearson VUE integrates security into the entire testing process.

Risk Management Content

Strategy and monitoring

- Anticipate threats and find the solutions to thwart them
- Our global security team continuously:

  - Monitors testing activity
  - Evaluates risks
  - Investigates irregularities
  - Initiates corrective action

- System and process reviews safeguard test integrity
- Secret shopper and candidate survey programs work to monitor test center compliance
- Optional security services tailored to your program requirements

Delivery

Candidate

Test

> " *A test security strategy must be three dimensional from a test, candidate and delivery perspective. To be effective, test owners must implement the appropriate risk management disciplines and a test security plan that align with their overall business strategy.* "

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Secure Testing Framework

A framework to secure your content and protect your program

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> *Test security issues are a multi-dimensional problem,
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> technology advances.* ❞

Cheating ... proxy testing ... item harvesting. Because the techniques and technologies to
deceive are complex and evolving, Pearson VUE is constantly developing ways to deter,
identify and respond to testing misconduct. In order to effectively mitigate the increasing
variety of test security threats, Pearson VUE is transforming the way test security is viewed,
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Our holistic approach to test security

Applying security processes or technology to disparate parts of the testing process can leave
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The Secure Testing Framework

The Secure Testing Framework allows test owners to identify the best combination of
mitigation techniques. Click on sections below to see how Pearson VUE integrates security
into the entire testing process.

Risk Management Content

Delivery

Mode(s) and channel

- Expert guidance to balance test security and candidate convenience

    - Pearson Professional Centers employ the highest level of security

    - Enhanced Security Protocols are strictly enforced in all Pearson VUE® Authorized Test Centers worldwide

    - Remote proctored administration can monitor test taker behavior in real-time

- Delivery software encrypts, audits and protects your assets

- Proctors are trained Test Administrators and recertify annually

- Real-time incident reports expedite investigation and escalation

Candidate

Test

> *A test security strategy must be three dimensional from a test, candidate and delivery perspective. To be effective, test owners must implement the appropriate risk management disciplines and a test security plan that align with their overall business strategy.*

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Testing Framework™

Secure Testing Framework

A framework to secure your content and protect your program

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Risk Management Content

Delivery

Candidate

Behavior and identity

- Only properly identified test takers sit for your exam
- Proven procedures enforce your authorisation and retake rules
- Enhanced Security Protocols including digital photo and signature capture
- Palm vein technology that rapidly, securely and reliably confirms test-taker identity
- Detect proxy testers and previous violators
- Candidate's photo printed on score report

Test

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Risk Management Content

Delivery

Candidate

Test

Design and publishing

- Protect your assets throughout the item development process
- Deter fraud even before delivery
- Build security strategies into your item design
- Access to publishing tools that align with complex form strategies

> 66 *A test security strategy must be three dimensional from a test, candidate and delivery perspective. To be effective, test owners must implement the appropriate risk management disciplines and a test security plan that align with their overall business strategy.* 99

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Flexible testing options with one streamlined system

Wherever and however you need to deliver tests, Pearson VUE's Integrated Platform gives you both convenience and control.

For those most interested in protecting exam content and preventing cheating, center-based proctored delivery is the the best option. At the same time, there may be situations requiring delivery of a proctored test at specific locations outside of our established network, either on a one-time or regular basis. And finally, interest in unproctored testing is growing as more test owners explore ways to complement their high-stakes programs. That's why our solution facilitates flexible delivery to multiple devices and multiple testing channels—with a key difference: Whether a high-stake exam or a low-stake assessment, the Pearson VUE testing system requires you to publish your exam only once, and produces a single candidate record regardless of exam type, delivery modality and number of exams taken.

Whether it's an **exam delivered** in one of our **secure global test centers**, at your corporate or partner site with a **local proctor**, in a candidate's home via **remote proctoring**, or **unproctored** in any location—**we can provide a solution tailored to your** needs.

Pearson VUE
Test Centers

Client
Authorized
Test Centers

Locally
proctored
outside of a
test center

Remote-
proctored
outside of a
test center

Unproctored

Candidate

Single Registration
System

Test Driver
Flexibility
for any
Environment

• One
Publishing
Process

• One
Candidate
Record

• Unified
Financial
Reconciliation

• Intelligent
Dashboard
and Analytics

Your Company
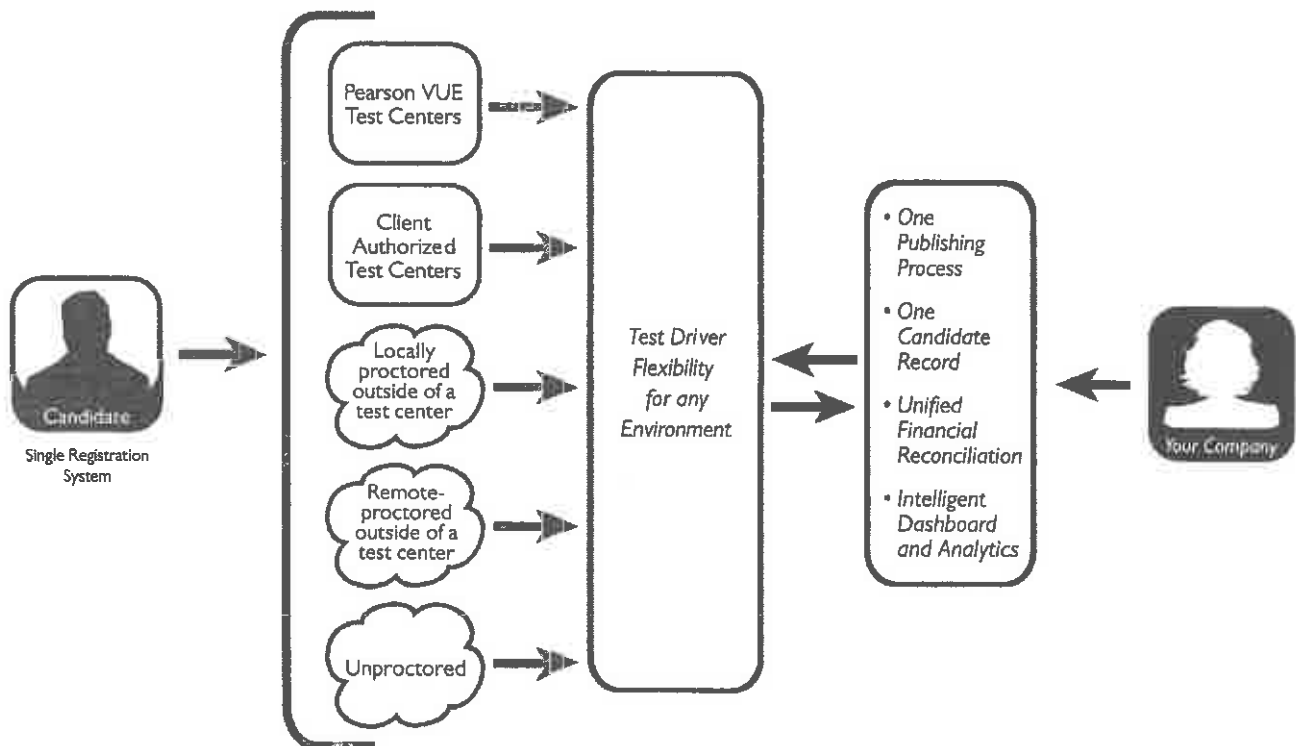
Pearson VUE's Integrated Platform brings robust registration, reporting and financial capabilities to each of our test delivery options. We are the only company to provide a single, integrated candidate record that encompasses all exams and assessments.

Immediate self-publishing increases flexibility

Publish once for distribution to multiple testing modalities and make exam changes and updates instantaneously at your discretion through the power and flexibility of the Integrated Platform.

Experience an unlimited footprint

Regardless of the number of testing sites you currently use, you may have situations that require additional coverage. Because Pearson VUE's Integrated Platform is not tied to a specific delivery channel, you can add locations where you need them, at your convenience. This is especially valuable for organizations looking to provide greater coverage in remote locations or for those with specific delivery needs, such as providing tests at academic or corporate locations. Proctoring can be provided onsite by a Pearson VUE or client-designated local proctor or be conducted via live streaming by a professional remote proctor. And, whereas some remote proctoring options merely record testing for selective auditing or playback in the event of a suspicious test result, those who choose our live remote proctoring solution benefit from many of the same controls as an in-person proctor.

Pearson VUE integrates all of these features into a single testing solution:

- Eligibility processing
- Registration
- Vouchers and automated discounts
- Results processing
- Business intelligence reporting
- Financial reconciliation

Our Integrated Platform empowers your organization and offers these benefits:

- Exam publishing and records management are simplified and centralized within one registration, delivery and reporting system.
- A comprehensive view of your program helps you to make better business decisions.
- Integrated data means a single candidate profile and no duplicate records.
- Candidates experience a consistent registration system and testing interface, regardless of location.
- Streamlined financial reconciliation makes it easier to track expenses.
- Less time spent managing data and vendor relationships means more time can be spent growing your program.

Delivery Options

	Delivery Locations	Managed	Proctor	Scheduling
Fixed	Pearson Professional Centers	Pearson VUE Owned & Operated	Pearson VUE Employee (Minimum of 2)	Scheduled (no walk-ins)
	Pearson VUE® Authorized Test Centers	Authorized Partner	Authorized Proctor	Scheduled (walk-ins accepted)
	Certiport Authorized Test Centers	Authorized Partner	Authorized Proctor	Unscheduled (offline registration supported for Certiport exams)
Flexible	Event/Conference Testing	Pearson VUE Authorized Partner or Client	Pearson VUE or Client Authorized Local Proctor	Scheduled (walk-ins accepted)
	Any Client-Approved Location	Pearson VUE Authorized Partner or Client	Pearson VUE or Client Authorized Local Proctor	Scheduled or Unscheduled (walk-ins accepted)
	Any Client-Approved Location (including candidate's home)	Pearson VUE	Pearson VUE Authorized Remote Proctor	Scheduled (walk-ins accepted)
	Any Client-Approved Location (including candidate's home)	Pearson VUE	Unproctored	Unscheduled

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

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

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

1. Does the test measure what it is intended to measure?

2. Are the interpretations drawn from the test scores appropriate and justifiable?

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

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

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

These three concepts underlie all aspects of developing, constructing, and administering high-stakes exams. The process for defining what the exam will assess and ²item writing and review procedures contribute to content¹ and construct-oriented validity.

¹Test Development Guide 1: Creating test blueprints
²Test Development Guide 2: Developing high-quality test items

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Developing valid, fair and reliable exams

Test administration models

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

If test takers are to receive their results immediately (one of the advantages of computer-based testing), then it is strongly recommended that only items whose statistical properties are known are used in determining test taker performance.
Pre-testing of items can occur in a number of ways, including seeding unscored items amongst the scored items in an exam.

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

Fixed linear forms:

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

Glossary of terms

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

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

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

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

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

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

Computer-adaptive testing (CAT):

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

Computer-adaptive multi-stage testing (MST):

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

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

How Pearson VUE can help

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

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

Reference

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

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From test development to administration services, PSI offers the tools that allow state governmental agencies and trade associations to license tens of thousands of professionals each year.

Hundreds of state governmental agencies and professional associations outsource licensing and certification programs to PSI. PSI's experience spans various segments of industry including real estate, insurance, contractors and trades, barbering and cosmetology, emergency medical technicians, medication aides, nurse aides, and hundreds of other professions and trades.

PSI processes candidates for professional certification or licensing in PSI test centers or via remote proctoring throughout the United States. Utilizing computer-administered exams, PSI can schedule and deliver exams and quickly report results to licensing boards.

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For over two decades our clients have utilized these valuable services to support their national testing, certification and licensing requirements.

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We actively participate in organizations that support your regulatory needs and understand the goals and objectives of the State and all the industry stakeholders.

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Real Estate

PSI currently offers more state licensing examinations for real estate and related professions than any other vendor. Our team of customer service representatives, proctors, and project managers are well recognized for their subject matter expertise and commitment to the success of your program:

- 35 current contracts for real estate licensing programs;
- ARELLO accreditation;
- Over 180 licensing examination contracts in 47 states;
- Interaction with industry stakeholders – companies, schools, regulators, licensees, and candidates;

- Regularly host school meetings and industry meetings.

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PSI: Licensure

Healthcare Professions

PSI is recognized as a leader in providing unique solutions and services to more than 100 government regulatory agencies. Agencies across the country have overwhelmingly selected PSI as their vendor of choice for testing and licensing needs. Today we are one of the largest providers of Health Professions licensure examinations in the country. We offer end-to-end solutions from test development to administration to results processing to data management.

PSI has earned an outstanding reputation for responsive customer service and superior products. PSI's team of customer service representatives, proctors, and project managers are well recognized for their subject matter expertise and commitment to the success of your program. We empower our employees to make the right decisions to serve your regulatory agency with immediate solutions.

Active Participation:
CLEAR – Council on Licensure Enforcement and Regulation
ICE – Institute for Credentialing Excellence

Sample Test Categories:

Emergency Medical Technicians	Dental
Medication Aide	Psychology
Nurse Aide	Professional Counselor
Jurisprudence Exams	Environmental Health Science
Chiropractic	

BENEFITS

- A committed staff of healthcare specialists steeped in regulatory experience
- A collaborative approach with sound project management methodologies that ensures a seamless migration of your existing program
- Comprehensive regulatory solutions that yield results that you can trust
- A dedication to security, service and quality backed by reliable technology

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- Nationwide network of PSI Premier PLUS® test centers
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- Written and practical exam delivery
- On-site scoring on security paper

License and Data Management Solution
- Web-based data storage and records management
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- Application processing
- License issuance

Technology Services
- ATLAS® - seamless end-to-end solution on a single platform
- Online reporting
- Flexible rules engine and system administration capabilities
- Automated scheduling services in real time

ABOUT PSI

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

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PSI Leads the Industry in Test Development Services

PSI is at the forefront of test development services in the industry, providing a full range of test development and psychometric services, including: job analysis, test design and content specifications, item writing, Classical and IRT item analyses, test form construction, standard setting, equating, and statistical analyses for quality control and test security.

PSI's test development process encompasses a team of world-class psychometricians, extensive job analysis, comprehensive item writing and review procedures, and a unique test generation system called FormCast®. Our powerful

Quick Updates

PSI's test development approach includes continuous item bank development and content updates. Our test item banking system allows us to change or delete items the same day.

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Test Validation

Validity is a measure of effectiveness. Validation studies are performed to ensure the right test or assessment is used in the right applications to ensure you make successful hires or decisions involving employment, admissions, training, or job placement. The more accurate an exam is, the more it appropriately measures what it was designed to measure. And the more it produces reliable and consistent results over time.

From a legal perspective, a selection procedure (e.g., a pre-employment test) is valid if it can be proven by an employer that it is job-related and necessary to determine job fit and ability to perform a specific role. For instance, leaders need the ability to coach and develop others, most IT candidates need networking or programming skills and sales people need the ability to persuade. PSI has many years of experience validating testing processes and content to ensure your employees have the knowledge and capabilities to excel.
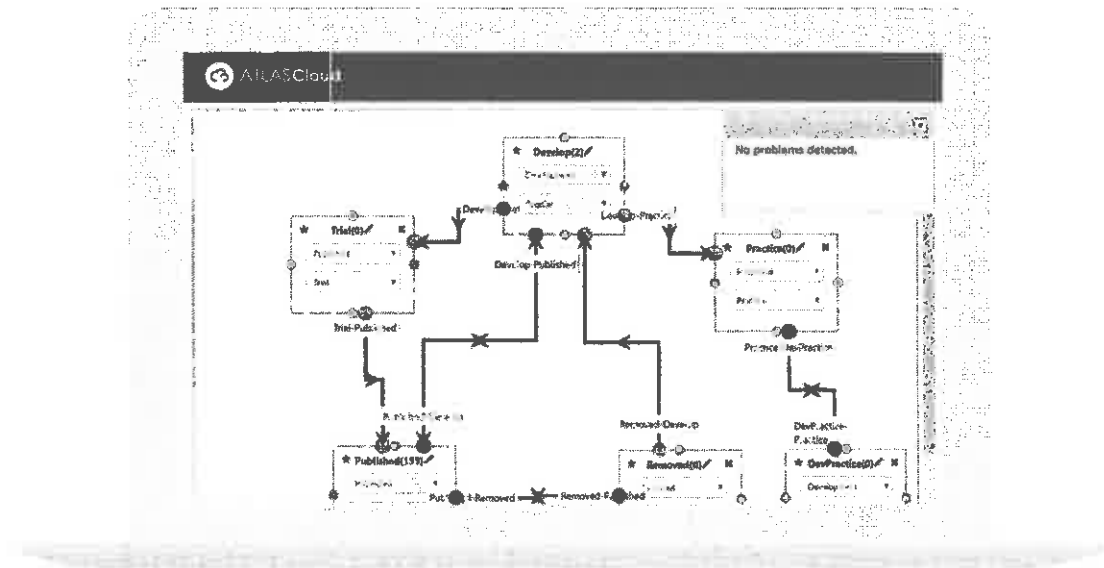
Item Banking

PSI is a leader in delivering innovative Item Authoring and Banking solutions to clients. We designed and developed unique software functionality to automate all phases of secure computer-based testing, keeping your items protected at every step. Our item banking solution is web-based and can be hosted by PSI or the Client and supports Internet Explorer, Mozilla Firefox, and Google browsers. Multiple reviewers can simultaneously review all items (i.e. crowdsource feedback) in the item banks for technical accuracy and bias, as well as editing and psychometric reviews.

Capabilities

- Web-based interface for external test developers and item management

- Track changes during item development

- Version and change control capabilities

- Item coding

- Item authoring, including graphics

- Migration from draft to production status of items

- Approval requirements including item locking for completed items

- Integration of statistics on items, forms and candidate groups

- Item exposure statistics

- Automated test assembly for fixed form multiple-choice exams

- Authoring and storing of innovative item types

- Linear-on-the-fly, adaptive and/or mastery tests capabilities

- Test form publishing to the delivery platform

- Expert quality control capabilities for published forms

- Multiple language capabilities

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Privacy Policy (/privacy-policy/)

The Board shall adopt regulations for the prescribing of opioids, which shall include guidelines for:

1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber request and review information contained in the Prescription Monitoring Program in accordance with § 54.1-2522.1;

2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, (ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens, and (iii) periodic review of the treatment provided at specific intervals to determine the continued appropriateness of such treatment; and

3. Referral of patients to whom opioids are prescribed for substance abuse counseling or treatment, as appropriate.

2017, cc. 291, 682.

§ 54.1-2709. License; application; qualifications; examinations.

A. No person shall practice dentistry unless he possesses a current valid license from the Board of Dentistry.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character; (ii) is a graduate of an accredited dental school or college, or dental department of a university or college; (iii) has passed all parts of the examination given by the Joint Commission on National Dental Examinations; (iv) has successfully completed a clinical examination acceptable to the Board; and (v) has met other qualifications as determined in regulations promulgated by the Board.

C. The Board may grant a license to practice dentistry to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dentistry in another jurisdiction in the United States and is certified to be in good standing by each jurisdiction in which he currently holds or has held a license; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) has been in continuous clinical practice for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in the dental corps of the United States Armed Forces, volunteer practice in a public health clinic, or practice in an intern or residency program may be accepted by the Board to satisfy this requirement.

D. The Board shall provide for an inactive license for those dentists who hold a current, unrestricted dental license in the Commonwealth at the time of application for an inactive license

and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. The Board shall promulgate regulations requiring continuing education for any dental license renewal or reinstatement. The Board may grant extensions or exemptions from these continuing education requirements.

(Code 1950, §§ 54-168 through 54-171, 54-175; 1968, c. 604; 1972, cc. 805, 824; 1973, c. 391; 1974, c. 411; 1976, c. 327; 1977, c. 518; 1981, c. 216; 1988, c. 765; 1997, c. 855; 2005, cc. 505, 587; 2007, c. 20; 2012, cc. 20, 116.)

§ 54.1-2709.1. Certain certification required.

A. The Board of Dentistry shall promulgate regulations establishing criteria for certification of board certified or board eligible oral or maxillofacial surgeons to perform certain procedures within the definition of dentistry that are unrelated to the oral cavity or contiguous structures, provided such services (i) are not for the prevention and treatment of disorders, diseases, lesions and malpositions of the human teeth, alveolar process, maxilla, mandible, or adjacent tissues, or any necessary related procedures, and are services the training for which is included in the curricula of dental schools or advanced postgraduate education programs accredited by the Commission of Dental Accreditation of the American Dental Association or continuing educational programs recognized by the Board of Dentistry, or (ii) are not provided incident to a head or facial trauma sustained by the patient. The regulations shall include, but need not be limited to, provisions for: (1) promotion of patient safety; (2) identification and categorization of procedures for the purpose of issuing certificates; (3) establishment of an application process for certification to perform such procedures; (4) establishment of minimum education, training, and experience requirements for certification to perform such procedures, including consideration of whether a licensee has been granted practice privileges to perform such procedures from an accredited hospital located in the Commonwealth and consideration of the presentation of a letter attesting to the training of the applicant to perform such procedures from the chairman of an accredited postgraduate residency program; (5) development of protocols for proctoring and criteria for requiring such proctoring; and (6) implementation of a quality assurance review process for such procedures performed by certificate holders.

B. In promulgating the minimum education, training, and experience requirements for oral and maxillofacial surgeons to perform such procedures and the regulations related thereto, the Board of Dentistry shall consult with an advisory committee comprised of three members selected by the Medical Society of Virginia and three members selected by the Virginia Society of Oral and Maxillofacial Surgeons. All members of the advisory committee shall be licensed by the Board of Dentistry or the Board of Medicine and shall engage in active clinical practice. The committee shall have a duty to act collaboratively and in good faith to recommend the education, training, and experience necessary to promote patient safety in the performance of such procedures. The advisory committee shall prepare a written report of its recommendations and shall submit this report to the Board of Dentistry and shall also submit its recommendations to the Board of Medicine for such comments as may be deemed appropriate, prior to the promulgation of draft

advanced general dentistry program or a post-doctoral dental program of at least 24 months in any other specialty that includes a clinical component.

18VAC60-21-210. Qualifications for an unrestricted license.

A. Dental licensure by examination.

1. All applicants for licensure by examination shall have:

a. Successfully completed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations; and

b. Passed a dental clinical competency examination that is accepted by the board.

2. If a candidate has failed any section of a clinical competency examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.

3. Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

B. Dental licensure by credentials. All applicants for licensure by credentials shall:

1. Have passed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations;

2. Have successfully completed a clinical competency examination acceptable to the board;

3. Hold a current, unrestricted license to practice dentistry in another jurisdiction of the United States and be certified to be in good standing by each jurisdiction in which a license is currently held or has been held; and

4. Have been in continuous clinical practice in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in another jurisdiction of the United States (i) as a volunteer in a public health clinic, (ii) as an intern, or (iii) in a residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.

18VAC60-21-220. Inactive license.

A. Any dentist who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. With the exception of practice with a current restricted volunteer license as provided in § 54.1-2712.1 of the Code, the holder of an inactive license shall not be entitled to perform any act requiring a license to practice dentistry in Virginia.

B. An inactive license may be reactivated upon submission of the required application, which includes evidence of continuing competence and payment of the current renewal fee. To evaluate continuing competence the board shall consider (i) hours of continuing education that meet the requirements of 18VAC60-21-250; (ii) evidence of active practice in another state or in federal service; (iii) current specialty board certification; (iv) recent passage of a clinical competency

Southern Regional Testing Agency, Inc.

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.

Southern Regional Testing Agency (SRTA)

4698 Honeygrove Rd., Suite 2
Virginia Beach, VA
23455
Office Hours
Monday – Friday 8:30a.m. – 5:00p.m. EST
phone: (757) 318-9082 | fax: (757) 318-9085

III. MANIKIN-BASED EXAMINATION

The Endodontic and Fixed Prosthodontics Sections are administered on the same manikin head. **All sections will be performed as if the manikin were a live patient.** The manikin head and facial shroud must be maintained in an acceptable operating position, and the candidate must follow all appropriate infection control procedures.

When unpacking the typodont, all packing materials should be saved and used in repacking the typodont when finished. If there are any problems with the typodont during the examination, notify a Clinic Floor Coordinator (CFC) immediately.

Manikin heads may be mounted in simulation labs as part of a simulated patient work area, or they may be chair mounted in a clinic setting. In either scenario, the manikin head may not be disassembled or removed from the dental chair for any reason without prior permission of a CFC.

Candidates will have **three hours** to complete the Endodontic Section and **four hours** to complete the Fixed Prosthodontics Section.

The Endodontics Section is followed by the Fixed Prosthodontics Section. After finishing the Endodontics Section a Clinic Floor Coordinator (CFC) must be called to check the completion. If a candidate finishes the Endodontics Section early, they may proceed to the Fixed Prosthodontics Section without waiting but will only be allowed the standard four hours for this section.

Air/Water spray: The Candidate should use only air, but may use both air and water spray 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.

Assigned teeth: Only the assigned teeth may be treated. If the candidate begins a procedure on the wrong tooth, they must notify the CFC. Candidates may mark the teeth to be treated (on the facial surface) but only after the actual examination has started and while employing all infection control guidelines.

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.

Security requirements: No written materials may be in the operating area other than a copy of the Candidate Manual or parts thereof, notes written in the manual and the examination forms.

Note: Any validated unacceptable criteria recorded in either endodontics or fixed prosthodontics will result in a failure of that procedure.

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FIXED PROSTHODONTIC SECTION

The Fixed Prosthodontics Section consists of three procedures:

1. **Porcelain-fused-to-metal crown preparation** as an anterior abutment for the 3-unit bridge, plus an evaluation of the line of draw for the bridge abutment preparations (tooth #5)
2. **Cast metal / All-Zirconia crown preparation** as a posterior abutment for the 3-unit bridge (tooth #3)
3. **All-ceramic crown preparation** on an anterior central incisor (tooth #9)

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

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

Reduction guide: A reduction guide/stent can be fabricated during the set-up time. This can be done without the use of gloves prior to typodont mounting. Other impressions can be taken during the exam but can only be made using appropriate infection control procedures. All impressions, casts or models must be turned in at the end of the exam.

Reiteration: Stents and Reduction Guides can be fabricated during set up time. Upon completion of the exam, candidates must write their candidate number using a black permanent marker (indelible ink) on all sections of the stent. These are placed in a plastic bag with a candidate label adhered to the bag. This bag is then turned in when the typodont is submitted for scoring. If the candidate incorrectly fabricates stents, the ability to appeal is forfeited.

Prohibited materials: Prefabricated impressions, registrations, overlays, clear plastic shells, models or prefabricated 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.**

Note: Before the typodont is submitted at the end of the examination, you must be sure it is clear of all dust and debris. At the discretion of the examiner, the stents may be used to aid in grading the typodont.

Any post-examination treatment required as a result of treatment rendered during the examination process is the responsibility of the candidate and will be completed at the expense of the candidate. A Post-Operative Form must be completed to indicate the follow-up treatment required and clarify responsibility for the treatment. If the candidate receives no communication from the examiners in the Evaluation Area, a CFC should be notified before the patient is dismissed.

ANTERIOR RESTORATIVE

Requirements for the class III anterior composite preparation & restoration

1. The tooth selected for the Class III composite restoration must be a permanent anterior tooth that meets the following requirements:
   - At least one proximal primary carious lesion that shows no signs of previous excavation and appears, radiographically or clinically, to extend to the DEJ.
     OR
   - A defective restoration, defined as one that exhibits recurrent caries or a defective cavosurface margin that, even though it may not yet be carious, can be penetrated with an explorer. (A mismatched shade is not an acceptable indication.) Existing defective restorations must be completely removed before submitting the patient to the Evaluation Area for a modification request or evaluation of the completed preparation.
   - If the removal of preexisting restorative material will result in a preparation that extends beyond *Acceptable*-level criteria, a Modification Request Form should be submitted prior to removal.
   - The proximal contact of the tooth must be visually closed and meet resistance to dental floss passing through the contact with the adjacent tooth on the proximal surface to be restored, although the area to be restored may or may not be in contact.
   - The approximating contact of the adjacent tooth must be natural tooth structure or a permanent restoration.
   - There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no cavitation of the contact before or during the preparation that would prevent the candidate from restoring to an ideal contour or contact of the restoration.
   - Occlusion may or may not be present.

2. Lesions that may initially be described as Class IV will **not** be accepted. However, Class III lesions that may require modifications resulting in Class IV restorations are acceptable.
3. Lingual dovetails are acceptable when appropriately used.
4. Surface sealants must not be placed on the finished composite restoration.

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POSTERIOR RESTORATIVE CRITERIA

The candidate is required to complete one of the following:

1. Amalgam
2. Traditional Composite
3. Slot Composite

Requirements for the class II preparation & restoration

1. The restoration must be a permanent posterior tooth that meets the following requirements:

   - At least one proximal surface being restored must have a primary carious lesion that shows no signs of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ and the surface to be restored must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth.
   - There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize ideal proximal contour or contact of the finished restoration.
   - When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth. Those opposing tooth/teeth may be natural dentition, a fixed bridge or any permanent artificial replacement thereof (including removable partial denture or a full denture). The opposing tooth does not need to occlude on the proposed new restoration.

2. Other surfaces of the selected tooth may have an existing occlusal or proximal restoration, as long as there is a qualified surface with primary caries. Preexisting restorations and any underlying liner must be entirely removed, and the preparation must demonstrate acceptable principles of cavity preparation. An MOD treatment selection must have at least one proximal contact to be restored.

   In the event of a defect that would qualify as an acceptable lesion on the proximal surface opposite from the surface with primary caries, the treatment plan must be a MOD unless there is an intact transverse or oblique ridge, in which case the restoration must be treatment planned as a MO – DO.

3. **For amalgam only:** The condensed and carved amalgam surface should **not** be polished or altered by abrasive rotary instrumentation except for the purpose of adjusting occlusion. Proximal contact is a critical part of the evaluation, and the candidate should be aware that the examiners will be checking the contact with floss. Please note that, for this examination, proximal contacts must be **visually** closed. Some resistance to the passage of floss is not sufficient for judging a contact to be closed. Also, contacts must not prevent floss from passing through. Proximal contacts that are not visibly closed or that do not permit the passage of floss are evaluated as *Unacceptable*. The candidate must be familiar with the properties of the amalgam being used and should be sure to allow sufficient time for the amalgam to set before sending the patient to the Evaluation Area/Grading Area.

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2018 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 PONTS

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

Class III Composite ~Preparation
Class III Composite - Restoration~

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*

OR

- Class II Composite Slot Preparation   9 Criteria
- Class II Composite Slot 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:

   o 7 penalty points for 1st rejection

   o 7 penalty points for 2nd rejection

   o 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

   o 8 scorable items

   o 2 points awarded for each Intra/Extra-Oral structure that is evaluated and described correctly

3. Periodontal Measurements/Gingival Recession - 12 Points

   o 12 probing depths evaluated on two teeth

   o 0.75 points for each correctly measured probing depth

   o 4 gingival recession measurements taken on facial and lingual aspects of two teeth

   o 0.75 points for each correctly measured area of gingival recession

4. Scaling/Subgingival Calculus Removal - 60 Points

   o 12 scorable items

   o 5 points are awarded for each of the 12 required surfaces that are acceptably debrided of subgingival accretions

5. Supragingival Deposit Removal - 12 Points

   o Evaluation of all teeth scored in treatment selection; max of 6 errors

   o 2 points awarded for each of the teeth that are free of all supragingival accretions

6. Tissue Management - Penalty Points

   o 5 penalty points are assessed for any unwarranted areas of tissue trauma

- o 1 point awarded for each of the six teeth and surrounding tissues that are free of damage and well managed

- o 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:

   - o Infection Control

   - o Record Keeping

   - o Patient Management

   - o 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

   - o Penalty points are assessed for Treatment Selections that do not meet the described criteria

   - o 7 penalty points for 1st rejection

   - o 7 penalty points for 2nd rejection

   - o 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

   - o Penalty points are assessed for Treatment Selections that do not meet the described criteria

   - o 5 penalty points for 1st rejection on either procedure

   - o 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:

        o Inability to differentiate between caries and a pulpal exposure.

        o Inability to carry out instructions for modifications that any competent practitioner should be able to complete.

        o 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

WREB
A National Dental and Dental Hygiene Testing Agency

23460 North 19th Avenue, Suite 210 • Phoenix, Arizona 85027
Phone: (623) 209-5400 • Fax: (602) 371-8131
www.wreb.org
dentalinfo@wreb.org
hygieneinfo@wreb.org

Summary of 2018 Dental Exam Format Changes
(revised 8/25/17)

Overview

The Dental exam will consist of the following required sections: Operative, Endodontics, and Comprehensive Treatment Planning (CTP). The Periodontal section remains part of the exam and is included in the full exam fee, but the Candidate may opt out during registration if the state to which they are applying for initial licensure does not require this procedure. The Periodontal section is not a required section of the WREB exam, but there is no additional fee to take it. It is included in the full exam fee. An optional Prosthodontic section will also be offered, if the state to which a Candidate is applying for initial licensure requires it. The Prosthodontic section is not a required section of the WREB exam, but there is no additional fee to take it. It is included in the full exam fee.

The CTP exam is a written exam that will be taken in the fall at a Prometric Testing Center. Windows to take the exam at Prometric are approximately six weeks long and are pre-assigned based on the site where the Candidate will take the clinical exam.

Exam Sections

Operative: This is a required section. The Candidate may complete up to two procedures to demonstrate competence on the Operative section.

A Class II must be completed to pass the WREB exam:

- Direct Posterior Class II Composite Restoration (MO, DO or MOD)
- Direct Posterior Class II Amalgam Restoration (MO, DO or MOD)
- Indirect Posterior Class II Cast Gold (inlay/onlay up to and including a ¾ Crown)

A second procedure, if required, may be any of the following:
- Direct Posterior Class II Composite Restoration (MO, DO or MOD)
- Direct Posterior Class II Amalgam Restoration (MO, DO or MOD)
- Indirect Posterior Class II Cast Gold (inlay/onlay up to and including a ¾ Crown)
- A Direct Anterior Class III Composite Restoration (ML, DL, MF, DF)

If the Candidate is successful, (3.00 or higher), on the first procedure, the section is Passed, with no need to complete another procedure. If the first procedure scores below a 3.00, the Candidate may proceed with a second procedure, which will be averaged with the first procedure. For states requiring two Operative procedures, Candidates will have the option to complete a second procedure, even if the first procedure scored above a 3.00. The average of the two procedures must be 3.00 or higher to pass the section. If a second procedure is completed and the average scores below 3.00, the attempt is completed and reported as failing. In this instance, the Candidate must pay to retake the full Operative section at a different site. No onsite retakes are available for Operative. There are certain critical errors (such as validated caries remaining or a finding of a wrong tooth prepared) that immediately terminate the Operative section for a Candidate. In this instance, the Candidate fails Operative must pay to retake the full Operative section at a different site.

Revised 8/25/17

23460 North 19th Avenue, Suite 210 • Phoenix, Arizona 85027
Phone: (623) 209-5400 • Fax: (602) 371-8131
www.wreb.org
dentalinfo@wreb.org
hygieneinfo@wreb.org

WREB
A National Dental and Dental Hygiene Testing Agency

If needed, the second Operative procedure may be completed on Clinic Days Two or Three.

Endodontics: This is a required section and will be completed on simulated teeth. Teeth mounted in sextants and preoperative radiographs will be provided to Candidates by WREB upon arrival in the simulation lab. Candidates are required to place and maintain the manikin in correct patient treatment position and remain articulated in correct vertical dimension. Universal precautions and a rubber dam are required for all endodontic treatment. Candidates are allotted three (3) hours to complete their treatment and postoperative radiographs. The sextants and radiographs are then submitted for calibrated examiner scoring to published criteria. Candidates are allotted a thirty (30) minute set up period prior to the start of the exam. Required Endodontic procedures:

- Anterior– Graded on Access and Condensation
- Posterior– Graded on Access only

Candidates with a failing result in Endodontics will have the opportunity to retake the section at the same exam site on the third clinic day. Onsite retakes for Endodontics are not available on Clinic Days 1 or 2. Three hours (3) will be allotted for the retake on Clinic Day 3. There is no additional fee for an onsite retake. If, for any reason, the section is not retaken onsite, the Candidate must pay to retake the section at a different site.

Periodontal Treatment: Initial Phase Treatment, S/RP subject to acceptance criteria. Candidates will have the choice to opt out of the periodontal section during registration if the state to which they are applying for initial licensure does not require this procedure. It remains part of the WREB exam and candidate results are reported to state dental boards unless the candidate removes it at application.

A retake of the Periodontal section may be taken onsite on Clinic Days Two or Three, if applicable. A Candidate with a validated finding of major tissue trauma will not be allowed to retake perio at the same site. There is no additional fee for an onsite retake. If, for any reason, the section is not retaken onsite, the Candidate must pay to retake the section at a different site.

Prosthodontics: Simulated preparation of two abutments to support a posterior three-unit fixed partial denture prosthesis and preparation of an anterior tooth for a full-coverage ceramic crown. The preparations are performed on simulated teeth set in arches with simulated gingival tissue mounted in an articulator or manikin. Candidates will prepare a maxillary central incisor for an All Ceramic Crown (ACC) restoration. The posterior three-unit fixed partial denture prosthesis will replace a missing tooth in an upper quadrant. For example, if the missing tooth is #4; the tooth to be prepared as the anterior abutment for the fixed partial denture will be #5, and the tooth to be prepared as the posterior abutment for the fixed partial denture will be #3. Candidates are monitored to ensure they work independently, observe universal precautions, and work in a manner that simulates performing procedures on a patient, including that they maintain proper patient head position and normal vertical dimension. The prosthodontic preparations are completed in a single day during a time slot assigned for this purpose. Candidates are allotted three and one-half (3.5) hours to complete their prosthodontic preparations, and are given thirty (30) minutes prior to start of the exam to set up their unit, mount their arches and prepare to begin. Candidates can choose to opt into the prosthodontic section during registration if the state to which they

Revised 8/25/17

WREB
A National Dental and Dental Hygiene Testing Agency

23460 North 19th Avenue, Suite 210 • Phoenix, Arizona 85027
Phone: (623) 209-5400 • Fax: (602) 371-8131
www.wreb.org
dentalinfo@wreb.org
hygieneinfo@wreb.org

are applying for initial licensure requires this procedure. The Prosthodontic section is not part of the WREB Dental Examination unless the candidate adds it at the time of application.

Candidates with a failing result in Prosthodontics will have the opportunity to retake the section at the same exam site on the third clinic day. Onsite retakes for Prosthodontics are not available on Clinic Days 1 or 2. Three and one-half (3.5) hours will be allotted for the retake on Clinic Day 3. There is no additional fee for an onsite retake. If, for any reason, the section is not retaken onsite, the Candidate must pay to retake the Prosthodontic section at a different site.
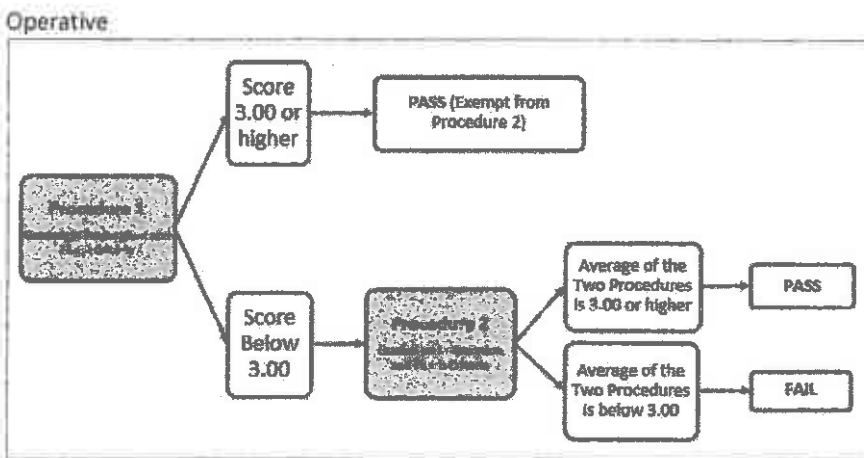
Comprehensive Treatment Planning (CTP): This is a required section. The Comprehensive Treatment Planning (CTP) examination is a computer-based examination administered at Prometric test centers. The exam consists of three (3) patient cases of varying complexity, one of which is a pediatric patient. For each case, Candidates assess patient history, photographs, radiographs, and clinical information in order to create and submit a treatment plan. Candidates are required to answer questions with constructed responses and perform tasks related to each case such as appropriate pharmacy prescriptions and case specific dental laboratory work authorizations, when required. Candidates are allowed three (3) hours to complete the CTP exam. A 15-minute tutorial is provided prior to the beginning of the examination. Candidate scoring is completed by calibrated examiners utilizing published scoring criteria rating scales.
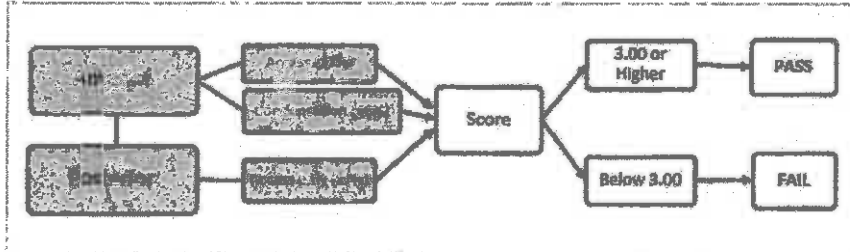
Clinical Exam Schedule
The clinical exam will consist of one Orientation Day and two clinical days starting at 8:00 am and ending at 4:00 pm, plus a third half day starting at 8:00 am and ending at 11:00 am. Provisional results will be posted at the end of each clinic day. Endodontics, (and Prosthodontics if taken), are scheduled sections and will be scheduled on opposite days on Clinic Days 1 or 2.
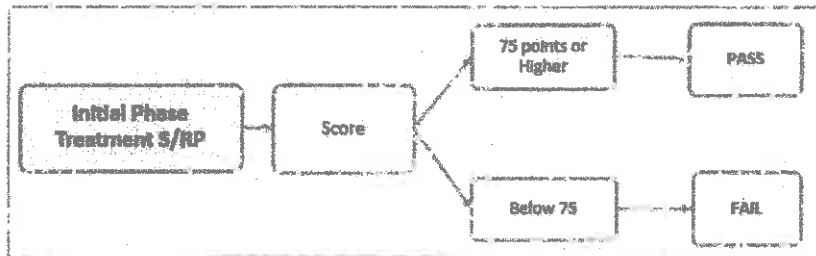
Passing Requirements
Candidate results of any completed section, pass or fail, (initial or retake) are reported to state dental boards.

Operative

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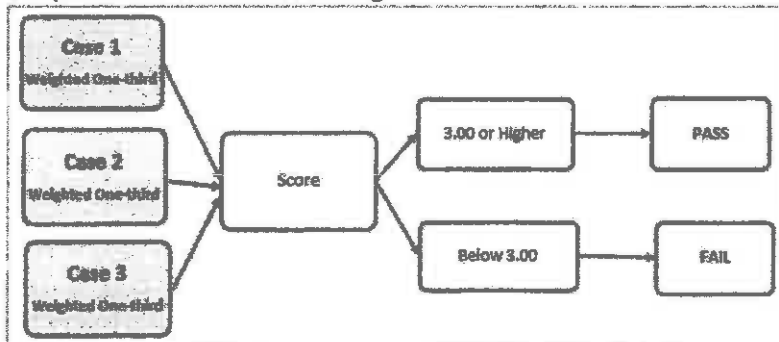
Endodontics

Periodontal Treatment

Prosthodontics

Comprehensive Treatment Planning

Revised 8/25/17
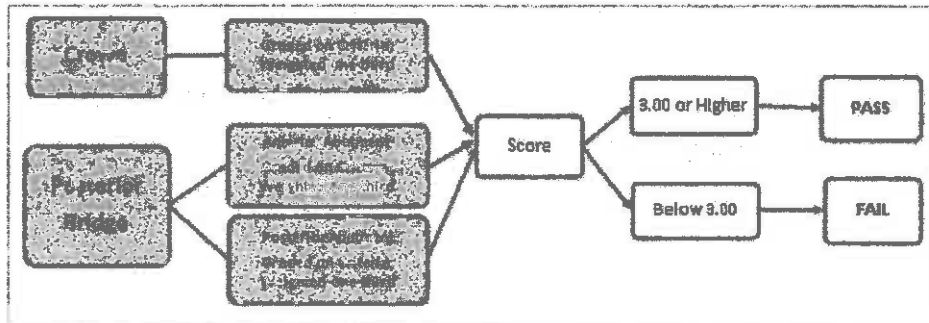
A. ADEX Dental Examination Series

The ADEX dental examination series is the examination developed by the American Board of Dental Examiners, Inc. (ADEX) and administered by the Commission on Dental Competency Assessments (CDCA, formerly the NERB) and the Council of Interstate Testing Agencies, Inc. (CITA). The ADEX examination series consists of computer simulations and clinical examinations performed on patients and manikins. The ADEX examination series is utilized to assist licensing jurisdictions in making decisions concerning the licensure of dentists. The ADEX dental examination series for 2018 consists of up to five skill-specific clinical and simulated clinical examinations:

One written computer examination
-Section I: Diagnostic Skills Examination OSCE (DSE OSCE) Section (computer-based)

Two simulated clinical examinations
-Section II: Endodontic Clinical Examination Section (manikin-based)
-Section III: Fixed Prosthodontic Clinical Examination Section (manikin-based)

Two clinical examinations performed on live patients
-Section IV: Periodontal/Scaling Clinical Examination Section (optional, based on the requirements in the state where the candidate seeks licensure)
-Section V: Restorative Clinical Examination Section (includes anterior and posterior)

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

B. ADEX Recognizing Jurisdictions

The ADEX Examination Series is widely accepted for use in the dental licensure process in jurisdictions throughout the United States and in Jamaica. Please consult the CDCA website at www.cdcaexams.org for a map of those states, jurisdictions, and countries that accept the results of the ADEX dental examination. Because of the rapidly changing nature of the licensure process in the United States, candidates are advised to contact the board of dentistry in the jurisdiction in which they intend to seek licensure to determine whether ADEX Exam results are acceptable in that jurisdiction.

Please note that depending on the requirements of each state, some states may require an additional module(s) or competency. *Candidates should contact the jurisdiction in which they wish to practice to confirm all requirements for licensure in that jurisdiction.*

C. ADEX Status

"ADEX Status" is achieved when a candidate has successfully completed the required computer simulated exam (DSE OSCE), Sections I, II, III and V of the ADEX Dental Examination Series with a score of "PASS - 75 or greater" in each of the sections, as well as has graduated from a dental school which has been accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC). While the Periodontal/Scaling Clinical Examination (Section IV) is not required for ADEX Status, it may be required for licensure in many jurisdictions.

It is the candidate's responsibility to contact the licensing jurisdiction of interest to determine current eligibility and additional requirements. Individual jurisdictions may require an additional state jurisprudence examination or other additional examinations.

NOTE: Candidate results may be shared among all agencies that administer the ADEX dental exam for the purposes of effectively reporting ADEX Status, as well as adhering to both the 18-month rule and the 3-time failure rule.

D. 18-Month Rule

Candidates will have 18 months to successfully complete the required 5-part ADEX dental exam series (including the Diagnostic Skills Examination OSCE but not considering the Periodontal portion as required).

For CIF candidates, that 18 months will begin on July 1st of the year prior to their class graduation date.

For Traditional candidates, it will begin on the date of the first computer-based or clinical exam challenged.

If a candidate does not successfully complete the ADEX dental exam series within that period, that candidate must re-take all required parts of the examination, including the computer-based portion.

E. 3-Time Failure Rule

Candidates failing one or more of the same parts of the ADEX dental examination series on three (3) successive attempts must re-take all parts of the examination, including any computer-based portions. Any procedures on which the candidate may have been previously successful will not be recognized or counted toward successful completion of the re-test of the entire ADEX examination series. The candidate will be considered an initial applicant and must register for the ADEX dental examination series.

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1. *Restorative Examination Content*

Anterior Restoration

Anterior (Class III) Composite Preparation	12 Criteria
Anterior (Class III) Composite Restoration	10 Criteria

Posterior Restoration

Posterior (Class II) Amalgam Preparation	15 Criteria
Posterior (Class II) Amalgam Finished Restoration	9 Criteria
Posterior (Class II) Composite Preparation	15 Criteria
Posterior (Class II) Composite Finished Restoration	11 Criteria

Restorative Clinical Examination – 100 points per procedure

RESTORATIVE CONTENT	EXAMINATION FORMAT
Anterior restoration (100 points) Class III composite - cavity preparation and restoration are graded separately Posterior restoration (100 points) candidate's choice of either: ▪ Class II amalgam - cavity preparation and restoration ▪ Class II composite - cavity preparation and restoration	Performed on a patient Preparation and Restoration are each graded by 3 examiners independently

2. *Periodontal Scaling Examination Content*

The Periodontal Scaling Examination is a patient-based examination consisting of four parts:

a. **Treatment Selection** – Penalties are assessed for those areas that do not meet the described criteria for case acceptance.

b. **Calculus Detection and Removal** – 90 points total with 7.5 points for each surface of subgingival calculus correctly detected and removed. (*If there are four (4) or more confirmed calculus detection errors, the candidate will not be allowed to proceed with the exam.)

c. **Supragingival Deposit Removal** – 6 points total with one point for each one of the first 6 teeth selected in ascending order.

d. **Tissue & Treatment Management** – 4 points total for pain control and tissue management that meets the written criteria.

PERIODONTAL SCALING CONTENT	EXAMINATION FORMAT
Treatment Selection & Pre-Treatment 1. Case acceptance 2. Subgingival calculus detection *Treatment & Post-Treatment* 3. Subgingival calculus removal 4. Supragingival plaque/stain removal 5. Tissue and treatment management	Performed on a patient Treatment Time: 90 minutes (after case acceptance)

3. Penalties & Point Deductions

Throughout the examination, the conduct and clinical performance of candidates are observed and evaluated, and a number of considerations are weighed in determining the final scores. Penalties are assessed for violation of the examination standards for certain procedural errors.

EXAMINATION FAILURE: Examples of violations of examination guidelines which may result in failure of any one examination include:

- Performing treatment procedures other than those assigned
- Performing procedures outside authorized examination clinic spaces.
- Failure to follow the published time limits (deadlines) and/or complete the examination within the allotted time
- Non-compliance with anonymity requirements
- Use of prohibited electronic devices in the designated examination spaces, during the examination, by the candidate, assistant, or patients (i.e.: cell phones, smart watches, pagers, computers, cameras, recording devices) *Patients may use their cell phones in the waiting room area only
- Use of unauthorized equipment
- Violations of infection control guidelines recommended by the CDC, during a clinic based examination (including when setting up and when cleaning up after the examination has ended)
- Critical lack of clinical judgement
- Failure to turn in all required records at the end of the examination (the examination will be considered incomplete)

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A. Manikin Exam Available Formats

There are three basic exam formats: The Curriculum Integrated Format (CIF) is the pre-graduation format of the ADEX Dental Examination Series for dental students of record. The Curriculum Integrated Format, the Patient-Centered Curriculum Integrated Format (PC-CIF), 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.

    a. Curriculum Integrated Format (CIF): examination parts are administered over the course of an eligible dental student's D3 or D4 (or final) year. Typically, the manikin procedures are administered separately, usually months or weeks apart from the patient-based procedures.

    b. Patient-Centered CIF (PC-CIF): Similar to the CIF format described above, but the PC-CIF format is more individually tailored to each student's readiness and is integrated within the framework of a student's faculty-approved, treatment-planned school clinic caseload. In this format, patients leave with a definitive restoration provided by or under the supervision of the faculty, if treatment is not completed during the examination. Candidates participating in the PC-CIF format challenge all manikin and patient procedures in their home school clinic. Candidates register for all exam parts at the same time prior to challenging the manikin procedures.

    c. 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. The Traditional Format is available several times each year. D4 (or final year) dental students as well as candidates who have already graduated from dental school are eligible for the Traditional Format.

B. Manikin Exam Parts

The Endodontics and Prosthodontics parts are performed on a manikin with a typodont in a patient treatment clinic or simulation laboratory, and they are offered on the same day, Endodontics procedures first, followed by the Prosthodontics procedures. Initially, candidates challenge both parts together, but individual parts may be re-challenged as needed.

Endodontics (administered first): Candidates have **three hours total** to complete both of the following:
- Anterior tooth: access, canal preparation, and obturation
- Posterior tooth: access preparation and canal identification

Prosthodontics (administered second): Candidates have **four hours total** to complete all of the following:
- Ceramic Crown: preparation of a maxillary incisor for an all ceramic crown
- Cast Metal Crown: preparation of a molar for a cast metal bridge abutment crown
- Porcelain-Fused-to-Metal Crown: preparation of a premolar for a porcelain-fused-to-metal bridge abutment crown

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Virginia Board of Dentistry

Policy on Clinical Examinations Acceptable to the Board

Excerpts of Applicable Law, Regulation and Guidance
- An application for a license to practice dentistry shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant, among other requirements, has successfully completed a clinical examination acceptable to the Board and has met other qualifications as determined in regulations promulgated by the Board, §54.1-2709.B(iv) and (v).
- The Board may grant a license to practice dentistry to an applicant licensed to practice in another jurisdiction if the applicant, among other requirements, meets the requirements of §54.1-2709.B, §54.1-2709.C(1).
- All applicants for dental licensure by examination shall have, among other requirements, passed a dental clinical competency examination that is accepted by the Board, 18 VAC 60-21-210.A(1)(b).
- All applicants for dental licensure by credentials shall have, among other requirements, successfully completed a clinical competency examination acceptable to the Board, 18 VAC 60-21-210.B(2).
- An **original** score card or report from the testing agency documenting passage of a clinical examination involving live patients is required. Candidate's score cards are not acceptable. *All score cards or reports must be requested by the applicant.* (Canadian exams are not accepted.) Certificates are not accepted.

Applications for dental licensure by Examination
- **If applying by examination**, the examination results accepted are: SRTA from any year; CRDTS, WREB (request a detailed report) or NERB/CDCA if taken after January 1, 2005; CITA if taken after September 1, 2007; and ADEX if taken after January 1, 2012. *All examinations taken after March 9, 2018 must include, at a minimum, sections on Endodontics, Prosthodontics, and Restorative dentistry.*

Applications for dental licensure by Credentials
- **If applying by credentials**, the examinations results accepted are CRDTS, WREB, NERB/CDCA, CITA and ADEX and the results of state administered examinations are accepted when the scorecard or report shows that testing included live patients. *All examinations taken after March 9, 2018 must include, at a minimum, sections on Endodontics, Prosthodontics, and Restorative dentistry.*