DENTAL HYGIENE CANDIDATES:

EXAMINATION MODIFICATIONS FOR PATIENT TREATMENT CLINICAL EXAMINATION DURING THE COVID-19 PANDEMIC

The criteria, exam process and grading will be the same as explained in the 2020 Candidate Manual for the ADEX Restorative and Periodontal Examinations with the following exceptions:

1. Infection control protocols set by the host school must be followed. All candidates must check the facility information sheet to see what PPE is required and what will be provided by the host school. It is the responsibility of the candidate to assure they have PPE that fit those protocols. In addition, per school requirements, a COVID-19 health questionnaire and temperature measurement may be required for candidates, assistants, patients and examiners prior to entry into the school or exam area.

2. Candidates must always wear appropriate PPE in the clinic area, changing gloves mask, gown or other PPE when they become soiled or wet.

3. All candidates will follow CDC Guidelines regarding donning and doffing PPE (CDC Donning and Doffing PPE), maintaining maximum distance between chairs where treatment is being provided (per school and state policy) and washing hands and any exposed skin surfaces if possibly contaminated.

4. Candidates keep all exam paperwork well away from the treatment chair and covered when not in use. Candidates will avoid touching pens or common paperwork with contaminated gloves.

5. Aerosols must be kept to a minimum. The use of ultrasonic scalers (Cavitron or Piezo) is not permitted, until September 1, 2020, when the recommendations will be re-evaluated. The use of air spray for the purposes of drying the operating field is discouraged. These guidelines are based on recommendations by the CDC (CDC Dental Settings), the ADHA (ADHA Interim Guidelines), and the ADA (ADA Interim Guidelines).

6. The clinical treatment time is extended by ½ hour to 2.5 hours for exams restricted to hand scaling.

7. CDC guidelines must be followed for the removal of PPE and disposable of such materials. School protocols must be followed for the cleaning/disinfecting of all equipment and chairs.

8. All exposed skin surfaces must be washed before leaving the exam site. On return home separate and thoroughly wash all clothing worn during the examination and encourage your patients to do the same.
PATIENT TREATMENT CLINICAL EXAMINATION MANUAL

2020 ADEX Dental Hygiene Examination
# Table of Contents

**Examination and Manual Overview**

I. Examination Overview  
A. ADEX Dental Hygiene Examination Parts  
B. Treatment Goals  
C. Patient Treatment Clinical Examination (PTCE) Examination Schedule Guidelines  
   1. Dates and Sites  
   2. Time Allotment on Exam Day  
   3. Examination Timeline  
   4. Timely Arrival  
D. Exam Day: Chairside Assistants and Interpreters  
   1. Chairside Assistants  
   2. Interpreters  
E. Candidate Professional Conduct  
F. Infection Control  
G. Scoring System Overview  
H. 2020 PTCE Criteria Chart

II. Patient Selection Guidelines and Online Case Entry Process  
A. Patient Selection Guidelines  
   1. Sharing Patients  
   2. Patient Eligibility  
B. Patient Medical History Requirements  
   1. Patient Medical History Form  
   2. Patient Medical Clearance  
C. Case Selection  
   1. What to Include in Your Case Selection  
   2. What You CANNOT Include as Treatment Surfaces within Your Case Selection  
   3. What is Strongly Discouraged Within Your Case Selection  
   4. Case Selection Checklist  
D. Online Case Entry Process

III. Instruments and Radiographs  
A. Instrument Requirements  
B. Radiograph Requirements

IV. Exam Day Administration  
A. Candidate Preparation  
   1. Before the Exam: Candidate Orientation  
   2. Before the Exam: Candidate Registration Session  
B. Local Anesthesia  
   1. For Candidates Authorized to Use Injectable Local Anesthetics  
   2. For Candidates Not Authorized to use Injectable Local Anesthetics  
   3. Anesthesia Administration Protocols
C. Exam Flow Overview

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Set-Up Period</td>
</tr>
<tr>
<td>2.</td>
<td>Clinic Floor Examiner (CFE) &amp; Data Systems Manager (DSM)</td>
</tr>
<tr>
<td>3.</td>
<td>Sending Patients to the Evaluation Station</td>
</tr>
</tbody>
</table>

D. Pre-Treatment Evaluation

E. Clinical Treatment Time

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Calculus Detection on the Three Assigned Teeth</td>
</tr>
<tr>
<td>2.</td>
<td>Calculus Removal</td>
</tr>
<tr>
<td>3.</td>
<td>Six Probing Measurements</td>
</tr>
<tr>
<td>4.</td>
<td>Tissue Management</td>
</tr>
</tbody>
</table>

F. Post-Treatment Evaluation

G. Check-Out Procedures

H. Results Release

IV. Examination Forms

A. Forms to Complete Prior to the Examination Day

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Certification of Review of the Online Orientation</td>
</tr>
<tr>
<td>2.</td>
<td>Patient Consent, Disclosure, and Assumption of Responsibility Form</td>
</tr>
<tr>
<td>3.</td>
<td>Patient Medical History Form</td>
</tr>
<tr>
<td>4.</td>
<td>Case Selection Worksheet / Probing Measurement Findings (Front &amp; Back)</td>
</tr>
<tr>
<td>5.</td>
<td>Online Case Selection Entry (PRINT PDF)</td>
</tr>
</tbody>
</table>

B. Forms to Complete During the Examination

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Progress Form</td>
</tr>
<tr>
<td>2.</td>
<td>Post-Operative Care Agreement (Complete 2 Copies of the Form)</td>
</tr>
<tr>
<td>3.</td>
<td>Check-Out Form</td>
</tr>
</tbody>
</table>

C. Full-Page Form Samples

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Certification of Review of the Online Orientation</td>
</tr>
<tr>
<td>2.</td>
<td>Candidate Cubicle Card</td>
</tr>
<tr>
<td>3.</td>
<td>Patient Consent, Disclosure, and Assumption of Responsibility Form</td>
</tr>
<tr>
<td>4.</td>
<td>Dental Hygiene Flow Chart</td>
</tr>
<tr>
<td>5.</td>
<td>CFE Sign Up Sheet</td>
</tr>
<tr>
<td>6.</td>
<td>Patient Medical History Form</td>
</tr>
<tr>
<td>7.</td>
<td>Case Selection Worksheet</td>
</tr>
<tr>
<td>8.</td>
<td>Candidate Findings Worksheet (back of Case Selection Worksheet)</td>
</tr>
<tr>
<td>9.</td>
<td>Progress Form</td>
</tr>
<tr>
<td>10.</td>
<td>Post-Operative Care Agreement</td>
</tr>
<tr>
<td>11.</td>
<td>Check-Out Form</td>
</tr>
</tbody>
</table>

D. Candidate PTCE Checklist

There are two manuals for candidates to read. This manual focuses on the PTCE portion of the ADEX Dental Hygiene Examination Series and can be brought into the clinic during the PTCE examination.
The CDCA administers the ADEX clinical dental hygiene licensure examination. The ADEX dental hygiene exam consists of a computer-based exam (CSCE OSCE) as well as a patient-based procedure, the Patient Treatment Clinical Examination (PTCE). All examinations are based on specific performance criteria developed by ADEX and other content experts which will be used to measure the clinical competency of candidates.

All candidates who take any parts of the ADEX dental hygiene examination administered by the CDCA between January 1, 2020 and December 31, 2020 are responsible for reading and understanding the 2020 examination manual(s) published by the CDCA, any documented changes to the 2020 manual(s), and for reviewing and understanding all other material provided by the CDCA regarding the exams administered between January 1, 2020 and December 31, 2020. Candidates should periodically check the CDCA website for any changes and/or updates. If any questions arise during the registration process, candidates are responsible for communicating their questions to the CDCA staff via email (see contact information below). Questions MUST be submitted in writing.

The CDCA has a blanket Malpractice Insurance policy that covers all dental hygiene candidates for all ADEX examinations. Therefore, candidates are not required to obtain additional limited liability insurance.

The CDCA reserves the right to cancel or reschedule any examination in the event of an emergency or other unforeseen circumstance that is beyond the CDCA’s control. The CDCA would either refund those candidates’ application fees, reassign candidates to the next available examination site or reschedule the examination at the earliest possible date.

Every effort has been made to ensure that this manual is accurate, comprehensive, clear, and up-to-date. In the rare instances when examination related instructions need to be updated or clarified during the examination year those changes will be communicated to the candidates by the CDCA. There may also be other test related material sent to candidates. These materials will be available through their online candidate profiles and/or at registration on the day of the exam.

Prior to taking an examination through the CDCA, each candidate must review the manuals published by the CDCA as well as other material provided by the CDCA.

Please see the Candidate Registration and CSCE OSCE Manual for step-by-step instructions on how to register for the ADEX Dental Hygiene Examination through the CDCA, as well as guidance regarding the CSCE OSCE registration and content. All CDCA candidate manuals can be downloaded from the CDCA website: www.cdcaexams.org.
The ADEX Dental Hygiene Examination: Patient Treatment Clinical Examination

I. EXAMINATION OVERVIEW

- ADEX Dental Hygiene Examination Parts
- Treatment Goals
- PTCE Examination Schedule/Timeline Guidelines
- Exam Day: Chairside Assistants and Interpreters
- Candidate Professional Conduct
- Infection Control
- Scoring System Overview (2020 ADEX PTCE Criteria)
A. ADEX Dental Hygiene Examination Parts

The ADEX Dental Hygiene Examination is based on specific performance criteria used to measure clinical competence. The ADEX Dental Hygiene Examination Committee (DHEC), which is comprised of representatives from every ADEX member district, develops and revises the PTCE. An additional committee of content experts contributes to the ongoing development of the CSCE OSCE. These committees combine their members’ considerable content expertise and they also rely on practice and occupational analysis surveys, current curricula, standards of competency and the American Association of Dental Board’s (AADB) “Guidance for Clinical Licensure Examinations in Dentistry.” This ensures that the content and protocols of the examination are current and relevant to practice. Examination criteria, content, and evaluation methodologies are reviewed annually.

1. The Patient Treatment Clinical Examination (PTCE) evaluates candidates on their clinical and judgment skills. Clinical skills include detection and removal of calculus, accurate periodontal pocket depth measurements, tissue management, and final case presentation. Judgment skills include presenting an eligible patient, diagnostic-quality radiographs that meet all examination criteria, and an acceptable case selection of teeth that meets all calculus requirements.

2. The Computer Simulated Clinical Examination (CSCE OSCE) is designed to assess various levels of diagnosis and treatment planning knowledge, skills, and abilities. Clinically-based questions are utilized through computer-enhanced photographs, radiographs, optical images of study and working models, laboratory data, and other clinical digitized reproductions.

NOTE: Many states require a separate jurisprudence exam. The CDCA does not administer the jurisprudence examination for the participating boards of dentistry, except for the State of Florida. The respective boards of dentistry develop, administer, and score their own jurisprudence examinations. The CDCA does not have access to, nor can it provide, jurisprudence study materials. Candidates should contact the board of dentistry in the state in which licensure is sought to arrange to take the jurisprudence examination.

B. Treatment Goals

The clinical skills procedure of the ADEX Dental Hygiene Examination evaluates a candidate’s ability to:

- Detect calculus
- Remove calculus without damaging the surrounding tissue
- Measure periodontal pocket depths accurately
- Present the patient (for final evaluation) whose case selection is free of calculus, biofilm, and extrinsic stain
C. PTCE Examination Schedule Guidelines

1. Dates and Sites

Specific examination dates for a participating dental hygiene program can be found on the CDCA website. Dates are determined through collaboration between the Program Director or other official representative of the dental hygiene program and the CDCA. Please refer to the Registration and CSCE OSCE Manual for the CDCA’s specific policies and administrative guidelines.

In the event there are extenuating circumstances such as weather, acts of God, or other unforeseen circumstances which may impact or alter the schedule and administration of the examination(s), the CDCA will make every attempt to contact candidates with updated information.

2. Time Allotment on Exam Day:

4 HOURS 15 MINUTES TOTAL
Patient Treatment time: 2 hours
~Pre-treatment evaluation takes approximately 30-35 minutes~

Note: The CDCA is not responsible for the malfunction of the facility’s or the candidate’s equipment and may or may not allot additional time due to the malfunction of any equipment. Equipment maintenance personnel are onsite during each examination to ensure the equipment and the water are in working order. At the site, should an equipment malfunction occur prior to or during the examination, the candidate must immediately notify the CFE or DSM so the appropriate personnel may be contacted.

3. Examination Timelines (AM Session and PM Session):

<table>
<thead>
<tr>
<th>AM SESSION</th>
<th>PM SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:45am – 7:15am</td>
<td>Candidate registration session</td>
</tr>
<tr>
<td>7:15am – 7:45am</td>
<td>Candidate set-up period in clinic (CFEs will be available to check medical histories and radiographs)</td>
</tr>
<tr>
<td>7:45am</td>
<td>EXAM START: patients who are checked in can be sent to the Evaluation Station</td>
</tr>
<tr>
<td>9:30am</td>
<td>To maximize full 2-hrs of treatment time, patient must be signed in for pre-treatment evaluation</td>
</tr>
<tr>
<td>10:00am*</td>
<td>Deadline for sign-in to the Evaluation Station</td>
</tr>
<tr>
<td>12:00pm</td>
<td>EXAM ENDS: all patients must be in the Evaluation Station for post-treatment evaluation</td>
</tr>
<tr>
<td>11:45am – 12:15pm</td>
<td>Candidate registration session</td>
</tr>
<tr>
<td>12:15pm – 12:45pm</td>
<td>Candidate set-up period in clinic (CFEs will be available to check medical histories and radiographs)</td>
</tr>
<tr>
<td>12:45pm</td>
<td>EXAM START: patients who are checked in can be sent to the Evaluation Station</td>
</tr>
<tr>
<td>2:30pm</td>
<td>To maximize full 2-hrs of treatment time, patient must be signed in for pre-treatment evaluation</td>
</tr>
<tr>
<td>3:00pm*</td>
<td>Deadline for sign-in to the Evaluation Station</td>
</tr>
<tr>
<td>5:00pm</td>
<td>EXAM ENDS: all patients must be in the Evaluation Station for post-treatment evaluation</td>
</tr>
</tbody>
</table>

*Any candidate who has been delayed will be allowed to take the exam as long as 90 minutes of patient treatment time are available. This means that the patient must be signed in for pre-treatment evaluation no later than 10:00am or 3:00pm in order to receive a start time of 10:30am or 3:30pm, thus allowing 90 minutes for patient treatment. No candidate may begin the exam if they have not signed their patient in by the 10:00am or 3:00pm deadline.
4. **Timely Arrival**

Candidates are responsible for determining their travel and time schedules to ensure they can meet all of the CDCA's time requirements. All candidates are expected to arrive at the examination site at their designated time, which will be communicated to them via their online candidate profiles (under the “Apply” tab of the candidate profile). Failure to follow this guideline may result in not being permitted to start the examination.

Candidates will be informed in their online candidate profiles as to the date and session on which they are assigned to challenge the PTCE. Examination schedules are not finalized until after the examination application deadline. Candidates should note the specific timelines for their assigned session, and the examination must be completed within the allotted time.

D. **Exam Day: Chairside Assistants and Interpreters**

1. Chairside assistants are **NOT** permitted for the PTCE.

2. Candidates may utilize the services of an interpreter when their patient does not speak English or for a patient whose hearing impairment cannot be corrected (this is particularly important when the patient has a history of medical problems or is on medications).

   However, an interpreter may **NOT** be:
   - Younger than eighteen (18) years old
   - A faculty member
   - A licensed or unlicensed dentist or dental hygienist
   - A fourth year (or final year) dental or final year dental hygiene student

Candidates who requires an *Interpreter Disclosure Statement and Interpreter ID Form* should request one from the Chief during the Candidate Registration Session that takes place prior to the exam. Candidates will complete the form entirely once they arrive to their cubicle in the clinic, and two (2) passport-size photographs (2x2 photos) of the interpreter must be affixed in the appropriate places on the form. The candidate and the interpreter should then request the Chief to approve the interpreter. The interpreter must present two forms of ID, one with a photo, and both with a signature, in order to be approved. Once the interpreter is approved and registered, he/she will be given an ID badge, which must be worn at all times while in the examination area, and the badge must be turned in by the candidate at the conclusion of the examination along with all other required forms and materials.

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

*Interpreters are required to wear their ID badge at all times, on their outer-most clothing, while in the examination area.*
E. **Candidate Professional Conduct**

Integrity of the examination process depends on fairness, accuracy and consistency. Standards are required to ensure that these principles are adhered to by examiners and candidates. Penalties are imposed for violations of such examination guidelines and the penalties are proportional to the seriousness of the violation. Minor violations may result in a warning or reminder. Serious violations may result in a failure of the examination. Candidates are required to adhere to these standards of conduct while participating in the ADEX Dental Hygiene Examination.

1. **Submission of examination records:** All required examination records must be turned in to the CFE in the white candidate envelope before the examination is considered complete. If all required documentation and materials are not turned in at the end of the examination, the examination will be considered incomplete, and the candidate may fail the examination.

2. **Registered/assigned procedures:** Only the treatment and/or procedures for which a candidate has registered, paid for, and been assigned to on the specified examination date may be performed. Performing other treatment and/or procedures may result in termination of the examination.

3. **Professional Misconduct:** Professional misconduct is a most serious violation of examination guidelines. Substantiated evidence of professional misconduct (see examples below) during the course of the examination will result in automatic failure of the entire examination series. In addition, there will be no refund of examination fees and the candidate will not be allowed to reapply for re-examination for one year from the time of the infraction.

   Professional misconduct includes, but is not limited to:
   - Falsification or intentional misrepresentation of registration requirements
   - Cheating of any kind
   - Demonstrating complete disregard for the oral structures or welfare of the patient
   - Misappropriation of equipment (theft)
   - Receiving unauthorized assistance
   - Alteration of examination records and/or radiographs
   - Failure to follow instructions from examiners
   - Rude, abusive, uncooperative or disruptive behavior toward patients, examiners, or other candidates
   - Use of electronic equipment, to include recording devices, phones, and/or cameras (*candidates, patients, and interpreters are prohibited from the use of any electronic devices during the course of the examination)*

F. **Infection Control**

The current recommended infection control procedures as published by the Centers for Disease Control and Prevention must be followed for the PTCE. These procedures must begin with the initial setting up of the unit, continue throughout the course of the examination and include the final cleanup of the operatory. Failure to comply will result in the loss of points and any violation that could lead to direct patient harm will result in termination of the examination and loss of all points.
To the extent possible, dental professionals must prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are, in fact infectious. Use of universal precautions including barriers, disposables whenever possible, and proper disinfection and sterilization is required. The following infection control procedures shall be strictly adhered to.

**Automatic External Defibrillator (AED) equipment, pocket masks, resuscitation bags, or other ventilation devices will likely be provided by the school in strategic locations. Candidates should be familiar with their location and use.**

**Personal Protective Equipment/Barriers**

- Gloves, masks and eye protection must be worn when setting up or performing any intra-oral procedures and when cleaning up after any treatment. If rips or tears occur, new gloves must be donned. Gloves are not to be worn outside the operatory. Patients with known allergies to latex will NOT be allowed to participate for the examination, unless the clinic is certified as latex-free. Hand washing must occur prior to patient treatment, during patient treatment if glove(s) are compromised and when gloves are removed. Alcohol hand sanitizer (60% alcohol or greater) is permitted in place of hand washing only if hands are not visibly soiled. No rings that can tear gloves or wrist jewelry, except a watch, is permitted.
- Clean long-sleeved uniforms, gowns, or laboratory coats are to be worn and must be changed if they become visibly soiled. Gowns must be closed at the neck. Gowns or laboratory coats are to be removed before leaving the clinic area.
- Face masks and protective eyewear with side shields must be worn during all procedures in which splashing of any body fluids is likely to occur. Masks are to be discarded after each patient or sooner if the masks become damp or soiled.
- Footwear may not include sandals, perforated clogs or open-toed shoes (a safety issue rather than strictly infection control).
- Impervious-backed paper, aluminum foil, or plastic wrap may be used to cover surfaces in the operatory that may become contaminated. The coverings must be removed (while gloved), discarded, and replaced (after removing gloves) between patients.
- A clean patient napkin must be worn by the patient each time he/she goes to the Evaluation Station.
- Patients must wear protective eyewear during all clinical procedures and are required to bring protective eyewear with them to the Evaluation Station for use during the evaluation of clinical procedures.

**Sterilization and Disinfection**

- Instruments, gloves, and other materials that become contaminated must be placed in appropriate receptacles.
- Any instrument that penetrates soft or hard tissue shall be disposed of or sterilized before and after each use. A single use disposable item and properly discarded or sterilized when appropriate.
- Surfaces and counter tops—if not barrier wrapped—shall be cleaned and disinfected with hospital level disinfectant.
- Hand pieces, prophyl angles, air/water syringe tips shall be sterilized before and after use or properly disposed of after use.
• Used sharps are to be placed in a spill-proof, puncture resistant container. Needles are to be re-capped with a one-handed method or with special devices designed to prevent needle-stick injuries and disposed of properly.

• All waste and disposable items shall be considered potentially infectious and shall be disposed of as is customary at the testing site in accordance with the federal, state, and local regulations.

• Upon completion of the examination, it is the responsibility of the candidate to thoroughly clean the operatory by utilizing accepted infection control procedures.

**Exposure to Blood-borne Pathogens**

• An exposure incident is defined as contact with blood and/or other potentially infectious materials (OPIM) through:
  - Needle-stick, sharp, or other percutaneous exposure
  - Non-intact skin exposure such as an open cut, burn, or abrasion
  - Contact with a mucous membrane (e.g. inside nose, eye, or mouth)

• Since maximum benefit of therapy is most likely to occur with prompt treatment, the following policy has been established (protocols must also align with the host site):
  i. Immediately following the exposure incident, puncture wounds, or other percutaneous exposures should be cleaned with soap and water. Mucous membrane exposed to blood or OPIM should be extensively rinsed.
  ii. All percutaneous exposures and other exposures to blood and OPIM should be reported immediately to the Chief and the person in authority at the examination site so that appropriate measures in accordance with the school’s policy can be initiated and the exposure incident documented.

**G. Scoring System Overview**

Evaluations and scoring of candidate performance in the PTCE are always done on-site. Evaluations are made in a “double blind” manner at specified steps as a candidate progresses. Three examiners independently evaluate each presentation of candidate performance and enter their evaluations electronically. Each examiner is unable to see the evaluations of the other two examiners for any procedure presentation, and examiners are prohibited from discussing their evaluations during the examination.

Evaluations are made according to defined criteria, on a point accrual basis with the potential of earning 100 points. That is, for every successful fulfillment of the criterion, points are awarded. The candidate’s performance level is electronically computed for each item evaluated, based on the entries of the three examiners, and by this method, the candidate’s overall score is computed for each procedure.

A score of 75 or greater is required for candidates to pass the ADEX PTCE. No scores will be rounded.
<table>
<thead>
<tr>
<th><strong>Skills Assessment</strong></th>
<th><strong>Criteria</strong></th>
<th><strong>Points Possible</strong></th>
</tr>
</thead>
</table>
| **Initial Case Presentation** | • A full quadrant with at least six (6) natural, permanent teeth and two posterior teeth from a second quadrant  
• At least two natural, permanent molars; one must be located in the primary quadrant; one of the teeth in the second quadrant must be a molar  
• One of the molars must have both a mesial and a distal contact; Another molar must have at least one contact | 3 |
| **Calculus Requirements** | • Qualifying calculus requirements met by teeth in the selection (8-5-3):  
  o Eight surfaces located on any surfaces of molar/pre-molar teeth  
  o Five surfaces located on M or D of molar/pre-molar teeth  
  o Three surfaces located on M or D of molars | 5 |
| **Calculus Detection** | • 12 surfaces worth 1 point each, evaluated for the presence or absence of qualifying calculus | 12 |
| **Calculus Removal** | • 12 surfaces of qualifying calculus worth 5.5 points each  
• Points can be earned for removal only on the number of surfaces with qualifying calculus verified by examiners. Examiners do select 2 additional surfaces from within the entire Case Selection in an attempt to provide 14 opportunities to identify 12 surfaces with qualifying calculus. | 66 |
| **Periodontal Probing Measurements** | • Six measurements worth one point each | 6 |
| **Tissue Management** | • Three points awarded if no minor tissue trauma is present.  
• One point deducted for each site of minor tissue trauma, up to three sites.  
  **The presence of four or more minor tissue trauma sites qualifies as major tissue trauma and an automatic failure.** | 3 |
| **Final Case Presentation** | • All surfaces in the Case Selection are free of biofilm and extrinsic stain  
• All surfaces other than the 12 selected surfaces in the Case Selection are free of calculus | 1 |
| **Total** | | 100 |

*Note: Major tissue trauma or major infection control violation are both subject to a 100-point deduction, which will result in an automatic failure*

---

Minor Tissue Trauma includes: Hematoma; laceration/abrasions that is ≤ 3mm (no need for suturing, perio packing, or further follow-up treatment); tissue tag ≤ 3mm; minor ultrasonic burn (no need for follow-up treatment)

Major Tissue Trauma includes: ≥ 3 minor trauma areas; laceration or injury (requiring sutures, perio packing, or further follow-up treatment); exposure of alveolar bone; moderate to severe ultrasonic burn (needs follow-up treatment); flap; amputation of papilla
II. Patient Selection Guidelines & Online Case Entry Process

- Patient Selection Guidelines
- Patient Medical History
- Patient Medical Clearance
- Online Case Entry Process
A. **Patient Selection Guidelines**

Patient selection is ultimately the responsibility of the candidate. Candidates must carefully assess any physical or medical conditions that may be impacted by the examination process. Providing an accurate medical history as well as providing diagnostic radiographs are eligibility requirements that candidates must meet in order to participate in the exam.

1. **SHARING PATIENTS:**

Sharing patients, while not recommended, is permitted. Each candidate must complete an individual *Medical History Form* and *Patient Consent Form* for the patient. The shared patient’s radiographs are evaluated independently for each candidate, so each candidate must have his/her own set of qualifying radiographs in order to attempt the exam. Copying radiographs for use by a second candidate rather than re-taking the radiographs is highly recommended.

2. **PATIENT ELIGIBILITY:**

Candidates must present their own patient. Selecting an eligible patient is essential to successfully completing the PTCE portion of the ADEX Dental Hygiene Examination. Failure to present an eligible patient will result in an examination failure.

<table>
<thead>
<tr>
<th>ELIGIBLE PATIENT:</th>
<th>INELIGIBLE PATIENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 18 years of age</td>
<td>A licensed, unlicensed, or foreign trained dentist or dental hygienist, dental student, or final year dental hygiene student</td>
</tr>
<tr>
<td>Has an acceptable medical health history, including blood pressure—both systolic and diastolic—within the stated guidelines of this examination (see “Patient Medical History Requirements” section below)</td>
<td>Is currently taking or has a history of injectable or oral bisphosphonate therapy (see “Patient Medical History Requirements” section below)</td>
</tr>
<tr>
<td>Is presented with the required radiographs that are of diagnostic quality</td>
<td>Has a latex allergy (a patient with a latex sensitivity may be eligible to sit as a patient for the examination if the site clinic is latex-free. It is the candidate’s responsibility to confirm the latex-free status with the site clinic)</td>
</tr>
<tr>
<td>Has a physician’s written clearance, if needed (see “Patient Medical History” section below)</td>
<td>Is in her 1st trimester of pregnancy</td>
</tr>
<tr>
<td></td>
<td>Has oral herpetic lesions (this condition may be left to the discretion of the Clinic Floor Examiner (CFE))</td>
</tr>
</tbody>
</table>
Candidates should notify their patients of the following:

1. Patients, their teeth, and the oral cavity may be photographed by designated examiners during the examination. The CDCA uses such images only for the purposes of candidate and examiner standardization/training.
2. Patients should expect to spend a minimum of five (5) hours participating in the examination.
3. Limited treatment is provided under examination conditions and additional treatment may be required.

B. PATIENT MEDICAL HISTORY REQUIREMENTS

- Patients must have no general health contraindications for treatment
- Patient Blood pressure systolic and/or diastolic requirements:
  -159/94 or below is acceptable without a medical clearance
  -160-179/95-109 is acceptable only with a medical clearance
  -180/110 or above is not acceptable, even with a medical clearance
- No history of IV or oral bisphosphonate usage
- No active tuberculosis (A patient who has either tested positive for tuberculosis or is being treated for tuberculosis but does not have the clinical symptoms is acceptable)
- No history of chemotherapy for neoplasm within the last six months
- No history of heart attack (myocardial infarction), stroke, or cardiac surgery within the last six months
- Patients who require antibiotic prophylaxis and are being treated by more than one candidate must have all examination related treatment performed on the same day
- A woman in her first trimester of pregnancy may not be a patient for the examination

1. PATIENT MEDICAL HISTORY FORM:

The requirements listed above will be addressed on the Medical History Form, which must be completed (except for the candidate’s signature) and reviewed by a CFE before any treatment can begin. Candidates may complete the form with their patient(s) prior to the examination. However, on the day of the examination, prior to requesting a CFE to begin case acceptance procedures, candidates must review the patient’s medical history with the patient and the patient’s blood pressure must be taken and recorded on the form.
All patient medications and/or supplements taken within the last 24 hours of the exam day must be documented on the *Medical History Form* and, if documenting antibiotic pre-medication, on the appropriate *Progress Form*.

Prior to presenting the patient for case acceptance, the patient must sign and date the *Medical History Form* where indicated on the second page, and the candidate must place his/her initials and the date. To ensure anonymity of the candidate during the examination, the candidate must not sign the form until all examination procedures have been completed and evaluated.

Remember to place your candidate ID labels in the appropriate places on the form (you will receive your candidate ID labels at Candidate Registration prior to the exam)

**DO NOT** sign the form until you have completed the examination and are ready to check-out (CFEs help complete the check-out process)

Remember to complete the ASA Classification Section (bottom of page 2)

All “yes” answers need to be explored, and explanatory remarks must be written in the appropriate place on the patient’s *Medical History Form*

2. **PATIENT MEDICAL CLEARANCE:**

Candidates must obtain written medical clearance on the physician’s official letterhead for patients reporting a disease, condition, or problem that could pose a significant risk to their own health or safety of others during the performance of dental procedures; if this clearance and/or verification of premedication is not available, the patient will not be accepted for treatment; furthermore, the medical clearance **MUST NOT** contain the candidate’s name anywhere in the document.

Candidates must also follow the current American Heart Association’s antibiotic pre-medication recommendations when treating patients at potential risk of infective endocarditis following dental treatment. A medical clearance may be indicated to determine the patient’s potential risk of infective endocarditis. A medical clearance is required if the finding could affect the patient’s suitability for elective dental treatment during the examination.

To help you determine whether your patient needs a Medical Clearance, see the full-page *Medical History Form* on pgs. 49-50 of this manual.

If a medical clearance is necessary, it must accompany the *Medical History Form* at all times during the examination. The patient’s medical clearance must:

- Be a clearly legible statement from a licensed physician
- Be written within 30 days prior to the examination on physician’s official letterhead and with a physician’s legible name, address, and phone number
- Contain a positive statement of how the patient should be medically managed
- Contain a telephone number where the physician may be reached on the day of the examination if a question arises regarding the patient’s health
- **NOT** contain the candidate’s name anywhere in the document
C. **CASE SELECTION**

Part of ensuring that a patient is eligible is determining whether their case meets the current ADEX requirements. The selection of surfaces for treatment during the PTCE is known as the candidate’s Case Selection. Candidates must present a full quadrant and 2 posterior teeth from an additional quadrant. The ADEX criteria chart on page 11 details the current ADEX PTCE criteria, and candidates are strongly encouraged to review that chart to ensure that their case meets all requirements. All selected teeth must have qualifying subgingival calculus.

### CHARACTERISTICS OF QUALIFYING SUBGINGIVAL CALCULUS

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

1. **What to Include in Your Case Selection:**
   - A full quadrant with at least six natural, permanent teeth and two posterior teeth from a second quadrant
   - At least two natural, permanent molars; one must be located in the primary quadrant; one of the teeth in the second quadrant must be a molar
   - One of the molars must have both a mesial and a distal contact each within 2.0 mm; another molar must have at least one contact within 2.0 mm

2. **What You CANNOT include as treatment surfaces within your Case Selection:**
   - Implants*
   - Partially erupted 3rd molars*
   - Primary Teeth*
   - *these teeth may only be included to fulfill the 2.0 mm contact criteria for posterior teeth

3. **What is STRONGLY Discouraged Within Your Case Selection:**
   - Retained primary teeth
   - Gross caries
   - A patient with advanced periodontal disease
   - Extensive full or partial esthetic veneers
   - Class III furcation or mobility
   - Multiple localized probing depths in excess of 6 mm
   - Defective restorations
   - Teeth with orthodontic brackets or bonded retainer
D. ONLINE CASE SELECTION ENTRY PROCESS

Once you have completed your Case Selection, you may enter it online through your candidate profile. You must pay for your exam in order for the Online Case Selection Entry Process to be available to you. At least 48-hours prior to the start of the first exam day, you are strongly advised to enter your Case Selection through your online candidate profile. Doing so may save you time during the exam and will give you confirmation that your Case Selection has been accepted. All pre-entered Case Selections must be confirmed by the DSM on site prior to submitting your patient for the pretreatment evaluation. If you have a change to your Case Selection, you may make adjustments until Case Selection entry closes (48-hours prior to the exam); any needed adjustments after closing must be made on site during the exam. If you cannot enter your Case Selection prior to the 48-hour deadline, you must do so on site. The following steps detail the online Case Selection entry process.

STEP 1:

Go to
https://cdcaexams.brighttrac.com

Login to your online candidate profile.
STEP 2:

Once you have logged in, you’ll see a yellow box that lets you know when the online teeth selection entry closes, as well as provides a link for you to “input teeth.”

![Dashboard interface with notes about the online teeth selection entry closing date and instructions to input teeth.]

STEP 3:

Select your primary quadrant and note whether or not you are including the 3rd molar.

*NOTE: the 3rd molar is required to be a part of the Case Selection if it is fully erupted. “Fully erupted” means that the entire occlusal plane of the 3rd molar is in alignment with the occlusal plane of the rest of the teeth. Un-erupted, partially erupted—including cases where the distal gingiva is at the level of occlusion—3rd molars are not required to be part of the Case Selection.

![Image of a user interface with options to select a primary quadrant and include the 3rd molar.]

A tooth is considered “partially erupted” if it demonstrates any of the following conditions:
- Soft tissue is covering any part of the occlusal surface
- Soft tissue is to the level of the occlusal surface on the distal
- The occlusal plane is not in alignment with the occlusal plane of the rest of the teeth
STEP 4:

Enter your two (2) additional teeth. Note the qualifications of your additional teeth selection.

STEP 5:

Once you have entered your additional teeth, you may enter your surface selections. Remember to consult the current ADEX PTCE Criteria chart on page 11 to ensure that you have met all the required criteria.
STEP 6:

The summary page will allow you to review all of your entries. If you need to make any adjustments, just click on any of the tabs—Quadrant, Additional, or Surfaces—to enter in adjustments. Again, you may login to your profile and make adjustments to your Case Selection until online Case Selection entry closes (48-hours prior to the start of the first day of the exam).

Once you have completed the online Case Selection entry process, click the DOWNLOAD button to download a PDF of your Case Selection. BRING THE PRINTED PDF WITH YOU TO THE EXAM.
IIII. Instruments & Radiographs

- Instrument Requirements
- Radiograph Requirements
A. INSTRUMENT REQUIREMENTS

Instruments for use during patient treatment are the choice of the candidate, provided they are acceptable and taught at accredited dental hygiene programs and the candidate has been trained in their use. However, instruments for use by Evaluation Station examiners are specified. Examiners are standardized using the 11/12 explorer and the recommended probe (below). It is in the candidate’s best interest to use these instruments during the examination, as presenting instruments other than those recommended will cause a delay in the evaluation process. Additionally, candidates who are unable to obtain the required instruments may fail the examination.

Some sites provide instruments in the evaluation station. Some sites allow candidates to rent instruments. See the host site’s Site Information Sheet for site-specific information regarding instruments.

Candidates are encouraged to secure additional instruments to have on hand. Candidates will not be allowed additional time for instruments dropped or for autoclaving instruments. Candidates should have an additional sterile mirror, an 11/12 explorer, and a correct periodontal probe on hand in case an instrument is dropped in the evaluation area.

Required Instruments for Evaluation (7 items):

1) Calculus Detection: 11/12 Explorer (e.g. the ODU 11/12)

Required Instruments for Evaluation (7 items):

2) Probing Exercise: Probe marked with 1mm increments from 1-10 mm (the UNC probe is strongly recommended)

3) Reflective front surface mirror, which may be one or two sided

4) Blood pressure measuring device

5) If authorized to provide anesthesia—supplies for anesthetic administration, including syringes. The host site may or may not provide cartridges of anesthetic (candidates should check with host site to confirm)
6) A closed, sealed, puncture-resistant container to transport instruments to the Evaluation Station (if instruments do not need to be transported to the Evaluation Station, no container is required; when in doubt, bring a container)

Container Suggestion: Rubbermaid Tagalong 7"W x 4"H x 10"L, oversized containers will not be accepted

7) A hand-piece compatible with the examination site’s equipment

Other Instruments:

For information regarding ultrasonic/sonic or piezo electric scaling instruments, refer to the host site’s Site Information Sheet for details on availability and types of ultrasonic devices. The CDCA does not assist with equipment rental for candidates.

Candidates are responsible for checking the Site Information Sheet and, if necessary, contacting the host site to verify that all hand pieces and sonic/ultrasonic scalers are authorized/compatible with school equipment.

B. Radiograph Requirements

Radiographs are an eligibility requirement, but they are not used to verify the presence of qualifying calculus, nor is radiograph technique evaluated. What is evaluated is a candidate’s ability to assess and select images of diagnostic quality. Though radiographs may or may not be exposed by candidates, all candidates must present a radiographic submission of diagnostic quality. A panoramic radiograph or a full mouth series are acceptable.

1. What is Diagnostic Quality?
   a. Diagnostic quality means that the image is of sufficient quality with no technical defect that would prohibit the ability to diagnose caries, periodontal health, or other dental diseases and/or abnormalities of the teeth being treated. The apices of all fully erupted teeth within the Case Selection (with the exception of the distal root of the 3rd molar) must be visible on at least one of the images submitted. If a PA does not show the apex, but another PA or PAN does, this is acceptable.

   b. Exempt Conditions:
      i. Un-erupted, partially erupted, and supra-erupted third molars (see pg. 18 for more information on these types of teeth)
      ii. A third molar with tissue covering any part of the occlusal surface of the tooth or on the distal to the level of occlusal plane is considered partially erupted even though the tooth is in the occlusal plane.

2. Eligibility Requirements:
   a. Candidates must bring radiographs to the exam and will not be allowed to take or retake any radiographs at the exam site unless an emergency arises
   b. Candidates may submit radiographs on a chair-side monitor, but a printed or duplicate digital copy is still required
   c. Radiographs must be readily available and presented for evaluation
   d. Radiographs must meet all criteria (listed below)
   e. Radiographs must depict the current dentition of the patient (unless noted on the Candidate Progress Form)
f. Radiographs must be of diagnostic quality (only images of the teeth in the Case Selection will be evaluated for diagnostic quality)

If these requirements are not met, the patient will be declared ineligible to sit for the examination, and no back-up patient may be submitted.

OPTION 1:
Full panoramic

Don’t forget to include the following on your radiographs:
1. Candidate ID label
2. Date of exposure
3. Patient’s name
4. R&L indications

OPTION 2:
Full mouth series (FMX)

Don’t forget to include the following on your radiographs:
1. Candidate ID label
2. Date of exposure
3. Patient’s name
4. R&L indications
Radiographs, when submitted, must meet the following criteria:

- Teeth must appear in Universal Notation System (1-32)
- Full mouth series must include 16-20 images, depending on the number needed to show the mesial and distal surfaces, DEJ, and alveolar crestal bone of all posterior teeth
- Panoramic radiographs are acceptable in place of the full-mouth series; candidates are encouraged to consider a panoramic radiograph if the apices of the teeth in the Case Selection are difficult to capture
- Periapical and panoramic images must be current within three (3) years
- Films, if mounted, must be mounted according to ADA guidelines; Convexity of the dimple on conventional radiographs must face the front of the mount
- Duplicates, conventional, or digital radiographs printed only on high quality paper are acceptable; note that radiographs printed on conventional paper may not be accepted
- Copies of film radiographs or copies of digital radiographs are acceptable for presentation provided they are printed on 8 ½ x 11 high quality paper with images close to the size of conventional radiographs. High quality paper is defined as any paper that allows clarity of images without a grainy appearance. The copies must be of diagnostic quality
- Candidate number, date of film exposure, patient’s name, and L & R indications must be on the mount or digital printout
- Neither the candidate’s name nor the name of the school should be visible on the mount of digital printout; such identifying information must be removed or masked before radiographs are submitted with the patient for pre-treatment evaluation
- Evidence of calculus on radiographs is not necessary for case presentation

If the radiographs are mounted incorrectly or there is incomplete information on the mount/printout, the candidate will be notified and must correct the error(s).

ALL RADIOGRAPHS (PERIAPICALS AND PANORAMIC) MUST DEPICT THE CURRENT CONDITION OF THE DENTITION. ANY RECENT DENTAL PROCEDURES AND/OR SURGERIES MUST BE NOTED ON THE FRONT OF THE CANDIDATE’S PROGRESS FORM.

All radiographs must be of diagnostic quality, meaning they must be of sufficient quality to accurately diagnose caries, periodontal health, or other dental diseases and abnormalities, and they must show the apices of all fully erupted teeth in the Case Selection, with the exception of the distal root of the 3rd molar

Candidates will not be permitted to take radiographs at the exam sites unless an emergency arises

[the National Council on Radiation Protection and Measurement (NRCP) Report #145 rules that “administrative use of radiation to provide information not related to the health of the patient shall not be permitted. Students shall not be permitted to perform radiographic exposure of patients, other students, or volunteers solely for purposes of their education or licensure”].
The ADEX Dental Hygiene Examination: Patient Treatment Clinical Examination

IV. Exam Day Administration

- Candidate Preparation
- Anesthesia Administration
- Exam Flow
- Evaluation Station Visits
A. **Candidate Preparation**

1. **Before the Exam: Candidate Orientation**

Candidate Orientation is conducted online prior to the examination day. The orientation is a power-point presentation that includes a review of the following:

- The exam criteria
- The exam day process
- The exam requirements and restrictions
- The forms used to complete the exam
- The flow of the exam

All candidates are required to view the orientation presentation prior to arriving at the examination site for the candidate registration session, and each candidate must sign a *Certification of Review of the Online Orientation Form* (full-page sample found in the last section of this manual, and downloadable forms are available on the CDCA website: [www.cdcaexams.org](http://www.cdcaexams.org)). This signed certification form must be presented at Registration (candidates will submit this form in their white envelopes once they’ve completed the exam).

2. **Before the Exam: Candidate Registration Session**

On the day of the exam, before the exam starts, there is a 30-minute Registration Session at 6:45am (for candidates assigned to the AM session) or at 11:45 am (for candidates assigned to the PM session). The time and location of the registration session will be communicated to you by email or by the site’s ADEX exam coordinator (typically a faculty member at that school). The Chief of the exam, the CFEs, and the DSM will review important details and distribute candidate packets during this time. The registration session is only for candidates, not for interpreters or patients (interpreters, patients, and back-up patients should wait in the designated waiting area during the Registration Session). The registration session is designed to give the candidates any site-specific information that is relative to the administration of the exam, answer exam-related questions candidates may have, as well as distribute the candidate packets to each of the candidates. The candidate packets contain a variety of required materials each candidate will use during the exam-day process, including a **candidate ID badge**, **required forms**, and **ID labels** that are required for use on all forms and materials candidates submit during the examination.

NOTE: In order to be granted entrance to the candidate registration session, you must bring the following:

1. **Two** forms of identification: one ID must be a photo ID, and both IDs must have the candidate’s signature. Acceptable forms of photo identification include such documents as current, valid driver’s license, passport, military ID, or official school ID. A voter registration card (signed) or a credit card (signed) may be used as a second ID. If your name has recently changed, bring a copy of the marriage certificate or court document to the examination.
2. Your 3-digit candidate sequential number which can be found on your registration confirmation (available in your online candidate profile). *You may either bring a print out of the registration confirmation or an electronic device that can display your identification information in your secure online profile. Please note that internet connectivity is not always available on site, so you are strongly advised to print out your form.*
3. Signed Certification of Review of the Online Orientation Form
The following are strongly recommended to bring to Candidate Registration (you will be affixing your candidate labels to some of these items below):

1. Radiographs
2. Completed Forms (full page samples beginning on page 43 of this manual)
   - Medical History Form
   - Patient Consent Form
   - Case Selection Worksheet (or printed form if you entered your Case Selection online before the teeth entry closed)
   - Current Dental Hygiene Patient Treatment Clinical Examination Manual
3. A Pen

The photo candidate ID badge you receive at the candidate registration session is your admission badge to the examination day. The candidate ID badge must be worn at all times on your outermost garment during the course of the examination.

Your candidate ID number (5-digits) and your candidate sequential number (3-digits) will be used throughout the examination process to identify you, your patient, your work space, your forms, radiographs, instrument packs (if using your own instruments), all electronic data entry pertaining to you or your patient, to track your progress through the examination, when scoring evaluations of your performance, and when reporting your score.

B. LOCAL ANESTHESIA

The use of injectable local anesthesia will be permitted for qualified candidates at the discretion of the examination sites.

Candidates should check with the school prior to the examination to determine whether the use of injectable local anesthesia is allowed.

Inhalation anesthesia is not permitted for the examination. Violation of this standard will result in failure of the PTCE.

Documentation that proves you are certified to administer Injectable Local Anesthetics (ILA) must be provided to the Chief Examiner at Candidate Registration.

1. FOR CANDIDATES AUTHORIZED TO USE INJECTABLE LOCAL ANESTHETICS:

   If the examination site allows, the use of injectable local anesthetic is permitted by qualified candidates who are:
   - students at the host school, and who have successfully completed the required anesthetic course work, and who have been certified on the day of the examination by the program director or other authorized school official at the exam site.
   - student candidates from schools external to the hosting school, including unlicensed graduates of schools external to the hosting school, and who provide a
letter from their program director or the authorized school official certifying successful completion of the required anesthetic course work.

- graduates who are authorized by a state to use injectable local anesthetics, and who provide documentation on the day of the examination from their state dental board authorizing them to utilize injectable local anesthesia (copies of active state certificates that permit the use of injectable local anesthetic are acceptable documentation).

2. FOR CANDIDATES NOT AUTHORIZED TO USE INJECTABLE LOCAL ANESTHETICS:

Candidates who are not eligible to administer injectable local anesthetics may use non-injectable local anesthetics and periodontal gels. In states where injectable local anesthesia (ILA) administration by dental hygienists is NOT permitted, an examination site can provide a dentist licensed in that state (a third party) to administer injectable local anesthetics to patients at that site. The decision to allow the practice of a third party to administer ILA is at the discretion of the host examination site.

Any interested candidate should check the Site Information Sheet to see if the site allows for this practice and if so, must be in contact with the site directly for information on 3rd party ILA administration protocols. The CDCA has no involvement with candidates or with sites in this process.

3. ANESTHESIA ADMINISTRATION PROTOCOLS:

a) Candidate Considerations: When deciding whether to administer anesthesia, keep in mind that three examiners will examine the patient using the explorer during Pre-Treatment Evaluation.

Candidates must provide all syringes and supplies for anesthetic administration. Cartridges may or may not be provided at the site for injectable local anesthesia but all local anesthetics must be current, non-expired.

For patient safety, no more than one-half of the Maximum Recommended Dose of anesthesia may be utilized for a patient who will be treated by two candidates on the same day.

b) Form Completion: All candidates who utilize injectable local anesthesia for their patients are required to complete the appropriate documentation. Candidates utilizing non-injectable local anesthesia, periodontal gels, or injectable anesthesia must complete the anesthesia record on the Progress Form and have it approved by a CFE at Check-in. Permission for the use of any anesthetic agent must be granted by a CFE, prior to administration.

The candidate may choose not to use an injectable local anesthetic agent. Combination agents such as lidocaine and prilocaine periodontal gel 2.5%/2.5% are considered topical periodontal gels. Examiners do not evaluate the technique and/or
actual administration of local anesthetic. Candidates may be observed by the CFE or supervising dentist regarding proper technique in order to ensure patient safety and comfort.

c) **CFE Approval:** Candidates may request up to two cartridges of anesthesia for initial approval. After the CFE approves the Medical History and Anesthetic Request and has given the candidate clearance to submit the patient to the evaluation station, the candidate may anesthetize the patient before going into the evaluation area or at any time during the clinical examination with the approval of the CFE.

Any request for additional anesthesia, other than what has been initially approved, must be properly documented on the Progress Form and must be approved by a CFE.

---

**C. EXAM FLOW OVERVIEW**

Candidates are responsible for time management.

To help you better understand the exam flow, a flow chart is located on page 47. You may use this flow chart to help you navigate the process on exam day.

---

1. **SET-UP PERIOD**

In accordance with the Examination Timeline chart (see page 6), you will be authorized to enter the clinic with your patient at a designated time, and you should immediately proceed to your assigned cubicle (cubicle assignments are usually posted in the clinic floor area, or you may see a CFE for help).

**SET-UP CHECKLIST:**

- Place your badge onto your outermost garment (if applicable, interpreter should do the same) / Place ID badge on the top right arm of your patient
- Tape a cubicle card in a prominent location in your cubicle
- Check that air, water, light and chair are working properly (notify a CFE if not)
- Locate disposable supplies provided by the school
- Arrange instruments and paperwork neatly
- Review and update (if necessary) the Medical History and Perform an Oral Exam
- Take your patient’s blood pressure and **record it** on the *Medical History Form*
- Write your candidate number and your operatory number on the CFE Sign-up Sheet to request that a CFE come to your cubicle to review your set-up and verify your patient’s eligibility as well as—if applicable—your anesthesia request (The CFE will make the appropriate notations on your *Progress Form*)
*NOTE: If, before the patient is presented to the CFE to be sent to the Evaluation Station, the candidate determines that the patient is ineligible, a back-up patient may be presented. The work-up of back-up patients is at the expense of the 4hr. 15-minute total time allotment. Once a CFE begins the review process, the exam has begun and a back-up patient may not be presented.

2. **CLINIC FLOOR EXAMINER (CFE) & DATA SYSTEMS MANAGER (DSM)**

   During the set-up period and throughout the course of the exam day CFEs will be available on the clinic floor to help candidates navigate through the examination process. CFEs are the first point of contact for candidates when they have questions, and they will complete both the medical history approval process and review the radiographs for diagnostic quality. CFEs are, however, also responsible for monitoring the examination, exam flow, and checking candidates out once they have completed the examination.

   a. **Patient Eligibility Verification (CFE):** Once you are ready to submit your patient for Pre-treatment Evaluation, sign up on the CFE Sign Up Sheet (see pg. 48 for form example). The CFE will come to candidates’ operatories in the order in which they have signed up to review all forms for proper completion, the patient’s blood pressure reading and the patient **Medical History Form** for acceptability for treatment. The CFE will also review the **Progress Form** to ensure that proper entries for the anesthetic record (if anesthesia is authorized) have been made, as well as review the radiographs for compliance with examination guidelines. If appropriate, the CFE will give approval for local anesthesia (up to two cartridges for the first request), and then you will submit your patient to the evaluation station. As previously stated, once the CFE begins the Patient Eligibility Verification process, the exam has begun and a back-up patient may NOT be presented.

   b. **Patient Submission for Evaluation (DSM):** Once the CFE has approved your paperwork and has verified that your patient is eligible, you must see the DSM to submit/confirm your patient for pre-treatment evaluation. You will also visit the DSM prior to submission for post-treatment evaluation. You **must bring your Case Selection Worksheet/Candidate Findings Worksheet with you each time you meet with the DSM.** The DSM does not evaluate candidate performance, but serves the candidates by entering the appropriate information into the software system so that the patient may be evaluated. You’ll confirm your information once the DSM enters it, and then your patient will proceed to the Evaluation Station for treatment evaluation.

---

**MODIFICATION OF CASE SELECTION**

All candidates must meet with the DSM before submitting their patients for pre-treatment evaluation. At this time, changes and modifications can be made to the Case Selection if necessary. The candidate will confirm the Case Selection with the DSM, if previously entered, or will enter the Case Selection into the grading system if not previously entered. Once the Case Selection is confirmed by the candidate, and the patient goes to the evaluation station, no further changes can be made.
All required forms, instruments, and materials must accompany the patient on each visit to the Evaluation Station

**FORMS (on a tray):**
- Progress Form with appropriate sections completed
- Patient Medical History Form
- Patient Consent Form
- Radiographs
- Cubicle card with all sections completed

**INSTRUMENTS (in a closed, sealed, puncture-resistant container):**
- 11/12 explorer
- Periodontal probe
- Mirror
- Air-and-water syringe tip (unless these are provided by the host site)

**ON PATIENT:**
- Eyewear
- Clean patient napkin
- Candidate label on the upper right-hand corner of patient napkin OR on a plastic badge holder (instructions will be given by the Chief at Candidate Registration)

3. **SENDING PATIENTS TO THE EVALUATION STATION**

Patients should remain in the candidate’s treatment chair until advised by a CFE that space is available in the Evaluation Station. Patients will be in the Evaluation Station for 30-40 minutes each visit (PTCE = minimum of 2 visits, one for pre-treatment evaluation, one for post-treatment evaluation), so candidates should consider this non-treatment time with regard to their individual time management during the examination. The time a patient spends in the Evaluation Station should not affect the 2 hours of treatment time, but candidates must be sure that they have checked in for post-treatment at the desk by the finish time listed on their Progress Form.

D. **PRE-TREATMENT EVALUATION**

When a CFE notifies you that an operatory is available in the evaluation station, if you are authorized to administer local injectable anesthesia, anesthetize your patient, or use non-injectable local anesthesia or periodontal gel. Then, escort your patient to the DSM to enter and/or confirm your Case Selection into the electronic system. To facilitate the pre-treatment evaluation process, it is expected that the patients’ oral cavity be free of all soft debris and food matter. During the pre-treatment evaluation three examiners will independently evaluate the candidate’s Case Selection per the ADEX PTCE examination criteria. The examiners will also:
- Assign three (3) teeth for candidates to perform calculus detection from anywhere in the mouth and two (2) teeth from within the Case Selection for Periodontal Probing
- Assign two (2) additional surfaces of qualifying calculus from within the Case Selection
- Document where calculus is present on the teeth assigned for calculus detection
- Evaluate the presence or absence of qualifying calculus on the 12 surfaces selected by the candidate and the two (2) surfaces added by the examiners

Once the examiners complete the pre-treatment evaluation, the electronic scoring system will select the 12 surfaces for evaluation, the clinical treatment finish time will be recorded on the
candidate’s Progress Form, and the patient will be returned to the candidate so that the candidate may begin treatment. Once all pre-treatment evaluations are completed, the computer will determine if the candidate has the possibility of accruing enough points to possibly pass with a score of 75 points or greater. If it is determined that the candidate has not accrued enough points to pass the exam, the grading process of the exam will stop.

E. CLINICAL TREATMENT TIME

Once your patient has been returned to you from the pre-treatment evaluation, you will have 2 hours to complete the calculus detection, periodontal pocket measurements, and calculus removal exercises. Your finish time will be indicated on your Progress Form. No further treatment may take place after this time.

Perform calculus detection BEFORE treatment and periodontal measurements AFTER calculus removal

1. Calculus Detection on the Three Assigned Teeth: During the pre-treatment evaluation, examiners assigned three teeth (from anywhere in the mouth) for the calculus detection exercise. The criteria for determining the presence of calculus is the same as for the Calculus Removal Exercise. Indicate a “YES” for surfaces found with readily detectable, qualifying, sub-gingival calculus. If you do not find qualifying calculus on the tooth surface, indicate a “NO.” Record your findings on your Candidate Findings Form in the boxes below each tooth (see full-page example of the Candidate Findings Form on pg. 53). You earn points for each surface where your findings match those of two out of three examiners. If you do not select any answer at all, or if you select both “Yes” and “No,” you will not earn any points. The following steps describe the process of detecting qualifying, sub-gingival calculus with an 11/12 explorer:

   a) Insert an 11/12 explorer into the sulcus/pocket in contact with the crown, and then slide it apically along the root using the side of the tip of the explorer to detect calculus; interference with the apical sliding motion along the tooth surface indicates dental calculus.
   b) When calculus stops the explorer during the apical movement along the tooth surface, move the explorer laterally out and away from the tooth surface and continue the sliding movement apically, moving back under the calculus piece to regain contact with the root surface.
   c) Continue the apical sliding motion until the soft base of the sulcus/pocket is reached.
   d) Use compressed air to deflect the tissue and visually observe calculus deposits whenever possible.

   Calculus found on the line angle will be counted as being present on the mesial or distal surface

2. Calculus Removal: During the pre-treatment evaluation, examiners evaluated your Case Selection for the presence or absence of qualifying calculus on your selected surfaces. Your task is to remove the calculus from the assigned surfaces. If fewer than 12 surfaces of qualifying calculus were verified in the selection, including the 12 surfaces chosen by you and the 2 additional surfaces selected by the examiners, points will be awarded only
for calculus removal on the surfaces verified by two examiners as having qualifying calculus. For example, if examiners are able to verify only eight (8) surfaces with qualifying calculus, you will have only eight (8) opportunities to earn points for calculus removal, rather than twelve (12) opportunities, and you may only earn points on those eight (8) surfaces.

All surfaces in the Case Selection will be scored during the post-treatment evaluation for remaining calculus. Remaining sub-gingival calculus and supra-gingival calculus are scored equally.

3. Six Probing Measurements: During the pre-treatment evaluation, examiners assigned two teeth—one anterior and one posterior—for the probing measurement exercise, and they wrote them on your Candidate Progress Form. Your goal is to measure and record on your Candidate Findings Form the three lingual pocket depths on each of the two assigned teeth. Each tooth has three surfaces where measurements are evaluated—disto-lingual (DL), lingual (L), and mesio-lingual (ML). Take note of the following:

   a) A CFE will transfer the two assigned tooth numbers from the Progress Form to the Periodontal Probe Grid on the Candidate Findings Worksheet. Once you have completed treatment, you must probe the teeth and then record your findings in the appropriate boxes on the grid.

   b) Your measurements must be within ± 1mm of at least 2 of the three examiners’ measurements. Note: Errors will be assessed for any spaces left blank.

   c) Because pocket depths can change after calculus removal, you must complete the periodontal measurement exercise AFTER removing calculus.

   d) Prior to submitting your patient for post-treatment evaluation, you must see the DSM to enter your probing measurement findings into the electronic system.

4. Tissue Management: During the post-treatment evaluations, examiners will evaluate sub-gingival calculus, supra-gingival calculus, biofilm, and stain removal from all surfaces, as well as tissue management in the Case Selection. Your task is to effectively use hand instruments, prophy cups, and/or brushes, ultrasonic/sonic cleaning devices, and dental floss without causing unwarranted soft tissue trauma (abrasions, lacerations, or burns). Points are awarded when no minor tissue trauma exists around any of the teeth treated during the oral debridement or on any other soft tissue structures. Take note of the following:

   a) Pre-existing tissue injuries and/or conditions should be recorded in the notes section on your Progress Form. Failure to record notes will indicate to examiners that there are no tissue injuries and/or pre-existing conditions.

   b) Minor Tissue Trauma: any injury that is inconsistent with the procedure and is expected to heal without professional treatment by a dentist or physician. Four or more validated areas of minor tissue trauma constitutes a major tissue trauma, which is a critical error (automatic-failure).

   c) Major Tissue Trauma: Any injury that is inconsistent with the procedure and that will not heal on its own without professional treatment by a dentist or physician. Any validated area of major tissue trauma constitutes a critical error (automatic-failure).

The ADEX criteria chart on page 11 lists examples of minor and major tissue trauma.
F. POST-TREATMENT EVALUATION

Once you have completed your clinical treatment, meet with the DSM to enter your probing readings, calculus detection findings, and anesthetic record into the software system. During the post-treatment evaluation, three examiners will independently evaluate a candidate’s performance on the four required tasks—calculus detection, probing measurements, calculus removal, biofilm/extrinsic stain removal, and tissue management. Take note of the following:

1. All required instruments, paperwork, and patient protective wear must be submitted to the evaluation station along with the patient
2. Candidates will lose points for any verified remaining biofilm and extrinsic stain or for remaining calculus on all surfaces other than the 12 assigned surfaces within the Case Selection
3. While your patient is in the Evaluation Station for the post-treatment evaluation, you should clean your unit, pack your instruments, begin preparing paperwork for check-out, and gather your belongings

G. CHECK-OUT PROCEDURES

When your patient returns from the post-treatment evaluation, be sure to do the following before dismissing your patient:

1. Complete two (2) copies of the Post-Operative Agreement Form (Give one completed copy to the patient and return the second completed copy in the white envelope at the end of the exam)
2. Sign the Medical History Form
3. Sign the Patient Consent Form

Once you have completed signing all of the forms that are listed on your checkout sheet, gather all of your paperwork, place it in the provided white envelope, and check out with the CFE. Note: Radiographs are not usually collected, but they may be collected at the discretion of the Exam Chief.

H. RESULTS RELEASE

Please see the “Scoring” section of the Candidate Registration and CSCE OSCE Manual for detailed information on the results release process, both to the candidates as well as to the State Boards of Dentistry.
V. Examination Forms

- Forms to Complete Prior to the Exam
  - Certification of Review of the Online Candidate Orientation Form
  - Patient Consent, Disclosure, and Assumption of Responsibility Form
  - Patient Medical History Form
  - Case Selection Worksheet / Probing Measurement Findings
  - Electronic Teeth Entry

- Forms to Complete During the Exam
  - Candidate Progress Form
  - Post-Operative Care Agreement
  - Candidate Check-Out Form

- Full-Page Form Samples
Forms to Complete Prior to the Examination
(you may download these forms from the CDCA website; forms will also be provided on site)

1. Certification of Review of the Online Orientation
2. Patient Consent, Disclosure, and Assumption of Responsibility Form*
3. Patient Medical History Form*
4. Case Selection Worksheet (front-only)
5. Online Case Selection Entry Process

*These forms must be completed and you must place a candidate ID label on each one before the exam begins. Once all treatment and evaluations have been completed, you will sign these forms before check-out.

All candidate ID labels will be placed in the upper right-hand corner of each form. If a form is double sided, there is a place for a candidate ID label on both pages so that the form can be properly identified if it happens to not get printed double-sided.

1. **Certification of Review of the Online Orientation**

Candidates are required to review the online orientation presentation and bring the Certification of Review of the Online Orientation Form with them to the Candidate Registration Session. Failing to do so may prohibit the candidate from participating in the exam during their assigned session. See page 43 for a full-page sample.
2. *Patient Consent, Disclosure, and Assumption of Responsibility Form*

Every candidate participating in the examination on the exam day must complete this form, and this form must be reviewed with the candidate’s patient. Patients must sign and date the form prior to treatment. Candidates must place a candidate ID label in the appropriate place at the top RIGHT of the form’s pages, as well as indicate their assigned cubicle only in the top right corner of the form’s first page. This form is reviewed by a CFE during the case acceptance process, and it must also accompany the patient on every visit to the Evaluation Station.

Because this form accompanies your patient to the Evaluation Station for each visit, it is critical that the examiners do not know your name. Therefore, in order to maintain anonymity, candidates may not sign the form until all treatment has been completed and evaluated.

3. *Patient Medical History Form*

Each patient must have a completed *Medical History Form*, which can be downloaded from your online candidate profile. This form MUST be signed by the patient ON the day of the exam and it will be reviewed by a CFE during the case acceptance process (see pgs. 14-15 for further details).

The patient’s blood pressure must be taken on the day of the exam and must be documented by a CFE during the case acceptance procedure. See the full-page form sample on pgs. 49-50 to see a completed *Medical History Form*.

If the patient will be treated by more than one candidate, each candidate must submit a separate *Medical History Form*.

Because this form accompanies your patient to the Evaluation Station for each visit, it is critical that the examiners do not know your name. Therefore, in order to maintain anonymity, candidates may not sign the form until all treatment has been completed and evaluated.
4. Case Selection Worksheet / Candidate Findings (front and back)

A. Case Selection Worksheet (front side):

This form can be downloaded through the CDCA website or through your online profile. Prior to the examination day, you may use the Case Selection Worksheet to help you prepare. Once this form is completed, the information on it must be entered electronically, either prior to the exam via your online profile or at the exam via the DSM.

The Case Selection must meet the requirements listed in the 2020 ADEX Criteria Chart on page 11 of this manual. See the full-page form sample on pg. 51 for a completed Case Selection Worksheet.

B. Candidate Findings (back side):

This form can be downloaded through your online profile. BEFORE completing treatment, record your calculus detection findings in the appropriate section on this form. AFTER completing treatment, record the depth of each sulcus/pocket for the two teeth that examiners assigned during the pre-treatment evaluation. When the patient returns from the pre-treatment evaluation, you should request a CFE to transfer the teeth assignments from the Progress Form to this form. See the full-page form sample on pg. 52 for a completed Candidate Findings Form.

5. Online Case Selection Entry

Up to 48 hours prior to the start of the exam, you may enter your case selection online through your candidate profiles. If you enter your teeth selections within the 48 hours prior to the start of the exam, or if changes need to be made on the day of the exam, candidates may see the DSM to make such changes/entries. If the case selection was not entered electronically, you will have the opportunity to do so at the exam. See pgs. 17-20 of this manual for step by step instructions.

Once you have confirmed your Case Selection with the DSM and have submitted your patient for pre-treatment evaluation, no changes to your Case Selection are authorized.
Forms to Complete During the Examination
(all of the following forms will be in the white envelope you receive at Candidate Registration)

1. Progress Form
2. Post-Operative Care Agreement (2 copies of the form will be given to you)
3. Candidate Check-Out Form

1. **Progress Form**

The *Progress Form* is the official dental record that is used to document important information during the course of the examination and to track your progress through the examination. This form will be given to you at Candidate Registration in your white envelope. (Note: you may also download this form from the CDCA website and use it to gather necessary information to transfer to the official *Progress Form* given to you at Candidate Registration)

Candidates must enter their cubicle number and place a candidate ID label in the space provided at the top of the front side of the form.

For helpful tips on completing the *Progress Form*, see the full-page form sample on pgs. 53-54 of this manual.
2. **Post-Operative Care Agreement (2 copies of the form)**

Once your patient returns from the post-treatment evaluation, you must discuss this form and complete two copies of it with your patient as evidence that your patient understands that the treatment you provided was on a specific Case Selection, not on the entire mouth. To finish the treatment, your patient will have to make necessary arrangements. Both copies of this form must be signed and dated by both you and your patient. One completed form is given to your patient, and you will return the other completed form in your white envelope.

3. **Check-out Form**

When you are completely finished with all procedures and the CFE has dismissed your patient, you should clean your operatory in accordance with CDC guidelines, and then gather all forms in the order listed on this Check-out Form and place them in the provided white envelope. Ask the CFE to initial in each block that the forms are completed and present in the white envelope. Upon completion and collection of the white envelope by the CFE, your examination is finished.
Full-Page Form Samples
(Forms may be downloaded from the CDCA website)
This form MUST be completed, brought to Registration, and MUST be turned in at Check-Out

Certification of Review of the Online Orientation

By signing this form, I certify that I have viewed the Online Orientation for this examination that is available on the CDCA website: www.cdcaexams.org. I also certify that I understand the examination content and process as explained in the Online Orientation.

_________________________  ________________________
Candidate Name (printed)  Date

_________________________
Candidate Signature

Bring this form with you to Candidate Registration, and once you receive your candidate ID labels, be sure to place one of your labels on this form before signing it.
You will receive two cubicle cards in your white envelope. You will cut them apart and completed them during Candidate Registration. Once you enter the clinic, place one completed cubicle card on the outside of your cubicle so that it is easily visible for the CFEs to locate you. You will use the other completed cubicle card to send with your patient to the Evaluation Station.

### Candidate Cubicle Card

<table>
<thead>
<tr>
<th>Sequential Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please write the number large to fill the boxes</td>
</tr>
<tr>
<td>Cubicle Number:</td>
</tr>
<tr>
<td>Candidate Label:</td>
</tr>
<tr>
<td>Candidate Sequential: 100</td>
</tr>
<tr>
<td>Candidate ID: 60812</td>
</tr>
<tr>
<td>Test Site: Spg18H CoastalBend</td>
</tr>
</tbody>
</table>

Be sure to put your candidate ID labels on BOTH cubicle cards before separating them at Registration.
Dental Hygiene Patient Consent, Disclosure, and Assumption of Responsibility

I authorize the individual listed below (the “Candidate”) to perform the following procedure(s) during the administration by the Commission on Dental Competency Assessments (the “CDCA”) of a dental hygiene licensing examination (the “Examination”):

☐ Patient Treatment Clinical Examination

Acknowledgment

I understand the following:

- that the Candidate may not be a licensed dental hygienist. (The State Board has not yet determined whether the Candidate has the requisite skills to attain a license.)
- that the CDCA has no knowledge of the Candidate’s skill or competence, and makes no promises about them.
- that any arrangements between the Candidate and me regarding my serving as a patient (including any financial arrangements) are solely between the Candidate and me, and do not involve the CDCA in any way.
- that the CDCA has no duty to, and will not, notify me of inadequate work done by the Candidate during the Examination.
- that it is my responsibility to have any and all dental work performed by the Candidate checked by a licensed dentist to determine that it is satisfactory.

Disclosure of Risks
The Candidate has explained to me the risks involved in the procedures the Candidate will perform on me. The nature and purpose of the dental hygiene procedure(s), as well as the risks and possible complications, have been explained to me to my satisfaction by the Candidate. My questions with regard to the dental procedure(s) have been answered.

Adequacy of Treatment
I understand that the treatment provided during the Examination does not necessarily fulfill all my oral health needs, may not be performed correctly, or may not represent my entire treatment plan, and that further treatment may be necessary. I have been informed of the availability of services to complete treatment.

Authorization of Disclosure of Medical Information
I recognize that medical information which could be pertinent to the oral health care I receive in the course of the Examination may be communicated to the CDCA, CDCA examiners, the staff and clinicians of the dental school which is the location of the Examination, and other medical professionals when deemed medically necessary or when necessary for the administration of the Examination. I authorize this disclosure. This authorization specifically includes the disclosure of radiographs (X-rays), and information about my current medical and dental condition and my prior medical and dental condition.

Medical Condition and Medications
I have fully disclosed my current medical conditions and medical history to the best of my knowledge. I understand that if I am taking medications (especially those indicated on the Medical History in question 10) that are associated with certain chronic conditions, I may not be accepted as a patient for the Examination. I have fully disclosed all medications that I am currently taking. I have been informed that patients who are taking bisphosphonate medications may be at risk of osteonecrosis of the jaw after dental treatment or as a result of dental infections.
Candidacy Consent

Consent to X-Rays and Photographs

I consent to the taking of appropriate radiographs (X-rays) and the examination of my teeth and gums. I also consent to having CDCA examiners or the staff and clinicians of the dental school take photographs of my teeth and gums for use in future CDCA examinations, provided that my name is not in any way associated with the photographs or X-rays.

Patient Consent, Disclosure, and Assumption of Responsibility

Anesthesia

I understand that as part of the dental hygiene procedure(s), it may be necessary to administer local anesthetics and I consent to the use of such anesthetics by the Candidate or dental professional selected and approved by the school where the examination is taking place.

Agreement

I release the CDCA, participating dental hygiene schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, any acts of the Candidate (including negligence), and the acts of any school employee (including any persons acting for or behalf of the school) which occur during the course of this Examination, and any damages or injuries I may suffer as a result of my participation in the Examination. With full knowledge of all the risks described above, I hereby expressly assume all risks as described or which can be inferred from the statements in this document. I further agree that neither the CDCA nor the participating dental or dental hygiene schools nor their employees or agents are responsible to provide any medical evaluation treatment, counseling, follow-up care, or any compensation for any condition or occurrence arising out of any act or omission of the Candidate and I hereby indemnify and agree to hold them harmless from any such claims and expenses, including attorney fees.

I verify that I am not a dentist or dental hygienist (licensed or unlicensed), a dental student in the 3rd, 4th, or final year of dental school, or a dental hygiene student in the final year of school.

By my signature below, I verify that I have read and fully understood the above information, and this agreement.

Patient’s Name (Print): ______________________________ Date: ___________________
Address: ____________________________________________
Sex (Circle): M F Age: _____ Telephone #:____________ Email Address_____________________
Patient’s Signature: ____________________________________________

Candidate Sequential: 100
Candidate ID: 60812
Test Site: Spg18H CoastalBend

Be sure to place a candidate ID label on this 2nd page.

All patient information should be completed prior to beginning the examination.

Candidates should not sign this form until their patient returns from the post-treatment evaluation.

Candidate Initials: _____ Date Initiated: _______ Candidate Signature: ____________________
(Added at end of exam)
Candidate Cubicle Set-Up
Enter clinic; take patient’s blood pressure; complete appropriate paperwork

Request a CFE
CFEs conduct the patient/paperwork approval process, the first step in evaluation

Case Selection Entry and Verification with the DSM
Take your paperwork, patient, and required instruments to the DSM location to enter, or adjust, and/or validate your Case Selection in the electronic system

Pre-Treatment Evaluation
A runner will guide your patient to the Evaluation Station; all required forms and instruments, including protective eye wear must accompany your patient

Candidate Findings (DSM)
Take your paperwork, patient, and required instruments to the DSM location to enter and validate your Candidate Findings in the electronic system

Post-Treatment Evaluation
A runner will guide your patient to the Evaluation Station; all required forms and instruments, including protective eye wear must accompany your patient

TREATMENT TIME IS MAXIMUM OF 120 MINUTES; PERFORM TREATMENT, CALCULUS DETECTION AND PERIO MEASUREMENTS DURING YOUR ALLOTTED TREATMENT TIME.

Patient Returned
Proceed with treatment

Exam Stopped
Candidates whose patient does not medically or radiographically qualify will not be allowed to complete the exam.

Exam Stopped
Candidates who do not accrue enough points to successfully complete the PTCE will not be allowed to continue treatment of the patient. The exam Chief will discuss your exam performance with you.

Candidate Check-out
Gather all paperwork, arrange it in the appropriate order as listed on the Candidate Check-out Form, and then request a CFE to certify your check-out.
<table>
<thead>
<tr>
<th>Cand. Seq.</th>
<th>Cubicle #</th>
<th>CF</th>
<th>DSM</th>
<th>Local Anesth.</th>
<th>Sent to Eval</th>
<th>Finish Time</th>
<th>DSM</th>
<th>Sent to Eval</th>
<th>CFE Checkout</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Below is an example of a completed Medical History Form (2 pages)

Medical History Form

Form Completed __________/________ / _______

Blood Pressure __________ Date/Time Taken

INSTRUCTIONS TO THE PATIENT:
Answer the following questions as completely and accurately as possible. All information is CONFIDENTIAL. Please circle “yes” or “no” to all questions, and write in your answers as appropriate.

1. Are you under the care of a physician at this time? YES NO
   If yes, for what condition?

2. The name and address of my physician is:

3. Your last physical examination was on

4. Has a physician treated you in the past six months? YES NO
   If yes, for what condition?

5. Have you been hospitalized or have a serious illness (including MRSA infection) within the last five years? YES NO
   If yes, please specify:

6. Are you allergic or had any adverse reaction to any medicines, drugs, local anesthetics, LATEX or other substances? YES NO
   If yes, please specify:

7. Do you now or have you ever smoked cigarettes or used tobacco products? YES NO
   If yes, please specify: Number of packs/day ________ Number of years:

8. Do you have or have you had any of the following diseases/problems? Please explain “YES” answers on the back.

   A. Abnormal bleeding, bruise or history of transfusion. Taking aspirin or blood thinner: YES NO
   B. Lung/respiratory condition (asthma, bronchitis, emphysema): YES NO
   C. Diabetes: YES NO
   D. Emotional/Mental health disorder (anxiety, depression, bipolar disorder): YES NO
   E. Epilepsy/Seizures/Convulsions: YES NO
   F. Liver disease (Hepatitis/Jaundice/Cirrhosis): YES NO
   G. High blood pressure: YES NO
   H. HIV positive/AIDS: YES NO
   I. Hives, itching or skin rash: YES NO
   J. Kidney disease: YES NO
   K. Sexually transmitted disease: YES NO
   L. Stroke: YES NO
   M. Tumor: YES NO
   N. Tuberculosis: YES NO
   O. Artificial/Prosthetic heart valves: YES NO
   P. Angina/Chest pain, Shortness of breath: YES NO
   Q. Artificial/Prosthetic heart valves: YES NO
   R. Valve damage following heart transplant: YES NO
   S. Congenital heart disease: YES NO
   T. Infective endocarditis (heart infection): YES NO
   U. Heart attack Date: __________ YES
   V. Heart surgery Date: __________
   W. Stroke Date: __________
   X. Congestive heart failure: YES NO
   Y. Coronary artery or other heart disease: YES NO
   Z. Arteriosclerosis/Coronary occlusion: YES NO
   AA. Pacemaker: YES NO
   BB. Implant cardio-defibrillator: YES NO
   CC. Immune suppression or deficiency: YES NO
   DD. Cancer/Chemotherapy/radiation therapy: YES NO
   EE. Drug abuse (cocaine, methamphetamine, heroin, crack, or drug rehabilitation): YES NO
   FF. Alcohol abuse (alcohol rehabilitation): YES NO

LETTER

Explanation for Question 8

Turn Over →
9. Have you had surgery or x-ray treatment for a tumor, growth or other condition of your head or neck? ................. YES  NO
   If yes, please list: ________________________________

10. Do you have any other diseases, conditions, or problems not listed above? If yes, please explain: ..................... YES  NO

<table>
<thead>
<tr>
<th>OTHER CONDITION</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Are you taking or have you ever taken any medications, (examples below), either orally or by injection, for osteoporosis, osteopenia or bone loss due to aging OR lung cancer, breast cancer, prostate cancer, colorectal cancer, wet macular degeneration, Paget’s Disease, or multiple myeloma? ...................... YES  NO
   Examples: Fosamax® (alendronate); Boniva® (ibandronate); Actonel® (risedronate); Reclast® yearly injection (zoledronic acid); Areos® ( pamidronate); Zometa® (zoledronic acid); Bonfos® (clodronate); Avastin® (bevacizumab); Erbitux® (cetuximab); Herceptin® (trastuzumab)
   If yes, please list the appropriate medication below:

   ____________________________________________

12. Please list any premedication, medications, pills, or drugs with dosage which you are taking both prescription and nonprescription (Must be completed the DAY OF THE EXAMINATION)

<table>
<thead>
<tr>
<th>MEDICATION/DOSAGE</th>
<th>REASON PRESCRIBED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

13. WOMEN ONLY: Are you pregnant? ................................................................. YES  NO
   If yes, when is your expected due date? ________________________________

   Are you currently breastfeeding? ......................................................... YES  NO

14. AMERICAN SOCIETY OF ANESTHESIOLOGY (ASA) CLASSIFICATION .................................................. CLASS

   (ASA I: Normal healthy patient; ASA II: Patient with mild systemic disease, no functional limitation—e.g., smoker with well-controlled hypertension; ASA III: Patient with severe systemic disease, definite functional impairment—e.g., diabetes mellitus (DM) and angina pectoris with relatively stable disease, but requiring therapy)

   Any item on the Medical History with a “YES” response, in questions #4-13 could require a Medical Clearance from a licensed physician if the explanation section indicated the possibility of a systemic condition that could affect the patient’s suitability for elective dental care. Medical Clearance must include the physician’s name, address, and phone number.

   I acknowledge that I have answered these questions accurately and completely. I will hold the testing agency responsible for any action taken or not taken because of errors I may have made when completing this form.

   PATIENT SIGNATURE: ________________________________
   DATE SIGNED: ________________________________

   CANDIDATE INITIALS: ________________________________
   DATE INITIALED: ________________________________

Candidate Sequential: 100
Candidate ID: 60812
Test Site: Spg18H CoastalBend

CANDIDATE SIGNATURE: ________________________________  (Added at end of exam)
All information from this Case Selection Worksheet must be entered into the electronic grading system either by you online (at least 48 hrs before the start of your exam) or by the DSM at the exam site. If you enter your Case Selection online, you will confirm your entry with the DSM on the day of the exam, at which time changes can be made if necessary.

Dental Hygiene Case Selection Worksheet

This form is for your use prior to and on the day of the exam. It can be duplicated as needed. It does not go into the Evaluation Station.

Candidate Sequential: 100
Candidate ID: 60812
Test Site: Spg18H CoastalBend

Don’t forget to place your candidate ID label on this form

Turn over to complete Candidate Findings

Circle Primary Quadrant:  
UR
UL
LR
LL

Posterior Teeth In Second Quadrant

# 12  # 14

Qualifying Subgingival Calculus Removal

In the large boxes to the left, enter the numbers of the teeth from within your Case Selection that you have selected for the Calculus Removal Exercise. These teeth should be listed in sequential order and indicate the smaller adjacent box the surface on the tooth where the calculus is located that you have selected for removal (M = Mesial, F = Facial, D = Distal, L = Lingual). If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed, example:

3 M then 3 D

The 12 selected surfaces of qualifying subgingival calculus must be distributed as follows:

- At least 8 of the 12 surfaces of qualifying subgingival calculus must be on posterior teeth (pre-molars and molars)
  - At least 5 of the 8 surfaces of qualifying subgingival calculus must be located on mesial or distal proximal surfaces and within 2 mm of an adjacent tooth
  - At least 3 of the mesial or distal proximal surfaces must be on molars; one distal surface of a 2nd or 3rd terminal molar may be used
  - The remaining 4 of these 12 surfaces are at the choice of the candidate

The ADEX PTCE Case Selection Requirements are listed here to help guide you as you establish your Case Selection.
Below is an example of a Candidate Findings Worksheet (back of Case Selection Worksheet)

CANDIDATE FINDINGS WORKSHEET

BRING WITH YOU EACH TIME YOU MEET WITH THE DSM. THIS FORM DOES NOT GO INTO THE EVALUATION STATION.

A CFE will transfer the assigned teeth from the Progress Form to this form once your patient returns from pre-treatment evaluation.

Qualifying Calculus Detection Findings:
COMPLETE BEFORE STARTING TREATMENT

For the teeth assigned below, indicate if qualifying calculus is present by placing an “X” in the box marked - “Yes” - present or - “No” - not present for each of the four surfaces on each tooth: Mesial, Distal, Facial, and Lingual.

<table>
<thead>
<tr>
<th>Tooth #</th>
<th>M</th>
<th>D</th>
<th>F</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>29</td>
<td>Yes</td>
<td>X</td>
<td>X</td>
<td>No</td>
</tr>
<tr>
<td>30</td>
<td>Yes</td>
<td>X</td>
<td>X</td>
<td>No</td>
</tr>
</tbody>
</table>

Don’t forget to place your candidate ID label on this form.

Record your findings in the appropriate boxes. You’ll give this information to the DSM when you submit your patient for post-treatment evaluation.

Probing Measurement Findings
COMPLETE AFTER FINISHING TREATMENT

- Two teeth (one anterior, one posterior) are assigned by examiners during pre-treatment evaluation
- After you complete treatment, measure and record in the appropriate boxes below the depth of each sulcus/pocket on the indicated surfaces to the nearest mm.

<table>
<thead>
<tr>
<th>Anterior</th>
<th>Posterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth #</td>
<td>Tooth #</td>
</tr>
<tr>
<td>DL</td>
<td>DL</td>
</tr>
<tr>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>ML</td>
<td>ML</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Below is an example of a Candidate Progress Form (2 pgs)

If you need to communicate any additional information to the examiners regarding your patient, list them here. Examiners will note their review of your comments during both pre-treatment and post-treatment evaluations.

If there are any teeth that are not physically present in your patient’s mouth, please “X” them out here.

A CFE will verify that you have completed the top portion of this form after you have signed in on the Check-in Sheet.

A CFE will transfer these numbers to your Candidate Findings Form. Be sure to use that form to record the information before submitting for post-treatment evaluation.

Once your patient returns from the pre-treatment evaluation, your Finish Time will be recorded here.
This is the back of your Candidate Progress Form

Is this patient being shared with another candidate today?  

YES  NO  

If so, enter the candidate’s number:  

1 1 0

PATIENT CONSENT FORM

Approved by CFE
Examiner #:  

MEDICAL HISTORY AND BLOOD PRESSURE

Approved by CFE
Examiner #:  

RADIOGRAPHS

Approved by CFE
Examiner #:  

ANESTHETIC RECORD (actual use)

Non Injectable Local Anesthetic/Periodontal Gels  
(Brand/Generic Name)

CFE Approval for Non Injectable Local Anesthetic/Periodontal Gels
Examiner #:  

Injectable Anesthetic(s)  
(Brand/Generic Name):

Lidocaine 2%

Type(s) of Injection (Infiltration/Block):
infil/block

Quantity of Anesthetic (mg) Expected to use:  

68 mg

Vasoconstrictor (Concentration):  
Vasoconstrictor (mg):  

0.034 mg

Has the patient previously rec’d anesthetic the same day?  

Yes  No

Anesthetic and Dose:

CFE Approval for Initial Injectable Anesthetic
Examiner #:  

Additional Anesthesia - Anesthetic and Dose:

mg

CFE Approval for Additional Injectable Anesthetic
Examiner #:  

Number of Anesthetic Cartridges Actually Used?  

2 1.7 ml each

Third Party Administration of Anesthetic:
(approved locations only)

PRINT NAME

SIGN NAME

PRE-TREATMENT MEDICATION (if required)

Medication(s) (Brand/Generic Name):

Amoxicillin

Dosage/When Taken:  

2g 1 hr before
The nature of this examination process has been explained to me. I understand that the procedure(s) performed by the examinee (candidate) as part of the examination process were to determine the qualification of the dental hygiene examinee (candidate) for licensure. I understand that the treatment provided during this examination does not constitute complete treatment and does not represent a total health care procedure. I understand that I will need to make other arrangements to finish any treatment begun here today.

Patient’s Signature  ___________________________  Date  ___________________________

Candidate’s Signature  ___________________________

Once your patient returns from the post-treatment evaluation, and you have discussed the need for a completion of treatment, both you and your patient must sign and date 2 copies of this form as an indication of understanding. Your patient will keep one completed copy of this form, and you will return the other completed copy in your white envelope.
Don't forget your candidate ID label and remember to write in your cubicle number before submitting this form to the CFE. The CFE will enter his/her examiner number once all of the items on this checklist are placed in the white envelope.

When you have completed the examination, turn in the following materials to the CFE in the order listed below. Once the CFE has verified that all materials have been returned, you will place the following documents inside your white candidate envelope. This will conclude the examination.

Your Case Selection Worksheet/Candidate Findings Worksheet will remain with you.

1. Patient Treatment Consent Form (candidate must sign at the end of the exam)
2. Medical History Form
3. Dental Hygiene Progress Form
4. 2 Cubicle cards
5. Certification of Review of the Online Orientation (signed)
6. Completed Post-Operative Care Agreement (give one completed copy to patient; turn in the 2nd completed copy)
7. Any unused Evaluation Forms
8. White Envelope
Candidate PTCE Checklist

TAKE TO THE CLINICAL EXAMINATION SITE AND THE CANDIDATE REGISTRATION

☐ Two forms of identification, one with your signature and one with a recent photograph. Acceptable forms of ID include: valid current driver’s license, passport, military ID, and employee ID. A credit card is acceptable as a secondary form of ID.

☐ Passport-size photo of interpreter AND completed Interpreter Form (if applicable)

☐ Assigned testing site, time, and 3-digit sequential number (available for printing from your CDCA online profile under the Registration tab)

☐ A ballpoint pen to be used on the Progress Form only

☐ All necessary materials, forms, and instruments

☐ All required documents (ie: for patient eligibility, for authorization to administer local injectable anesthesia, etc.)

☐ “This manual (*helpful for reference, but not required)

REGARDING YOUR PATIENT

☐ Complete appropriate Medical History Form (and Medical Clearance if necessary), Patient Consent, Disclosure, and Assumption of Responsibility Form, and/or Case Selection Worksheet (if applicable) for each patient

☐ Ensure that the patient meets the ADEX requirements as published in this manual

☐ Bring all necessary radiographs to the testing site

☐ Review all the criteria that are to be evaluated with the patient

☐ Ensure that your back-up patient(s) is/are available in the event that your chosen patient is unable to attend due to an emergency