American Board of Dental Examiners

PATIENT-BASED DENTAL EXAMINATION:
Restorative and Periodontal Procedures

2017 CANDIDATE MANUAL

Administered by:

THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS
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Please read all pertinent manuals in detail prior to attending the examination

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ADEX DENTAL EXAM ADMINISTRATION

The purpose of the ADEX examination series is to provide the licensing authorities (dental boards and other licensure authorities) of states and other jurisdictions with uniform, accurate third party assessments of the clinical competency of individual candidates for dental licensure. Because the ADEX Dental Examination Series is administered on behalf of a number of state dental boards, and in accordance with state licensing requirements, the ADEX Examination Series is widely accepted for use in the dental licensure process in jurisdictions throughout the United States and in Jamaica. Candidates, however, should always check with the state dental board of any state in which they wish to be licensed to determine whether this examination will qualify them for licensure in that state.

Currently there are two testing agencies that administer the ADEX examination series. Although the content, scoring systems, and basic exam flow are uniform, each agency may have some unique administrative elements. Therefore, candidates should obtain and thoroughly read the manual published by the agency administering the examination on the date and at the site the candidate plans to attend. This manual is published by The Commission on Dental Competency Assessments (CDCA) and is specific to its administration of the ADEX examination. For information about available examination dates, examination sites, and fees, visit the CDCA website at www.cdcaexams.org.

Occasionally examinations are interrupted or postponed because of hurricanes, blizzards, other severe weather, power outages, or similar occurrences. The CDCA reserves the right in its sole discretion to delay, halt, postpone, or cancel an examination due to unforeseen and/or serious events. In the event of predicted severe weather events, candidates should monitor their emails for communication from the CDCA and/or their school coordinators regarding the exam schedule.
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The CDCA administers the ADEX dental licensure examination. This manual has been designed to assist candidates with the live patient-based examination procedures and other related administrative guidelines. The examination is based on specific performance criteria as developed by the ADEX for the purpose of evaluating the candidates’ clinical competency.

Failing to review and master the guidelines provided by the CDCA, to the point that such failure has significant adverse impact upon a candidate’s ability to efficiently and effectively participate in the ADEX dental examination, may result in dismissal from and subsequent failure of the examination.

Every effort has been made to ensure that this manual is accurate, comprehensive, clear, and current. 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. There may also be other test-related material sent to candidates which will be emailed and/or distributed at candidate orientation the day before the exam.

All candidates who take any parts of the ADEX dental examination through the CDCA between January 1, 2017 and December 31, 2017 are responsible for reading and understanding the 2017 examination manual(s) published by the CDCA, any documented changes to the 2017 manual(s), and for reviewing and understanding all other material provided by the CDCA regarding the exams administered between January 1, 2017 and December 31, 2017. If, while reviewing any exam related materials, questions regarding administrative procedures arise, it is the candidate’s responsibility to resolve those questions by contacting the CDCA office via email: director@cdcaexams.org.

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 Registration and General Administration Supplement manual for step-by-step instructions on how to register for the ADEX clinical dental exam through the CDCA, as well as guidance regarding the DSE registration and content.
The ADEX Dental Examination
Patient-Based Procedures

I. EXAMINATION OVERVIEW

- Available Exam Administration Formats
- Patient Selection & Medical History
- Schedule/Timeline Guidelines
- Scoring System Overview
- Candidate Professional Conduct
Patient-Based Procedures Overview

A. **Available Exam Administration Formats**

There are three basic exam formats: The Traditional Format, the Curriculum Integrated Format (CIF), and the Patient-Centered Curriculum Integrated Format (PC CIF). They are all identical in content, criteria, and scoring. The major difference between the three formats is in the sequencing of examination sections.

1. **Traditional Format**: the manikin-based and patient-based examination sections are administered in their entirety at each site over the course of two consecutive days. The Traditional Format is available several times each year. D4 (or final year) dental students as well as candidates who have already graduated from dental school are eligible for the Traditional Format.

2. **The Curriculum Integrated Format (CIF)** is the pre-graduation format of the ADEX Dental Examination Series for dental students of record. In this format examination parts are administered over the course of an eligible dental student’s D3 or D4 (or final) year.

3. **Patient-Centered CIF**: Similar to the CIF format described above with the manikin procedures administered weeks or months prior to the patient-based procedures. However, with the PC CIF format the restorative and periodontal procedures are more individually tailored to each student’s readiness and integrated within the framework of a student’s faculty-approved, treatment-planned school clinic case load. Candidates participating in the PC-CIF format challenge all manikin and patient procedures in their home school clinic. Candidates register for all exam parts at the same time prior to challenging the manikin procedures.

B. **Patient-exam Parts**

The Periodontal Scaling and Restorative Dentistry Examinations are the two patient-centered examinations of the ADEX Examination Series. They are conducted in a dental school clinical setting and are offered on the same day.

1. **The Periodontal Scaling Examination** is an optional examination in the ADEX series, as there are some ADEX member jurisdictions which do not require it for dental licensure. Dental licensure candidates who take the periodontal scaling examination, do so either because they are applying for licensure in a jurisdiction where it is required, or in order to have a wide choice of jurisdictions to apply to in the present or future. Candidates should contact the appropriate state or other jurisdiction’s board of dentistry directly to determine state-specific requirements. However, there is still a periodontal section in the computer-based Diagnostic Skills Examination. Candidate performance is evaluated for acceptability of the case for the examination, for subgingival calculus detection, for subgingival calculus removal, for plaque and stain removal and for treatment management.
2. The **Restorative Dentistry** Examination includes two procedures that are evaluated independently of each other: Anterior Restoration and Posterior Restoration. Evaluations are made, in each case, for acceptability of the case for the examination, preparation of the lesion, restoration of the prepared tooth and treatment management.
   - The Anterior Restoration consists of preparation and restoration of a class III carious lesion on an anterior tooth
   - The Posterior Restoration consists of preparation and restoration of a class II carious lesion on a posterior tooth; candidate performance is evaluated separately for each type of restoration

C. **Patient Selection Guidelines**

1. MULTIPLE TREATMENTS FOR THE SAME PATIENT:
   Candidates are permitted to have a single patient sit for both of the restorative procedures (Class II and Class III), or for the periodontal scaling examination and one or both of the restorative procedures. Each restorative procedure or the periodontal scaling examination, once started, must be completed prior to beginning another procedure even if being performed for the same patient.

2. SHARING PATIENTS:
   - One **anterior tooth may be shared** by two candidates if the tooth has a mesial and distal lesion. Only one lesion needs to be treated.
   - One **posterior tooth may not be shared** by two candidates for treatment during the examination. If the tooth has a mesial and distal lesion when presented for evaluation, the candidate must treat both lesions by the end of the examination.

3. PATIENT REQUIREMENTS:
   - Patients must be 18 years of age or older
   - Patients may not be dentists, dental hygienists, dental students in their third or fourth (or final) year, or dental hygiene students in their final year
   - Patients must have no general health contra-indications for treatment
   - Patient Blood pressure:
     - 159/94 or below is acceptable without a medical clearance
     - 160-179/95-109 is acceptable with a medical clearance only
     - 180/110 or above is not acceptable, even with a medical clearance
   - No history of IV bisphosphonate usage, except for a once yearly IV administration of “Reclast” or its equivalent (A history of oral bisphosphonate usage is permissible for the restorative examination only)
   - No latex allergy
• 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
• Limited treatment: patients must be informed that limited treatment is provided under examination conditions and that additional treatment may be required.
• A woman in her first trimester of pregnancy may not be a patient for the examination. A woman in her second trimester may be a patient for the exam and a woman in her third trimester may be a patient if she is comfortable sitting in one place all day for the examination.

4. PATIENT MEDICAL HISTORY:

A Medical History Form 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.

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, and DO NOT sign the form until you have completed ALL attempted procedures and have received authorization from a CFE to sign it.

All “yes” answers need to be explored, and any needed explanatory remarks must be written on the Medical History Form.
5. PATIENT MEDICAL CLEARANCE:

If a medical clearance is indicated, 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 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

NOTE: If the patient sits for more than one candidate, a separate Medical History Form and Patient Consent Disclosure Form must be completed by each candidate individually with the patient

Additional Medical Clearance requirements:

- Candidates must follow the current American Heart Association antibiotic pre-medications 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
- Candidates must obtain written medical clearance for patients reporting a disease, condition, or problem not listed on the Medical History Form that would pose a significant risk to their own health or safety or 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

6. LOCAL ANESTHESIA:

Injectable local anesthetics may be administered for the Periodontal Scaling and Restorative Dentistry Examinations. Candidates must request and receive approval for the administration of local anesthetics prior to each separate administration. Inhalation or intravenous analgesia or anesthetics are not permitted for the examination. Violation of this standard will result in failure of the examination section.
7. INSTRUMENTS:

Instruments for candidate use are the choice of the candidate, provided they are acceptable and taught at accredited dental schools and the candidate has been trained in their use. However, instruments for use by Evaluation Station Examiners are specified. At some host sites (schools), instruments used in the Evaluation Station are supplied by the school. At other host sites candidates must send instruments, along with the required forms and radiographs, with their patients each time they send patients to the Evaluation Station. Candidates should contact their host school to determine whether or not they are responsible to provide the instruments listed in sections II and III of this manual.

D. Examination Schedule Guidelines

1. Dates and Sites

Specific examination dates for a participating dental school can be found on the CDCA website. Please refer to the Registration and General Administration Supplement manual for the CDCA’s specific policies and administrative guidelines.

The CDCA administers the Restorative and Periodontal examination parts at various dental schools on specified dates as determined by the dean or other official representative of the dental school and agreed upon by the CDCA.

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:

- **NINE HOURS:** Three procedures (anterior restorative, posterior restorative, and periodontal scaling)
- **SEVEN HOURS:** Two procedures (either both restorative procedures or one restorative procedure + periodontal scaling)
- **FOUR HOURS:** One procedure (anterior restorative procedure, posterior restorative procedure, or the periodontal scaling)

Candidates taking one part have a maximum of 4 hours from the time the lesion or case is approved.
3. **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 on which they are to challenge each part of the examination. Examination schedules are not finalized until after the examination application deadline. Candidates should note the specific time restraints of the live patient-based examination procedures listed above. All procedures for each examination must be completed within the allotted time.

E. **Scoring System Overview**

Evaluations and scoring of candidate performance in the patient-based examinations are always done on-site. Evaluations are made in a “triple blind” manner at specified steps as a candidate progresses through each exam procedure. Three examiners must 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. Examiners are randomly assigned by the electronic system, so that the same three examiners do not repeatedly examine the same preparations or restorations.

Evaluations are made according to defined criteria. 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. The three category levels may be generally described as:

| Acceptable: | The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill; however, slight deviations from the mechanical and physiological principles of the satisfactory level may exist which do not damage the patient nor significantly shorten the expected life of the restoration. |
| Marginally Substandard: | The treatment is of poor quality, demonstrating less than desirable clinical judgment, knowledge of or skill in the mechanical and physiological principles of restorative dentistry, which if left unmodified, will substantially shorten the life of the restoration. |
| Critically Deficient: | The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The tooth may or may not be temporized, or the treatment plan must be altered and additional care provided in order to sustain the function of the tooth and the patient’s oral health and well-being. |

Based on the level at which a criterion is rated by at least two of the three examiners, points will be awarded to the candidate. If none of the three examiners’ ratings are in agreement, the median score is assigned. However, if a criterion is assigned a rating of critically deficient by two or more examiners, no points are awarded for that procedure or for the examination section.
1. **Restorative Examination Content**

**Anterior Restoration**
- Anterior (Class III) Composite Preparation: 12 Criteria
- Anterior (Class III) Composite Restoration: 10 Criteria

**Posterior Restoration**
- Posterior (Class II) Amalgam Preparation: 15 Criteria
- Posterior (Class II) Amalgam Finished Restoration: 9 Criteria
- Posterior (Class II) Composite Preparation: 15 Criteria
- Posterior (Class II) Composite Finished Restoration: 11 Criteria
- Posterior Proximal-Occlusal Composite Preparation: 14 Criteria
- Posterior Proximal-Occlusal Composite Finished Restoration: 11 Criteria

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**Restorative Clinical Examination – 100 points**

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<th>RESTORATIVE CONTENT</th>
<th>EXAMINATION FORMAT</th>
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<td><strong>Anterior restoration:</strong> Class III composite - cavity preparation and restoration are graded separately</td>
<td>Performed on a patient</td>
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<tr>
<td><strong>Posterior restoration:</strong> candidate’s choice of either:</td>
<td>Preparation and Restoration are each graded by 3 examiners, independently of each other</td>
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<td>▪ Class II amalgam - cavity preparation and restoration</td>
<td>Time: 7 hours allotted* (Two Restorations)</td>
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<tr>
<td>▪ Class II conventional composite - cavity preparation and restoration</td>
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<tr>
<td>▪ Class II posterior proximal box composite (slot) cavity preparation and restoration</td>
<td>Time: 4 hours allotted* (One Restoration)</td>
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2. Periodontal Scaling Examination Content

***Periodontal Scaling Clinical Examination – 100 points***
(Optional for ADEX Status, but may be required for licensure depending on state licensing requirements)

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<th>PERIODONTAL SCALING CONTENT</th>
<th>EXAMINATION FORMAT</th>
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| Treatment Selection & Pre-Treatment  
1. Case acceptance  
2. Subgingival calculus detection | Performed on a patient  
Time: 4 hours allotted* |
| Treatment & Post-Treatment  
3. Subgingival calculus removal  
4. Supragingival plaque/stain removal  
5. Tissue and treatment management | Treatment Time: 1.5 hours  
(after case acceptance) |

*If the candidate is attempting all three procedures, the total time allotted for all procedures is 9 hours.

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

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

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

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

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

3. Penalties & Point Deductions

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

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

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

POINT DEDUCTION: Examples of violations of examination guidelines or clinical errors which may result in deduction of points from a candidate’s score include:

• Improper/incomplete record keeping
• Improper or inadequate field isolation
• Improper operator/patient/manikin position
• Improper retraction of simulated facial tissues in the simulated patient examinations
• Improper positioning of the candidate’s face mask, so as not to cover the nose
• Rudeness or boisterousness of a minor nature (not to the level of professional misconduct)
• Repeated inappropriate modification requests
• Improper liner placement or improper medicament placement for indirect pulp caps (on enamel, at margins, or jeopardizing the strength or retention of a restoration)
• Unsatisfactory completion of instructions issued by the Evaluation Station (Instructions to Candidate Form)
• Inadequate anesthesia during treatment
• Non-diagnostic radiographs (first or second occurrence)

F. Pre-Exam Preparation

1. Before the Exam: Candidate Orientation Session

Typically held in the afternoon or evening on the day preceding the first examination day at each site, a candidate orientation session is led by the Chief of the exam. The orientation session is only for candidates, not for candidate assistants or candidate interpreters. The time and location of the orientation session will be communicated to you by email or the site’s ADEX exam coordinator (typically a faculty member at that school). The orientation session is designed to give the candidates any site-specific information that is relative to the administration of the exam, answer general administrative 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 a variety of forms and materials candidates submit during the examination.
NOTE: In order to be granted entrance to the candidate orientation 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.

b. Your 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.

The photo **candidate ID badge** you receive at the candidate orientation 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 patients, your work space, your forms, radiographs, instrument packs (if using your own instruments), all electronic data entry pertaining to you or your patient(s), to track your progress through the examination, when scoring evaluations of your performance, and when reporting your score.

2. **Exam Day: Candidate Assistants and Interpreters**

a. Candidate assistants are permitted for the patient-based exam. However, candidate assistants may **NOT** be:

- A licensed or unlicensed dentist/dental hygienist
- A third-year dental student
- A fourth-year (or final year) dental student
- A final year dental hygiene student
- A dental technician
- Serving as an interpreter for a candidate during the exam

Candidates with candidate assistants must complete the **Chairside Assistant Form** (see sample of form on pg. 75), which is made available to candidates at the examination site during the candidate orientation. Assistants are required to supply two (2) passport-size photographs (2x2 photos), as well as two forms of identification, one must have a photograph of the individual and both forms of identification must have the individual’s signature. Candidates will tape or glue their assistant’s photos in the two designated boxes on the form. Candidates must complete the form entirely before submitting it to the designated CDCA representative on the clinic floor.

Once the assistant has been approved the assistant’s ID badge will be cut from the form and the assistant must place it in the plastic badge holder provided to them and wear it at all times while working on the clinic floor. The designated CDCA representative will keep the registration form.

> Assistants are required to wear their ID badge at all times, on their outer-most clothing, while in the examination area.
The assistant’s ID badge must be turned in with all other required examination forms and materials at the end of the examination.

b. Candidates may employ the services of an interpreter when their patient(s) do not speak English or for their patient(s) 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 third year dental student
- A fourth year (or final year) dental or dental hygiene student
- Simultaneously serving as the candidate’s chairside assistant
- Another candidate’s interpreter (the sharing of interpreters is prohibited)

The Interpreter Disclosure Statement and Interpreter ID Form will be made available to candidates during the candidate orientation session that takes place the day before the exam. Candidates must complete the form entirely, and must affix two (2) passport-size photographs (2x2 photos) in the appropriate places on the form. 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.

3. Exam Day: 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, or may result in a deduction of points from the candidate’s final score. Repeated minor violations result in greater point deductions. Serious violations may result in failure of an examination, or in the most serious cases, failure of the entire examination series. Candidates are required to adhere to these standards of conduct while participating in all sections of the ADEX Dental Examination Series.
a. **Submission of examination records:** All required records and radiographs (film and/or hard copies of digital images) must be turned in 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 will fail all exam procedures involved.

b. **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 (in the Periodontal Scaling Clinical Examination procedure, all surfaces of the selected teeth may be scaled and polished at the discretion of the candidate, but only the selected surfaces will be evaluated). Performing other treatment or procedures may result in termination of the examination.

c. **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 reexamination 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 and/or cameras

G. **Exam Flow & Exam Timelines**

Candidates are responsible for time management.

1. **SET-UP PERIOD**
   
   In accordance with the Examination Timeline chart (item #5 in this section), you will be authorized to enter the clinic—with your candidate assistant and 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). Once you arrive to your cubicle, first assemble and pin onto your outermost garment your badge and, if applicable, your assistant’s badge. Tape one of your two cubicle cards in a prominent location in your cubicle.
2. **CFE**

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 for the restorative examination as well as the PCA (patient case acceptance) process for the periodontal scaling examination. CFEs are, however, also responsible for monitoring the examination. They will impose penalties for violations of examination guidelines (i.e.: infection control violations, improper patient management, use of prohibited electronic devices, etc.)

a. *Restorative Medical History/Case Selection Approval*: Once you are ready to submit your patient for lesion approval, request a CFE to help you begin. The CFE will 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 treatment selection and anesthetic record have been made, as well as review the radiographs for compliance with examination guidelines. If all of those items are acceptable, notify a CFE, and a runner will come to your cubicle to escort your patient to the Evaluation Station for lesion approval. All required paperwork, instruments, and materials must accompany the patient. When your patient returns from the Evaluation Station, a CFE will inform you whether or not your treatment selection has been approved.

b. *Periodontal PCA*: In addition to all materials reviewed by the CFE for a Restorative Medical History/Case Selection Approval, the CFE will ask you whether your periodontal scaling treatment selection has been electronically submitted and whether you have confirmation that the treatment selection has been accepted electronically. If appropriate, the CFE will give approval for local anesthesia (up to two cartridges for the first request), and then a runner will come to your cubicle and escort your patient to the Evaluation Station. All required paperwork, instruments, and materials must accompany the patient to the Evaluation Station (see detailed lists in sections II and III of this manual).

3. **MODIFICATION OF PERIODONTAL TREATMENT SELECTION**

Before calling a CFE to begin the PCA process, if modifications to your periodontal treatment selection need to be made, or if you did not submit your treatment selection online prior to arriving to the exam site, you must visit the check-in desk and ask for the administrative representative there to help you with initial entry/making any adjustments to your treatment selection. Once a CFE begins the PCA process, NO CHANGES to the treatment selection may be made.

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

Patients will be in the Evaluation Station for an average of 30 minutes each visit (Restorative Examination = minimum of 3 visits; Periodontal Scaling Examination = minimum of 2 visits), so candidates should consider this time with regard to their individual time management during the examination.
### 5. EXAMINATION TIMELINE

<table>
<thead>
<tr>
<th>TIME</th>
<th>3 procedures</th>
<th>2 procedures</th>
<th>1 procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am</td>
<td>School doors will be unlocked and candidates may enter the building</td>
<td>School doors will be unlocked and candidates may enter the building</td>
<td>School doors will be unlocked and candidates may enter the building</td>
</tr>
<tr>
<td>6:30 am –</td>
<td>SET-UP PERIOD: candidates may enter clinic, set-up their cubicles, re-check</td>
<td>SET-UP PERIOD: candidates may enter clinic, set-up their cubicles, re-check</td>
<td>SET-UP PERIOD: candidates may enter clinic, set-up their cubicles, re-check</td>
</tr>
<tr>
<td>8:00 am</td>
<td>their patient, and document any pre-treatment notes in the “comments” section</td>
<td>their patient, and document any pre-treatment notes in the “comments” section</td>
<td>their patient, and document any pre-treatment notes in the “comments” section</td>
</tr>
<tr>
<td></td>
<td>of the Progress Form (all notations must be verified by a CFE prior to beginning any procedure)</td>
<td>of the Progress Form (all notations must be verified by a CFE prior to beginning any procedure)</td>
<td>of the Progress Form (all notations must be verified by a CFE prior to beginning any procedure)</td>
</tr>
<tr>
<td>6:40 am</td>
<td>Candidate assistant and interpreter registration opens (CFEs will be available</td>
<td>Candidate assistant and interpreter registration opens (CFEs will be available</td>
<td>Candidate assistant and interpreter registration opens (CFEs will be available</td>
</tr>
<tr>
<td></td>
<td>to help with and process registrations)</td>
<td>to help with and process registrations)</td>
<td>to help with and process registrations)</td>
</tr>
<tr>
<td>7:00 am –</td>
<td>Restorative Lesion Approval Process</td>
<td>Restorative Lesion Approval Process</td>
<td>Restorative Lesion Approval Process</td>
</tr>
<tr>
<td>8:00 am</td>
<td>Candidates beginning with the Periodontal Scaling procedure may begin the PCA</td>
<td>Candidates beginning with the Periodontal Scaling procedure may begin the PCA</td>
<td>Candidates attempting only the Periodontal Scaling procedure may begin the PCA</td>
</tr>
<tr>
<td></td>
<td>process and then proceed to Pre-treatment Evaluation</td>
<td>process and then proceed to Pre-treatment Evaluation</td>
<td>process and then proceed to Pre-treatment Evaluation</td>
</tr>
<tr>
<td>8:00 am</td>
<td>TREATMENT TIME BEGINS</td>
<td>TREATMENT TIME BEGINS</td>
<td>TREATMENT TIME BEGINS</td>
</tr>
<tr>
<td></td>
<td>All Periodontal Declaration Forms must have been turned in by 8:00 am</td>
<td>All Periodontal Declaration Forms must have been turned in by 8:00 am</td>
<td>All Periodontal Declaration Forms must have been turned in by 8:00 am</td>
</tr>
<tr>
<td>10:15 am</td>
<td>RESTORATIVE: lesion approval process must be completed</td>
<td>RESTORATIVE: Patient must be in line at the check-in desk for the final Preparation Evaluation (no additional modifications authorized)</td>
<td>RESTORATIVE: lesion approval process must be completed</td>
</tr>
<tr>
<td>11:00 am</td>
<td>PERIO: pre-treatment evaluation procedures must be complete</td>
<td>PERIO: pre-treatment evaluation procedures must be complete</td>
<td>PERIO: pre-treatment evaluation procedures must be complete</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for post-treatment evaluation)</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for post-treatment evaluation)</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for post-treatment evaluation)</td>
</tr>
<tr>
<td>1:15 pm</td>
<td>Lesion approval process for a 2nd restorative procedure must be completed</td>
<td>RESTORATIVE: Patient must be in line for final preparation evaluation of a 2nd restorative procedure</td>
<td>RESTORATIVE: lesion approval process must be completed</td>
</tr>
<tr>
<td>2:00 pm</td>
<td>RESTORATIVE: Patient must be in line for final preparation evaluation of a 2nd restorative procedure</td>
<td>RESTORATIVE: lesion approval process must be completed</td>
<td>RESTORATIVE: lesion approval process must be completed</td>
</tr>
<tr>
<td>2:15 pm</td>
<td>PERIO: If Perio is the 2nd procedure, pre-treatment evaluation must be completed</td>
<td>PERIO: If Perio is the 2nd procedure, pre-treatment evaluation must be completed</td>
<td>PERIO: if Perio is the last procedure, pre-treatment evaluation must be completed</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for restoral post-treatment evaluation)</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for restoral post-treatment evaluation)</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for final restoration evaluation)</td>
</tr>
<tr>
<td>3:15 pm</td>
<td>Lesion approval process for the second restorative procedure must be completed</td>
<td>Lesion approval process for the second restorative procedure must be completed</td>
<td>Lesion approval process for the second restorative procedure must be completed</td>
</tr>
<tr>
<td>4:00 pm</td>
<td>Candidate’s patient must be in line at the check-in desk for the final Preparation Evaluation (no additional modifications authorized)</td>
<td>Candidate’s patient must be in line at the check-in desk for the final Preparation Evaluation (no additional modifications authorized)</td>
<td>Candidate’s patient must be in line at the check-in desk for the final Preparation Evaluation (no additional modifications authorized)</td>
</tr>
<tr>
<td>4:15 pm</td>
<td>PERIO: If Perio is the last procedure, pre-treatment evaluation must be completed</td>
<td>PERIO: If Perio is the last procedure, pre-treatment evaluation must be completed</td>
<td>PERIO: if Perio is the last procedure, pre-treatment evaluation must be completed</td>
</tr>
<tr>
<td>5:00 pm</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for final restoration evaluation)</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for final restoration evaluation)</td>
<td>EXAMINATION ENDS (patient must be in line at the check-in desk for final restoration evaluation)</td>
</tr>
</tbody>
</table>
H. Communication From Examiners

Sometimes, when patients return from the Evaluation Station with a CFE, an Instructions to Candidate Form will accompany them. This form is a means of communication between the examiners and the candidates, and it does not necessarily indicate that a penalty has been applied. Before proceeding to the next step of treatment, the candidate must review the Instructions to Candidate Form with a CFE, sign the form as an indication of understanding the instructions, and, prior to continuing, the candidate must make the necessary corrections in accordance with the instructions on the form. Upon completion, the candidate should then request a CFE to verify that the instructions are completed and will then allow the candidate to proceed with the treatment process.
The ADEX Dental Examination
Patient-Based Procedures

II. RESTORATIVE EXAMINATION

- Procedures Overview
- Case Acceptance: Treatment Selection and Lesion Approval (Radiographs)
- Case Acceptance: Administrative Flow
- Cavity Preparation Procedures (Modification Requests & Pulpal Exposures)
- Cavity Preparation and Evaluation of Preparation
- Final Restoration & Evaluation of Restoration
- Check-out Procedures
A. **Restorative Examination Procedures Overview**

1. **Overview**

Candidates perform basic restorative dentistry procedures for two classifications of carious lesion: a class II (proximal surface carious lesion on a posterior tooth) and a class III (proximal surface carious lesion on an anterior tooth). The two procedures may be performed for the same patient or for two different patients. Candidates must have each lesion approved for treatment by the Evaluation Station Examiners prior to beginning treatment. If performed for the same patient, the procedures may be approved for treatment at the same time, but the two procedures are scored individually and the first procedure begun must be completed and evaluated prior to beginning the second procedure. Candidate performance is evaluated at the completed preparation stage and at the completed restoration stage.

For each of the two restorative procedures, there are three main procedural steps:

- Case acceptance (patient acceptability for the examination and approval of the candidate’s treatment selection)
- Cavity preparation and evaluation of the preparation
- Restoration of the tooth and evaluation of the restoration

Each step requires performance by the candidate followed by evaluation by the examiners in the Evaluation Station.

2. **Required Instruments & Materials**

Each time a candidate sends his/her patient to the Evaluation Station, the patient must wear a clean patient napkin with a candidate ID label affixed in the upper right hand corner (near candidate’s right shoulder), must have eye protection available, and the following instruments and accompanying materials must travel with the patient:

- Cubicle card
- Medical History Form
- Patient Consent Form
- Progress Form
- Radiographs (unless displayed on monitors in the Evaluation Station)
- Instruments (unless supplied directly by the host site to the Evaluation Station):
  - Clean unscratched # 4 or # 5 front surface mirror
  - Explorer
  - Cotton pliers
  - Three-way syringe tip
  - 2X2 gauze sponges

3. **Local Anesthesia**

Permission to administer local anesthetics for the Restorative Dentistry Examination will not be given until a treatment selection has been accepted for treatment (see Treatment Selection guidelines on the following page). A **maximum of 2 carpules (approximately 3.6 CC) may be approved by a CFE for the initial administration**. If additional anesthetic is needed, at any point in the examination, candidates must receive permission from a CFE prior to administering it. Whenever additional anesthetic is administered, the candidate must update the anesthetic record on the *Progress Form*. Also, the candidate
must record the total amount of anesthetic used during the examination on the Progress Form before sending the patient to the Evaluation Station for evaluation of the completed restoration. All anesthesia used must be within the “expiration date” marked on the anesthetic cartridge. If the patient has previously been given an anesthetic on the same day, the candidate must note that on the Progress Form.

The following anesthetic information must be indicated on the Progress Form:
• Type(s) of Injection (specific block or infiltration to be administered)
• Anesthetic(s) (generic or brand name and concentration, i.e. percent)
• Vasoconstrictor (If the anesthetic contains a vasoconstrictor, record the type and concentration, i.e. percent)
• Quantity (volume)

4. Radiographs

a. Radiographs for the Restorative Examination must meet the following requirements:
• For digital radiographs, caries should appear to progress greater than one-half the thickness of the enamel to have clinically progressed to the DEJ
• For film radiographs, caries should appear to progress greater than \( \frac{3}{4} \) (three-fourths) the thickness of the enamel, to have clinically progressed to the DEJ
• *Posterior tooth*: Original periapical and bitewing radiographs or single digital periapical and bitewing images
• *Anterior tooth*: Original periapical radiograph or single digital periapical image.
• Interproximal caries must be shown radiographically to penetrate at least to the dento-enamel junction, or have equivalent depth clinically
• Radiographs exposed within one year prior to the examination must depict the current clinical condition of the tooth to be treated. If a patient was treated by another candidate during the same examination series, however a new radiograph is not needed unless there is a specific clinical indication
• Films should be mounted according to the ADA format, in a small plastic mount (provided in the candidate’s “white envelope”) and the mount should be attached with transparent tape to the appropriate Restorative Progress Form. Digital printouts should be attached with a paper clip to the Progress Form
• Copies are acceptable for the restorative examination
• Digital prints on photo quality paper or on acetate may be used that include: patient’s name, date of exposure, candidate’s ID number and right and left sides indicated
• The school name must be removed or masked
• Digital images may be displayed on monitors if they are available from the school's database. Candidates from outside the school will need to submit digital prints, since the school will not upload images from an outside facility
b. If a posterior tooth that has other lesions in addition to the primary lesion is selected for treatment, all of the lesions on the same tooth will use the published criteria to evaluate the treatment selection approval, and all of the preparations will use the published criteria to evaluate the completed preparation. Any confirmed findings for any of the lesions/preparations on the same tooth will apply to the evaluation for the required lesion.

c. Class V carious lesions may not be treated during the examination. A submitted treatment selection for a tooth with an existing Class V carious lesion will be rejected. However, an existing Class V restoration with sound margins is acceptable.

d. Radiograph Purpose: radiographs must be taken for diagnostic purposes only. Radiographs that have errors, such as minor cone cutting or not showing the entirety of a tooth not being treated will not result in point deduction. Radiographic technique is not graded. (Exception: re-takes of non-diagnostic radiographs are requested only if it is not possible to determine that a treatment selection meets examination criteria. If a retake of a non-diagnostic radiograph must be made, there is no point deduction for the first attempted retake. If the re-taken radiograph is also non-diagnostic, a second re-take radiograph may be made with a point deduction. If the second retake radiograph is also non-diagnostic the examination is terminated.

e. Post-Operative Radiographs: Post-operative radiographs are not required, unless requested at the discretion of the examiners to evaluate the clinical condition of the patient. The radiograph should meet the same criteria as specified for pre-op radiographs.

B. Case Acceptance: Treatment Selection

1. Treatment Selection Requirements

Candidates must schedule patients for their examination day who are in need of treatment of Class II and Class III carious lesions, according to the following guidelines (also see chart on page 27 for more detailed guidelines):

1. The anterior restorative procedure must be a Class III Composite Resin preparation and restoration
2. The posterior restorative procedure may be one of the following:
   • A Class II Amalgam preparation and restoration
   • A Conventional Class II Composite resin preparation and restoration (proximal box with occlusal extension)
   • A Proximal Box Composite resin preparation and restoration (no occlusal extension)

2. Additional Treatment Selection Considerations

a. Careful clinical judgments should be used if planning approximating lesions.

b. If the selected anterior tooth has more than one lesion present, it is permissible for a candidate to treat only one proximal surface on the exam day. All lesions on the anterior tooth do not need to be treated by the end of the examination day.

c. Lesions on the distal surface of canines are allowed for class III composite only.
d. Treating all lesions on a posterior tooth selected for treatment:
   • The selected posterior tooth must have all existing lesions treated by the end of the examination day.
   • If a treatment selection is submitted for a primary carious lesion on a posterior tooth, and the tooth has other carious lesions that are not included in the treatment selection, then the treatment selection submission will be rejected (if the rejected submission was the candidate’s first attempt to have a lesion approved, a new selection for the same primary lesion, but which includes all other surfaces requiring treatment, may be submitted and will be approved if all other criteria are met).

3. Treatment Selection Exclusions

The following list of exclusions applies to the anterior Class III lesion and all of the posterior Class II lesion options:
   • Non-vital teeth, and/or teeth with pulpal pathology or endodontic treatment
   • Teeth with facial veneers
   • Mobility of Class III or greater

4. Treatment Selection Rejection

If a candidate’s treatment selection for one of the restorative procedures is not in compliance with one or more of the criteria for that procedure (see Restorative Treatment Selection Requirements chart), the candidate will be informed that the treatment selection was not approved. The candidate may submit a second treatment selection for approval as long as the time authorized for approval has not expired.

ONLY TWO CANDIDATE-SELECTED LESION APPROVAL ATTEMPTS PER PROCEDURE (CLASS II OR CLASS III) MAY BE SUBMITTED. FAILURE TO GAIN APPROVAL WITHIN TWO TREATMENT SELECTION SUBMISSION ATTEMPTS WILL RESULT IN A FAILURE OF THAT INDIVIDUAL PROCEDURE (CLASS II OR CLASS III). CANDIDATES MAY CONTINUE TO THE SECOND PROCEDURE IF THEY HAVE NOT YET ATTEMPTED IT, AND IF TIME ALLOWS. THEY MAY RESCHEDULE THE FAILED PROCEDURE AT A FUTURE EXAM.
## Restorative Treatment Selection Requirements

<table>
<thead>
<tr>
<th>Class III Composite</th>
<th>Class II Amalgam</th>
<th>Class II Conventional</th>
<th>Class II Proximal Box (Slot)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MUST be a permanent anterior tooth</strong> that meets the following requirements:</td>
<td><strong>MUST be a permanent posterior tooth</strong> that meets the following requirements:</td>
<td><strong>MUST be a permanent posterior tooth</strong> that meets the following requirements:</td>
<td><strong>MUST be a permanent posterior tooth</strong> that meets the following requirements:</td>
</tr>
<tr>
<td>A proximal primary carious lesion that shows no signs of previous excavation and appears, radiographically or clinically, to extend to the DEJ</td>
<td>A defective restoration, defined as one that exhibits recurrent caries or a defective cavosurface margin that even though it may not yet be carious can be penetrated with an explorer. (A mismatched shade is not an acceptable indication)</td>
<td>At least one proximal surface being restored must have a primary carious lesion that shows no signs of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ</td>
<td>The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td></td>
<td></td>
<td>There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize the placement of an ideal proximal contour or contact of the finished restoration</td>
</tr>
<tr>
<td>Proximal contact of the tooth must be visually closed and meet resistance to dental floss passing through the contact with the adjacent tooth on the proximal surface to be restored, even though the area to be restored may or may not be in contact</td>
<td>When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth. Cross-bite is acceptable as long as there is a cusp to fossa relationship when the teeth are in occlusion. Those opposing tooth/teeth may be natural dentition, a fixed bridge, or any permanent artificial replacement including removable partial denture or a full denture. The opposing tooth does not need to occlude on the new restoration</td>
<td>Other surfaces of the selected tooth may have an existing occlusal or proximal restoration, as long as there is a qualified surface with primary caries. Pre-existing occlusal restorations within the area to be restored, and any liner underlying those restorations, must be entirely removed, and the preparation must demonstrate acceptable principles of cavity preparation. An MOD treatment selection must have at least one proximal contact to be restored. In the event of a defect that would qualify as an acceptable lesion on the proximal surface opposite from the surface with primary caries, the treatment plan must be a MOD unless there is an intact transverse or oblique ridge, in which case the restoration must be treatment planned as a MO–DO.</td>
<td>If there are occlusal caries and proximal caries, an occlusal restoration and a separate proximal occlusal (slot) restoration is permitted if there is at least 1 mm of sound tooth structure between the two preparations. Otherwise, a Class II restoration is required. Alternatively, if there is an intact occlusal restoration with at least 1 mm of sound tooth structure between this and proximal caries, then an occlusal (slot) preparation is also permitted</td>
</tr>
<tr>
<td>The approximating contact of the adjacent tooth must be natural tooth structure or a permanent restoration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no cavitation of the contact before or during the preparation that would prevent the candidate from restoring an ideal contour or contact of the restoration</td>
<td></td>
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</tr>
<tr>
<td>Occlusion may or may not be present.</td>
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<tr>
<td>Lingual dovetails are acceptable.</td>
<td></td>
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</tr>
<tr>
<td>Class IV lesions are not accepted. Class III lesions that may require modifications resulting in Class IV restorations are acceptable. Access will be from the lingual unless a facial access is approved by a CFE ahead of time.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The condensed and carved amalgam surface should not be polished or altered by abrasive rotary instrumentation except for the purpose of adjusting occlusion. Proximal contact is a critical part of the evaluation, and examiners will check the contact with floss. Proximal contacts must be visually closed. Some resistance to the passage of floss is not sufficient for judging a contact to be closed. Contacts must not prevent floss from passing through. Proximal contacts that are not visibly closed or that do not permit the passage of floss are evaluated as Critical Deficiencies.</td>
<td></td>
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</tr>
<tr>
<td>There should be evidence of caries and/or an existing occlusal restoration on the occlusal surface of the tooth that warrants extending the preparation across the occlusal surface</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. **Case Acceptance: Administrative Flow**

Case acceptance for each procedure begins at the candidate’s cubicle by a CFE. The CFE will review the candidate’s required forms for proper completion (*Patient Medical History Form*, blood pressure reading, *Patient Consent Form* and *Progress Form*), and will check for the presence of the required radiographs, and that they are labeled correctly and exposed within one year. If everything is in compliance with examination guidelines, including the patient’s health status, the CFE will instruct the candidate to send the patient to the Evaluation Station for approval of the candidate’s treatment selection.

If the patient is acceptable for treatment and if the treatment selection made by the candidate is approved, the patient will be returned to the candidate with an approval. If the patient acceptability is approved but the treatment selection is not approved, the candidate may attempt a second treatment selection, either for the same patient or a different patient. Only two attempts are allowed for approval of a treatment selection for each procedure (two attempts for the anterior restorative procedure or two attempts for the posterior restorative procedure).

Once the lesion has been approved, the case has been accepted and the candidate may prepare the cavity (if the lesion approval is for the first procedure of the day, the cavity preparation may not start until 8:00 AM. Candidates will be informed by a CFE that their lesion has been approved).

Candidates must receive approval of their treatment selections prior to beginning treatment. Evaluations of candidate treatment selections are made by examiners in the Evaluation Station, both through intraoral examination and radiographic evaluation. Three examiners will independently evaluate each treatment selection. At least two of the three examiners must agree to approve the selection.

D. **Cavity Preparation and Evaluation of Preparation**

1. **General Administrative Flow**

   a. **ARRIVAL/SET-UP:** Candidates should arrive to the clinic floor in accordance with their designated arrival time (check your online candidate profile). Following check-in with the appropriate CDCA/exam facility representative, candidates will proceed to their assigned operatory and begin set-up procedures. CFEs will be available during the set-up period to answer any questions that candidates may have about the examination process.

   b. **CFE APPROVAL:** Once candidates have completed the correct forms and associated documents, they should request a CFE to come to their operatory and begin the patient, paperwork, and medical history approval process. Candidates may be allowed to correct any process deficiencies or errors (i.e.: incomplete form) that are discovered and then submit their case once again to the CFE. Candidates must have their paperwork and documents approved in order to proceed.
c. **LESION APPROVAL:** Following the paperwork approval, candidates will then submit their case to the Evaluation Station for lesion approval. To do so, candidates should notify a CFE, who will send a runner to escort the candidate’s patient, required paperwork, and required instruments (if necessary) to the check-in desk in order to check the patient into the Evaluation Station. Upon completion of the lesion approval evaluation, a runner will return the patient to the candidate.

d. **CAVITY PREPARATION:** If the lesion has been approved, candidates may begin cavity preparation when the patient has been returned. If a candidate wishes to submit a modification request, or if a pulpal exposure occurs/is suspected during the cavity preparation process, a CFE should be contacted immediately (also, see Modification Request and Pulpal Exposure procedures below). When cavity preparation has been completed to the candidate’s satisfaction, the candidate should check-in at the designated check-in station and then request a runner who will escort his/her patient to the Evaluation Station for evaluation of the prepared cavity. All required instruments and materials must accompany the patient to the Evaluation Station each time. The patient must also be wearing a clean patient napkin with a candidate ID label affixed and must have eye protection available (see pg. 23 for required instruments list details).

### 2. Preparation Recommendations

- **BITE BLOCKS:** may be used during treatment, but must be removed prior to sending the patient to the Evaluation Station

- **CARIES DETECTOR:** Caries detector liquid (except red) may be used, but it must be completely removed prior to the submission of the preparation for evaluation.

- **ISOLATION DAM:** An isolation dam is not generally required for cavity preparation. However, an isolation dam is required for:
  - evaluation of modification requests at the express chair
  - when there is a potential pulp exposure during cavity preparation or a pulp exposure occurs
  - examination of the completed preparation at the evaluation station
  - placement of restorative material

  - The isolation dam must be placed by the candidate, not the assistant. (The assistant may assist the candidate in isolation dam placement but may not place it.)

  - The dam must be intact (not torn or leaking). It must provide an unobstructed, clean and dry view of the entire cavity preparation.

  - At least one tooth on either side of the prepared tooth must be included under the isolation dam unless it is the most posterior tooth.

  - The dam must be removed for evaluation of the finished amalgam and composite restorations.
d. **CAVITY LINER:** If you determine that a liner is necessary, you must mark the liner request box on the *Progress Form* prior to sending the patient to the Evaluation Station for evaluation of the completed preparation.

- Liners are required only in deep preparations to cover areas immediately impacting pulpal health and integrity. Failure to request a liner in this circumstance will result in penalties.
- If the liner request is granted, the candidate must ask the CFE to check its placement before continuing with the final restoration.
- If the examiners determine that a liner is necessary but has not been requested by the candidate, an *Instructions to Candidate Form* will be issued requiring the candidate to place a liner. In this case also, the completed liner must be checked by the CFE. If the CFE finds the liner to be defective, the patient will be sent to the Evaluation Station for assessment prior to any alteration and before permission is given to place the restoration.

- **Criteria for liner placement:**
  - Placement only on pulpal and/or axial walls that deviate from the established ideal depth
  - Not placed on enamel or within 1.0 mm of the cavosurface margins

3. **Modification Requests**

During the course of cavity preparation, a candidate may, if necessary, submit a modification request for permission to extend the preparation further than the guidelines for an Acceptable preparation.

To submit a modification request, candidates should first ask a CFE for a red dot sticker, which they should then place in the appropriate place on the *Progress Form*. Along with the correct paperwork, the patient will be sent to an “express chair” in the Evaluation Station for evaluation of the modification request. Express chairs are reserved for focused evaluations for specific reasons, such as approvals of requests for modification to a cavity preparation, and any evaluations sent to an express chair are always expedited in order to afford the candidate maximum working time.

However, if all previous restorative material has not been removed during the initial preparation, the remaining restorative material is left in place until its removal is approved by a CFE. The patient may not be sent to the Evaluation Station until all previous restorative material has been removed.

**NOTE:** Prior to requesting any modifications, candidates must prepare the lesion to ACCEPTABLE dimensions, as determined by the ADEX criteria, regardless of whether all decay, decalcification, and/or pre-existing restorative material has been removed. Failure to do so will result in a penalty.
a. Modifications that may be approved by a CFE on the Clinic Floor:

1) Requests for modification to extend the proximal box because of tooth rotation or position. The reason for modification must be documented by the Candidate in the “Comments” section of the Progress Form and a CFE must be called at that time to sign the Progress form after the Candidate’s entry.

2) Requests to remove existing restorative material from an old restoration. After a prep is cut to “Acceptable” criteria and old restorative material remains from a prior restoration, a CFE may authorize removal of the remaining old restorative material as long as the outline form is not extended beyond that of the original restoration. If so, that would require a modification request be sent to the “express chair.”

3) Requests to smooth an approximating surface. If an approximating tooth surface needs to be smoothed prior to placing a restoration to assure a good contact, the CFE can approve this only after the preparation has been checked-in to the Evaluation Station.

b. Modification Request Form: A Modification Request Form has numbered sections for up to four individual modification requests. Each request must be for one specific modification. For example, if a carious area involves the pulpal floor and the buccal wall, two separate requests must be made—one for extension of the buccal wall and one for extension of the pulpal floor. For each request, the candidate must indicate:

- **What** is the candidate requesting to do? (i.e.: “extend the proximal box” or “extend the axial wall”)
- **Where**? (i.e.: “gingival floor” or “buccal proximal wall margin”)
- **How Much** is to be removed? (i.e.: “0.5 mm”)
- **Why** is the modification needed? (i.e.: “caries” or “decalcification”)

If any of the four sections for modification requests are not needed, mark the “No Request” bubble for that section. A red dot sticker (provided by a CFE) must be placed in the designated circle at the top-left of the Progress Form so that the representative at the check-in desk knows that the patient needs to be sent to the “express chair.” Along with the patient, the form will be returned to the candidate with a green dot sticker to indicate that the request(s) have been assessed, and approval or denial of the request(s) will be indicated. Once all approved modifications are completed, the patient and all required papers and instruments should be submitted to the Evaluation Station for evaluation of the final preparation and all remaining restorative material and caries must have been removed.

*It is best to try to anticipate all modifications for a preparation and to request them together when possible so as to minimize the time lost due to multiple visits to the express chair.*
c. Terminology to be used when requesting a modification:

![Diagram of a tooth with labeled parts]

d. Denial of Modification Request:

- A request for modification may be denied on the basis of any one of the parts of the request. For example, if a request to “extend the box to the lingual 2 mm to remove caries” is denied, the candidate should not assume that the request was denied because there are no caries. The denial may be because the request to remove 2 mm is excessive.

- Inappropriate requests for a modification will result in a point deduction. A larger penalty will be assigned for:
  - requests for a modification for removal of caries or decalcification when no caries or decalcification exists
  - repeated modification requests for the same unjustified modification

**If a candidate extends a preparation beyond the dimensions requested and approved, the completed preparation will be evaluated as over-extended.**

4. Pulpal Exposures

Generally speaking, exposure of the dental pulp should not occur during this examination. The lesion approval guidelines prohibit lesions with an obvious potential for pulpal exposure. Lesions that are approved for treatment are those which a prudent dentist with entry level skill should be able to safely excavate without penetrating the pulp space. However, the actual extent of caries, relative to the position and size of the dental pulp chamber can be greater than the extent anticipated from the radiographic images and clinical examination. A candidate should be able to recognize, during the course of cavity excavation, those instances in which a potential for exposure exists. In those cases, the examination requires that a candidate take the following measures.
a. If you anticipate a pulpal exposure:

1) Inform a CFE immediately, and be prepared to explain the circumstances and how you propose to proceed.

2) Before any further treatment may occur, a Modification Request Form describing the circumstances and documenting how you intend to manage the case must be completed and your plan must be evaluated.

3) Go to the check-in desk, let them know you’re submitting a modification, and check your patient in to the Evaluation Station. A runner will come by to escort your patient, required forms, and required instruments to the Evaluation Station express chair. **Your patient must have an isolation dam in place before leaving your operatory.**

4) When the patient returns, if caries remain, you may request an indirect pulp cap through an additional modification request.

b. Indirect pulp cap

1) The request for an indirect pulp cap may never be the first modification request and must always be the final modification request prior to submitting the preparation for final evaluation.

2) If the request is approved, the patient will be returned for placement of the indirect pulp cap. The indirect pulp cap should only be placed on pulpal and/or axial walls in direct proximity to the pulp. If the request for an indirect pulp cap is inappropriate, a penalty will be assessed and an Instructions to Candidate Form will be returned with the patient to the candidate with further instructions that must be reviewed with a CFE before proceeding.

3) Once the indirect pulp cap is in place, a CFE must be requested. If the CFE approves the placement of the indirect pulp cap, the candidate may then submit the patient for the preparation evaluation. If the CFE does not approve the placement, the patient will be sent to the Express Chair for further evaluation.

4) In Express Chair: If it is determined that the indirect pulp cap is appropriately placed, the patient will be returned to the candidate, and the candidate may then submit the patient for the preparation evaluation. If it is determined that the indirect pulp cap is inappropriately placed, a penalty will be assessed and an Instructions to Candidate form will be returned with the patient to the candidate with further instructions that must be reviewed with a CFE before proceeding.

5) If the indirect pulp cap has been revised, a CFE must review the placement. If the revision is approved, the candidate may proceed to submit the patient for the preparation evaluation. If it is not approved, the patient will be sent back to the Express Chair for further evaluation.
c. **If a pulpal exposure occurs:**

1) Immediately inform a CFE who will walk you through the correct notations to make on the *Progress Form* (exposure occurrence, location of exposure, treatment plan, etc.). The CFE will document the time of occurrence on the *Progress Form*.

2) A *Modification Request Form* must then be marked “Pulp Exposure,” and a candidate ID label must be applied to the form. The patient must be sent to the express chair **with an isolation dam in place**, with all proper paperwork, with the correct required instruments, and any additional required materials.

3) At the express chair, examiners will examine the patient. Based on their findings, and in consultation with the Chief Examiner, examiners will evaluate the following:

   - The pulp exposure was recognized by the candidate, is justified by the clinical findings, and judged to be treatable by direct pulp capping
   - An isolation dam was in place when the exposure occurred
   - A previous *Modification Request Form* indicates that the candidate had approval to extend the preparation
   - The candidate did not exceed the dimensional limits of the approved modification request(s)
   - Damage to the pulp is slight and does not preclude the possibility of successful pulp capping
   - The candidate’s proposed treatment is appropriate

**If any of the above are true:** a pulp cap must be placed and must be examined and approved by a CFE prior to restoration of the tooth. The tooth must then be restored with a permanent restorative material and the patient returned to the Evaluation Station for evaluation of the completed restoration. A Follow-Up Form must be completed by the Candidate and signed by the CFE and the Chief Examiner prior to dismissal of the patient.

**If any of the above are NOT true:** in the case of this determination, the Chief Examiner and a CFE will inform the candidate of the decision. The candidate will receive an *Instructions To Candidate Form* with instructions to:

- place a therapeutic liner over the exposed pulp.
- place a temporary restoration using a permanent restorative material
- inform the patient of the need for further treatment
- arrange for follow-up treatment for the patient
- complete a *Follow-Up Form*

A CFE must check the placement of the therapeutic liner and the temporary restoration prior to dismissal of the patient.
d. **Unrecognized Pulp Exposure**: If examiners in the Evaluation Station find a pulp exposure either when evaluating a modification request or when evaluating a completed preparation, the procedure is terminated for that candidate and the candidate will receive no points for that procedure. The Chief Examiner and a CFE will inform the candidate and the candidate will receive an *Instructions to Candidate* form instructing the candidate to:

- place a therapeutic liner over the exposed pulp
- place a temporary restoration using a permanent restorative material
- inform the patient of the need for further treatment
- arrange for follow-up treatment for the patient
- complete a *Follow-Up Form*

A CFE must check the placement of the therapeutic liner and the temporary restoration prior to dismissal of the patient.

If the other restorative procedure has already been completed, the candidate will receive credit for that procedure, but he/she will have to retake the failed procedure. If the pulp exposure occurred during cavity preparation for the first restorative procedure, the candidate will not be permitted to proceed to the second restorative procedure.

E. **Final Restoration and Evaluation of Restoration**

1. **Restoration Placement**

   When the patient is returned to the candidate after evaluation of the cavity preparation, treatment may continue. If the CFE bringing the patient back from the Evaluation Station gives authorization to continue and no *Instructions to Candidate Form* has been received, the candidate may immediately proceed to placing the restoration. An isolation dam must be in place during placement of restorative materials.

2. **Restoration Evaluation**

   After the isolation dam is removed and the restoration has been adjusted for occlusion, the patient may be sent—with all required paperwork, instruments, wearing a fresh patient napkin and candidate ID label affixed to the napkin, as well as protective eye glasses to the Evaluation Station for evaluation of the completed restoration. If the completed restoration is evaluated as acceptable, the patient is returned to the candidate for dismissal procedures or for participation in another examination procedure (if the candidate is performing multiple procedures on the same patient).

   The Class II amalgam restoration must be sufficiently set to allow a check of the occlusion.

   Composite restorations must be presented without surface glaze or sealer on the restoration.
If the final restoration is evaluated as being critically deficient, according to the criteria, the candidate will receive no points for that restorative procedure. The CFE bringing the patient back to the candidate will also bring an Instructions to Candidate Form with additional instructions that the candidate must review with a CFE and subsequently complete. Before this additional treatment is started the patient, candidate, CFE and Chief Examiner will meet to confirm that the responsibility for further treatment is understood. A Follow-Up Form will be issued to the candidate. When treatment has been completed, the CFE must be requested to evaluate the patient before the patient is dismissed. Any restoration left in place at the discretion of the Chief Examiner does not indicate an “acceptable” restoration. If temporization occurs on the first restorative procedure, the candidate will be dismissed from the examination before attempting the second restorative procedure and will have to re-attempt both restorative procedures at a future exam.

F. Restorative Examination Check-Out Procedures

1. If the periodontal procedure is your final procedure of the exam day
Candidates should consolidate all required Restorative Examination paperwork and materials into the provided white envelope and set the envelope aside while completing the periodontal scaling examination.

2. If NOT attempting the periodontal scaling procedure
Once the CFE has dismissed their patient, candidates who are only attempting one or both restorative procedures should consolidate all required paperwork and materials into the provided white envelope, then proceed to the designated check-out station to complete the check-out process.

   a. Place the following materials inside the white envelope PRIOR TO proceeding to the designated check-out station:
      • Completed Progress Form(s)
      • Photo ID badge for candidate (paper badge only; discard the plastic badge holder)
      • Photo ID badge for candidate assistant (paper badge only; discard the plastic badge holder)
      • Patient Consent Form(s)
      • Medical History Form(s)
      • Color-coded cubicle ID cards (2)
      • Radiographs for the Restorative Dentistry Examination (if the testing site requires that radiographs be retained in the patient record, the candidate may submit duplicates. At sites where digital images are displayed on a monitor, an electric copy of the digital images used must be submitted on disk to the testing agency)
The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, are > 1.0 mm in width, are not uniform, or are inappropriate for the size of the restoration.

Outline Extension (Lesion Specific)

ACC The wall opposite the access, if broken, may extend < 1.0 mm beyond the contact area. The outline form may be over-extended mesiodistally 0.5 mm to ≤ 1.0 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The outline form dimension is ≤ 3.0 mm incisal gingivally.

SUB A. The outline form is over-extended mesiodistally > 1.0 mm but ≤ 1.5 mm beyond what is necessary for complete removal of caries and/or previous restorative material.
B. The incisal cavosurface margin is over-extended so that the integrity of the incisal angle is compromised.
C. The wall opposite the access opening extends > 1.0 mm but ≤ 2.0 mm beyond the contact area.
D. The outline form dimension is > 3.0 mm but ≤ 5.0 mm incisal gingivally.

DEF A. The outline form is over-extended mesiodistally > 1.5 mm beyond necessary for complete removal of caries and/or previous restorative material.
B. The incisal angle is unnecessarily removed or fractured.
C. The wall opposite the access opening extends > 2.0 mm beyond the contact area.
D. The outline form dimension is > 5.0 mm incisal gingivally.
E. The outline form is under-extended, making it impossible to manipulate and finish the restorative material.

Gingival Contact Open

ACC The gingival clearance is ≤ 1.0 mm.

SUB A. The gingival clearance is > 1.0 mm but ≤ 2.0 mm.

DEF A. The gingival clearance is > 2.0 mm.
B. The gingival contact is not visually open.

Margin Smoothness/Continuity/Bevels

ACC The cavosurface margins may be slightly irregular. Enamel cavosurface margin bevels, if present, are ≤ 1.0 mm in width.

SUB The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, are > 1.0 mm in width, are not uniform, or are inappropriate for the size of the restoration.

Sound Marginal Tooth Structure

ACC There may be a small area of unsupported enamel which is not necessary to preserve facial aesthetics. There is no previous restorative material, excluding sealants, at the cavosurface margin.

SUB A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.
B. The cavosurface margin does not terminate in sound natural tooth structure.
C. There is explorer-penetrable decalcification remaining on the cavosurface margin.
## INTERNAL FORM

### Axial Walls

<table>
<thead>
<tr>
<th>ACC</th>
<th>The depth of the axial wall extends ≤ 1.25 mm beyond the cavosurface margin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>The axial wall extends &gt; 1.25 mm but ≤ 2.0 mm beyond the cavosurface margin.</td>
</tr>
<tr>
<td>DEF</td>
<td>The axial wall extends &gt; 2.0 mm beyond the cavosurface margin.</td>
</tr>
</tbody>
</table>

### Internal Retention

<table>
<thead>
<tr>
<th>ACC</th>
<th>If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form. Retention is tactically and visually present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>When used, retention is excessive and undermines enamel, or jeopardizes the incisal angle, or encroaches on the pulp.</td>
</tr>
</tbody>
</table>

### Caries/Remaining Material

<table>
<thead>
<tr>
<th>ACC</th>
<th>All carious tooth structure and/or previous restorative material are removed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>A. Caries remain in the preparation.</td>
</tr>
<tr>
<td></td>
<td>B. Previous restorative material remains in the preparation.</td>
</tr>
<tr>
<td></td>
<td>C. Assigned carious lesions have not been accessed.</td>
</tr>
</tbody>
</table>

### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross damage to adjacent tooth/teeth which requires a restoration.</td>
</tr>
</tbody>
</table>

### Soft Tissue Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>
ANTIERIOR RESTORATION

ADEX 2017

Tooth #: _______

M D F L

CRITICAL ERRORS

The restoration is debonded and/or movable in the preparation........ No Yes
The restoration is fractured......................................................... No Yes

ACC= Minimally Acceptable SUB= Marginally Substandard DEF= Critically Deficient

MARGIN INTEGRITY AND SURFACE FINISH

Margin Excess/Deficiency

| ACC | Margin Excess or deficiency at the restoration-tooth interface may be detectable either visually or with the tine of an explorer, but it is ≤ 0.5 mm. There is no evidence of pits and/or voids at the cavosurface margin. |
| SUB | A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin.  
B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. There is flash with contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing. |
| DEF | A. There is evidence of marginal deficiency of > 1.0 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the teeth.  
B. There is a margin excess (excluding bonding agent or unfilled resin) of > 1.0 mm. |

Adjacent Tooth Structure

| ACC | There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty) |
| DEF | There is gross enameloplasty resulting in the exposure of dentin. |

CONTOUR, CONTACT AND OCCLUSION

Interproximal Contact

| ACC | Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but may demonstrate little resistance to dental floss. |
| DEF | A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.  
B. The interproximal contact will not allow floss to pass. |

Centric/Excursive Contacts

| ACC | When checked with articulating ribbon paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant. |
| SUB | When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment. |
| DEF | There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant. |
## TREATMENT MANAGEMENT

### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.</td>
</tr>
</tbody>
</table>

### Soft Tissue Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>
### ADEX 2017

**Tooth #: _____**

<table>
<thead>
<tr>
<th>ACC</th>
<th>MO</th>
<th>DO</th>
<th>MOD</th>
</tr>
</thead>
</table>

**CRITICAL ERRORS**

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong Tooth/Surface Treated</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Unrecognized Exposure</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### EXTERNAL OUTLINE FORM

#### Proximal Clearance

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Contact is visibly open proximally, and proximal clearance at the height of contour extends ≤ 1.5 mm on either one or both proximal walls.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td>A. Proximal clearance at the height of contour is &gt; 1.5 mm but ≤ 3.0 mm on either one or both proximal walls.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td>A. Proximal clearance at the height of contour is &gt; 3.0 mm on either one or both proximal walls. B. The walls of the proximal box are not visually open.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Gingival Clearance

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The gingival clearance is visually open but ≤ 2.0 mm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td>A. The gingival clearance is &gt; 2.0 mm but ≤ 3.0 mm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td>A. The gingival clearance is &gt; 3.0 mm. B. Gingival contact is not visually open.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Outline Shape/Continuity/Extension

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The outline form includes all carious and non-coalesced fissures, and is smooth, rounded, and flowing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td>The outline form is inappropriately over-extended so that it compromises the remaining marginal ridge and/or cusp(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td>The outline form is over-extended so that it compromises, undermines, and leaves unsupported the remaining marginal ridge to the extent that the pulpal-occlusal wall is unsupported by dentin, or the width of the marginal ridge is &lt; 1.0 mm.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Isthmus

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The isthmus may be between 1.0 mm - 2.0 mm in width but is ≤ 1/3 the intercuspal width.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td>A. The isthmus is &gt; 1/3 but ≤ 1/2 the intercuspal width.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td>A. The isthmus is &gt; 1/2 the intercuspal width. B. The isthmus is &lt; 1.0 mm.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Cavosurface Margin

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The proximal cavosurface margin deviates from 90° but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td>The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Sound Marginal Tooth Structure

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. There is no degree of decalcification on the gingival margin.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td>A. The cavosurface margin does not terminate in sound natural tooth structure. B. There is explorer-penetrable decalcification remaining on the cavosurface margin that does not penetrate to the DEJ.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td>There is explorer-penetrable decalcified enamel that penetrates to the DEJ.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### INTERNAL FORM

#### Axial Walls

<table>
<thead>
<tr>
<th>ACC</th>
<th>The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>A. The axial wall extends beyond the DEJ &gt; 1.5 mm but ≤ 2.5 mm.</td>
</tr>
</tbody>
</table>
| DEF | A. The axial wall extends beyond the DEJ > 2.5 mm.  
B. The axial wall is entirely in enamel. |

#### Pulpal Floor

<table>
<thead>
<tr>
<th>ACC</th>
<th>The pulpal floor depth extends beyond the DEJ ≤ 1.5 mm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>A. The pulpal floor extends beyond the DEJ &gt; 1.5 mm but ≤ 2.5 mm.</td>
</tr>
</tbody>
</table>
| DEF | A. The pulpal floor extends beyond the DEJ > 2.5 mm.  
B. The pulpal floor is entirely in enamel. |

#### Caries/Remaining Material

<table>
<thead>
<tr>
<th>ACC</th>
<th>All caries and/or previous restorative material are removed.</th>
</tr>
</thead>
</table>
| DEF | A. Caries remain in the preparation.  
B. Previous restorative material remains in the preparation.  
C. Assigned carious lesions have not been accessed. |

#### Retention

<table>
<thead>
<tr>
<th>ACC</th>
<th>Retention, when used is well defined, in dentin, and does not undermine enamel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>Retention, when used, undermines the enamel or may compromise the tooth or restoration.</td>
</tr>
<tr>
<td>DEF</td>
<td>Retention, when used, grossly compromises the tooth or restoration.</td>
</tr>
</tbody>
</table>

#### Proximal Box Walls

<table>
<thead>
<tr>
<th>ACC</th>
<th>The walls of the proximal box are parallel, but appropriate internal retention is present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>The walls of the proximal box diverge occlusally which is likely to jeopardize the longevity of the tooth or restoration.</td>
</tr>
<tr>
<td>DEF</td>
<td>The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration.</td>
</tr>
</tbody>
</table>

### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross damage to adjacent tooth/teeth which requires a restoration.</td>
</tr>
</tbody>
</table>

#### Soft Tissue Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>
### MARGIN INTEGRITY AND SURFACE FINISH

<table>
<thead>
<tr>
<th>Margin Excess/Deficiency</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Any marginal excess or deficiency may be detectable either visually or with the tine of an explorer at the restoration-tooth interface, but is ≤ 0.5 mm. There is no evidence of pits and/or voids at the cavosurface margin.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| SUB | A. DEFICIENCY: Any marginal deficiency is detectable visually or with the tine of an explorer, and the discrepancy is > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin.   
B. EXCESS: Any marginal excess is detectable visually or with the tine of an explorer, and the discrepancy is > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. | | |
| DEF | A. There is evidence of marginal deficiency of > 1.0 mm which includes pits and/or voids at the cavosurface margin, and/or there is an open margin.   
B. There is a marginal excess of > 1.0 mm. | | |

### Adjacent Tooth Structure

<table>
<thead>
<tr>
<th>ACC</th>
<th>There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross enameloplasty resulting in the exposure of dentin.</td>
</tr>
</tbody>
</table>

### CONTOUR, CONTACT AND OCCLUSION

#### Interproximal Contact

<table>
<thead>
<tr>
<th>ACC</th>
<th>Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.</th>
</tr>
</thead>
</table>
| DEF | A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.   
B. The interproximal contact will not allow floss to pass. |

#### Centric/Excursive Contacts

<table>
<thead>
<tr>
<th>ACC</th>
<th>When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.</td>
</tr>
<tr>
<td>DEF</td>
<td>There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.</td>
</tr>
</tbody>
</table>
### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.</td>
</tr>
</tbody>
</table>

#### Soft Tissue Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>
ADEX 2017

Tooth #: ______

M  D

CRITICAL ERRORS

<table>
<thead>
<tr>
<th>Wrong Tooth/Surface Treated</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrecognized Exposure</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

EXTERNAL OUTLINE FORM

Proximal Clearance

<table>
<thead>
<tr>
<th>ACC</th>
<th>Proximal clearance at the height of contour is closed or open ≤ 1.0 mm beyond either one or both proximal walls.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>Proximal clearance at the height of contour extends &gt; 1.0 mm but ≤ 2.5 mm beyond either one or both proximal walls.</td>
</tr>
<tr>
<td>DEF</td>
<td>Proximal clearance at the height of contour extends &gt; 2.5 mm beyond either one or both proximal walls.</td>
</tr>
</tbody>
</table>

Gingival Clearance

<table>
<thead>
<tr>
<th>ACC</th>
<th>The gingival clearance is ≤ 1.0 mm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>A. The gingival clearance is &gt; 1.0 mm but ≤ 2.0 mm.</td>
</tr>
<tr>
<td>DEF</td>
<td>A. The gingival clearance is &gt; 2.0 mm.</td>
</tr>
<tr>
<td></td>
<td>B. The gingival contact is not visually open.</td>
</tr>
</tbody>
</table>

Outline Shape/Continuity/Extension

<table>
<thead>
<tr>
<th>ACC</th>
<th>Outline form may be irregular and sharp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>The outline form is inappropriately over-extended, compromising the cusp(s), or it extends onto the occlusal surface ≤ 2.0 mm without changing to a conventional composite.</td>
</tr>
<tr>
<td>DEF</td>
<td>The outline form is grossly over-extended, compromising and undermining the remaining cusp(s) to the extent that the cavosurface margin is unsupported by dentin.</td>
</tr>
</tbody>
</table>

Cavosurface Margin

<table>
<thead>
<tr>
<th>ACC</th>
<th>The external cavosurface margin meets the enamel at 90°; The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This includes unsupported enamel and/or excessive bevel(s).</td>
</tr>
</tbody>
</table>

Sound Marginal Tooth Structure

<table>
<thead>
<tr>
<th>ACC</th>
<th>The cavosurface margin terminates in sound tooth structure. There is no previous restorative material, excluding sealants, at the cavosurface margin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>A. The cavosurface margin does not terminate in sound natural tooth structure.</td>
</tr>
<tr>
<td></td>
<td>B. There is explorer-penetrable decalcification remaining on the cavosurface margin that does not penetrate to the DEJ.</td>
</tr>
<tr>
<td>DEF</td>
<td>There is explorer-penetrable decalcified enamel that penetrates to the DEJ.</td>
</tr>
</tbody>
</table>
### INTERNAL FORM

#### Axial Walls

<table>
<thead>
<tr>
<th>ACC</th>
<th>The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>A. The axial wall extends beyond the DEJ &gt; 1.5 mm but ≤ 2.5 mm.</td>
</tr>
</tbody>
</table>
| DEF | A. The axial wall extends beyond the DEJ > 2.5 mm.  
B. The axial wall is entirely in enamel. |

#### Caries/Remainder Material

<table>
<thead>
<tr>
<th>ACC</th>
<th>All caries and/or previous restorative material are removed.</th>
</tr>
</thead>
</table>
| DEF | A. Caries remain in the preparation.  
B. Previous restorative material remains in the preparation.  
C. Assigned carious lesions have not been accessed. |

#### Retention

<table>
<thead>
<tr>
<th>ACC</th>
<th>Retention, when used, is well defined, in dentin, and does not undermine enamel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>Retention, when used, undermines the enamel.</td>
</tr>
</tbody>
</table>

#### Proximal Box Walls

<table>
<thead>
<tr>
<th>ACC</th>
<th>The proximal walls are parallel or convergent occlusally but may be slightly divergent and are not likely to jeopardize the longevity of the tooth or restoration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>The proximal walls are too divergent.</td>
</tr>
</tbody>
</table>

### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross damage to adjacent tooth/teeth which requires a restoration.</td>
</tr>
</tbody>
</table>

#### Soft Tissue Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and the pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>
MARGIN INTEGRITY AND SURFACE FINISH

Margin Excess/Deficiency

ACC  There may be a marginal excess or deficiency at the restoration-tooth interface detectable either visually or with the tine of an explorer, but it is ≤ 0.5 mm. There is no evidence of pits and/or voids at the cavosurface margin.

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin.

B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. There is flash with contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.

SUB

DEF A. There is evidence of marginal deficiency of > 1.0 mm, which includes pits and voids at the cavosurface margin, and/or there is an open margin.

B. There is evidence of marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm.

Adjacent Tooth Structure

ACC  There is minimal or no evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.

SUB  There is evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.

DEF  There is gross enameloplasty resulting in the exposure of dentin.

Bonding

ACC  The restoration is bonded to the prepared tooth structure.

DEF  The restoration is debonded and/or movable in the preparation.

CONTOUR, CONTACT AND OCCLUSION

Interproximal Contact

ACC  Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but may demonstrate little resistance to dental floss.

DEF A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.

B. The interproximal contact will not allow floss to pass.
### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.</td>
</tr>
</tbody>
</table>

### Soft Tissue Damage

<table>
<thead>
<tr>
<th>ACC</th>
<th>The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>

### Centric/Excursive Contacts

<table>
<thead>
<tr>
<th>ACC</th>
<th>When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.</td>
</tr>
<tr>
<td>DEF</td>
<td>There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.</td>
</tr>
</tbody>
</table>

### TREATMENT MANAGEMENT

When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.

There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.
EXTERNAL OUTLINE FORM

Proximal Clearance

ACC  Proximal contact is either closed or visibly open, and, at the height of contour, proximal clearance may extend ≤ 1.0 mm beyond either one or both proximal walls.

SUB  Proximal clearance at the height of contour extends > 1.0 mm but ≤ 2.5 mm beyond either one or both proximal walls.

DEF  Proximal clearance at the height of contour extends > 2.5 mm beyond either one or both proximal walls.

Gingival Clearance

ACC  The gingival clearance is visually open but ≤ 1.0 mm.

SUB  A. The gingival clearance is > 1.0 mm but ≤ 2.0 mm.

DEF  A. The gingival clearance is > 2.0 mm.
   B. The gingival contact is not visually open.

Outline Shape/Continuity/Extension

ACC  The outline form may be sharp and irregular.

SUB  A. The outline form is inappropriately over-extended, compromising the remaining marginal ridge and/or cusp(s).

DEF  A. The outline form is grossly over-extended, compromising and undermining the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin.
   B. The width of the marginal ridge is ≤ 0.5 mm.

Isthmus

ACC  The isthmus may be 1.0 mm - 2.0 mm in width but ≤ 1/3 the intercuspal width.

SUB  The isthmus is > 1/3 the intercuspal width but ≤ 1/2 the intercuspal width.

DEF  The isthmus is > 1/2 the intercuspal width.

Cavosurface Margin

ACC  The external cavosurface margin meets the enamel at 90°; The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth.

SUB  The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

Sound Marginal Tooth Structure

ACC  The cavosurface margin terminates in sound tooth structure. There is no previous restorative material, excluding sealants, at the cavosurface margin.

SUB  A. The cavosurface margin does not terminate in sound natural tooth structure.
   B. There is explorer-penetrable decalcification remaining on the cavosurface margin that does not penetrate to the DEJ.

DEF  There is explorer-penetrable decalcified enamel that penetrates to the DEJ.
### INTERNAL FORM

#### Axial Walls

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The depth of the axial wall extends beyond the DEJ ( \leq 1.5 ) mm.</td>
</tr>
<tr>
<td>SUB</td>
<td>A. The axial wall extends beyond the DEJ &gt; 1.5 mm but ( \leq 2.5 ) mm.</td>
</tr>
</tbody>
</table>
| DEF  | A. The axial wall extends beyond the DEJ > 2.5 mm.  
B. The axial wall is entirely in enamel. |

#### Pulpal Floor

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The pulpal floor depth is 0.5 mm to ( \leq 3.0 ) mm in all areas; there may be remaining enamel.</td>
</tr>
<tr>
<td>SUB</td>
<td>A. The pulpal floor depth is &gt; 3.0 mm but ( \leq 4.0 ) mm from the cavosurface margin.</td>
</tr>
</tbody>
</table>
| DEF  | A. The pulpal floor is > 4.0 mm from the cavosurface margin.  
B. The pulpal floor depth is < 0.5 mm. |

#### Caries/Remaining Material

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>All caries and/or previous restorative material are removed.</td>
</tr>
</tbody>
</table>
| DEF  | A. Caries remain in the preparation.  
B. Previous restorative material remains in the preparation.  
C. Assigned carious lesions have not been accessed. |

#### Retention

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Retention, when used, is well defined, in dentin, and does not undermine enamel.</td>
</tr>
<tr>
<td>SUB</td>
<td>Retention, when used, undermines the enamel.</td>
</tr>
</tbody>
</table>

#### Proximal Box Walls

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The proximal walls are parallel or convergent occlusally but may be slightly divergent and are not likely to jeopardize the longevity of the tooth or restoration.</td>
</tr>
<tr>
<td>SUB</td>
<td>The proximal walls are too divergent.</td>
</tr>
</tbody>
</table>

### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</td>
</tr>
<tr>
<td>DEF</td>
<td>There is gross damage to adjacent tooth/teeth which requires a restoration.</td>
</tr>
</tbody>
</table>

#### Soft Tissue Damage

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.</td>
</tr>
<tr>
<td>DEF</td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>
### Margin Integrity and Surface Finish

#### Margin Excess/Deficiency

<table>
<thead>
<tr>
<th>ACC</th>
<th>Any marginal excess or deficiency may be detectable at the restoration-tooth interface either visually or with the tine of an explorer, but it is ≤ 0.5 mm. There is no evidence of pits and voids at the cavosurface margin.</th>
</tr>
</thead>
</table>
| SUB | A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin.  
    B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. There is flash with contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing. |
| DEF | A. There is evidence of marginal deficiency of > 1.0 mm which includes pits and/or voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth.  
    B. There is a marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm. |

#### Adjacent Tooth Structure

<table>
<thead>
<tr>
<th>ACC</th>
<th>There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>There is gross enameloplasty resulting in the exposure of dentin.</td>
</tr>
</tbody>
</table>

#### Bonding

<table>
<thead>
<tr>
<th>ACC</th>
<th>The restoration is bonded to the prepared tooth structure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEF</td>
<td>The restoration is debonded and/or movable in the preparation.</td>
</tr>
</tbody>
</table>

### Contour, Contact and Occlusion

#### Interproximal Contact

<table>
<thead>
<tr>
<th>ACC</th>
<th>Interproximal contact is visually closed, and the contact appears adequate in size, shape, or position, but may demonstrate little resistance to dental floss.</th>
</tr>
</thead>
</table>
| DEF | A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.  
    B. The interproximal contact will not allow floss to pass. |

#### Centric/Excursive Contacts

<table>
<thead>
<tr>
<th>ACC</th>
<th>When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.</td>
</tr>
<tr>
<td>DEF</td>
<td>There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.</td>
</tr>
</tbody>
</table>

---

**ADEX 2017**

**Tooth #:**

**MO**  **DO**  **MOD**

**CRITICAL ERRORS**

The restoration is fractured.................................................................  
No  Yes

---

**ACC= Minimally Acceptable  SUB= Marginally Substandard  DEF= Critically Deficient**

**POSTERIOR CONVENTIONAL COMPOSITE RESTORATION**

A. There is evidence of marginal deficiency of > 1.0 mm which includes pits and/or voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth.  
B. There is a marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm.
### Adjacent Tooth Damage

**ACC**  | Any minimal damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.

**DEF**  | There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

### Soft Tissue Damage

**ACC**  | The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.

**DEF**  | There is gross iatrogenic damage to the soft tissue inconsistent with the procedure.
III. PERIODONTAL SCALING EXAMINATION

- Procedure Overview
- Treatment Goals
- Instruments
- Radiographs & Local Anesthesia
- Treatment Selection Requirements
- Pre-Treatment Procedures
- Post-Treatment Evaluation
A. **Periodontal Scaling Procedure Overview**

Within a 90-minute time period, candidates perform basic periodontal scaling procedures for patients who require relatively uncomplicated, non-surgical periodontal scaling treatment, as would be commonly encountered in a general dental practice. Candidates must present a case with subgingival calculus and select twelve tooth surfaces with subgingival calculus from within that case. Next, candidates must remove the subgingival calculus, as well as supragingival calculus and stain from the selected teeth. The evaluation components for the periodontal scaling procedure are:

**PRE-TREATMENT EVALUATION:**
- **Case Acceptance** (diagnosis and treatment planning) includes treatment selection (teeth and surfaces for treatment), proper completion of all required forms, and the assessment that the patient is healthy enough to undergo the required treatment
- **Calculus detection** includes the ability to accurately detect and record the presence of subgingival calculus

**POST-TREATMENT EVALUATION:**
- **Calculus removal** includes the ability to remove subgingival calculus, supragingival calculus, plaque, and stain
- **Treatment management** includes the ability to perform the required procedures comfortably and safely without undue damage to teeth and soft tissues

During the course of the exam, if any problems arise, candidates should immediately notify a CFE (Clinic Floor Examiner)

B. **Treatment Goals**

**REMOVE SUBGINGIVAL CALCULUS** from the selected teeth. At the conclusion of treatment, subgingival surfaces of the assigned teeth must be smooth with no deposits detectable with an #11/12 explorer.

**REMOVE SUPRAGINGIVAL CALCULUS, PLAQUE, AND STAIN** from all coronal surfaces of the assigned teeth so that all surfaces are visually clean when air-dried and tactiley smooth upon examination with an #11/12 explorer.

C. **Instruments**

1. **Authorized Instruments**

   Instruments as well as procedures and materials used by the candidate are the choice of the candidate, provided that all of the following are true:
   a. The instruments are currently accepted and taught by accredited dental schools
   b. The candidate has been trained in the use of the instruments
   c. Ultrasonic instruments are acceptable, but may or may not be supplied by the exam site
   d. The instruments are not otherwise prohibited in this manual
2. **Unauthorized Instruments**
   - The use of disclosing solution is prohibited
   - Air abrasion polishing devices are prohibited

3. **Required Instruments for Evaluation**
   In addition to the required paperwork, each time a patient visits the Evaluation Station (total of two times for this procedure), the following instruments must accompany the patient:
   
   - Clean, unscratched, non-disposable # 4 or # 5 front surface mirror
   - Periodontal probe with millimeter or Williams markings (1-2-3—5—7-8-10)
   - Periodontal #11/12 explorer
   - 2X2 gauze sponges
   - Air/water syringe tip

   The above list applies to candidates taking the examinations at sites where instruments are not provided directly to the Evaluation Station by the host site (school). At some host sites, instruments are provided by the school directly to the Evaluation Station, so candidates do not need to send instruments with their patients. Upon completion of the registration process, candidates should contact the host site to determine whether or not the host school is providing instruments or if they must bring their own. Candidates should also contact the host school to determine their sterilization availability.

   **Candidate performance will not be evaluated in the Evaluation Station without the proper instruments.**

D. **Radiographs & Local Anesthesia**

1. **Required Radiographs**

   Radiographs for the Periodontal Scaling Examination Section must meet the following criteria:
   
   - A diagnostic panoramic radiograph or full-mouth radiographic series exposed within the last three years
   - Indication of the exposure date, patient's name, and right and left side ("R" and "L") must be visible on the radiograph
   - If a full-mouth series is presented, films must be mounted according to ADA procedures (convexity up)
   - Four bitewing radiographs, exposed within the previous year, and labeled as for the full mouth series
• A candidate ID label must be affixed to each x-ray mount or digital print submitted; the label must not obscure any portion of the images, and it may be placed in the form of a folded over tab at the edge of the mount, if necessary.
• The full-mouth series must be mounted separately from the bitewings, unless the complete series was taken within the previous year
• Copies are acceptable
• Digital images or prints are permitted; candidates from outside the host school need to submit digital prints since the school will not upload images from outside the facility; if digital prints are used, the radiographs should be printed and submitted on photo quality paper or acetate
• Remove or mask the school name from all radiographs (for candidate anonymity)
• Images may be displayed on monitors if they are available from the school’s database

Radiographs must be taken for diagnostic purpose only. Radiographs that have errors such as minor cone cutting, not showing all of a third molar, or a slightly off-center panoramic film will not result in point deduction. Radiographic technique is not graded.

2. Local Anesthesia

The anesthetic record section of the Progress Form must be completed prior to requesting a CFE to begin the Case Acceptance procedure. The following anesthetic information must be indicated on the Progress Form:
• Type(s) of Injection (specific block or infiltration to be administered)
• Anesthetic(s) (generic or brand name and percent used)
• Vasoconstrictor (type and concentration)
• Quantity (volume)

If the patient has previously been given an anesthetic on the same day, the candidate must note that on the Progress Form. Candidates may provide local anesthesia for periodontal scaling patients prior to sending their patients to the Evaluation Station for the Pre-Treatment Evaluation.

Initially, a maximum of 2 carpules (approximately 3.6 CC) may be approved by a CFE

If additional anesthetic is needed at any point in the examination, the candidate must receive permission from a CFE prior to administering any anesthetic

Whenever additional anesthetic is administered, the candidate must update the anesthetic record on the Progress Form. Also, the candidate must record the total amount of anesthetic used during the examination on the Progress Form before sending the patient to the Evaluation Station for the Post-Treatment Evaluation.
E. Treatment Selection Requirements

1. Treatment Selection Guidelines

The candidate must select teeth and surfaces for treatment in the Periodontal Scaling Examination using the following guidelines:

- **Teeth:** There must be at least six, but not more than eight permanent teeth selected, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth surface within a 2.0 mm distance. Each of the selected teeth must have at least one surface of subgingival calculus selected for removal. The teeth selected for treatment should be entered electronically at least 48 hours prior to the day of the examination by going to their online candidate profile.

- **Calculus:** There must be 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth, and no more than four surfaces may be on the incisors. Three (3) of the 12 identified surfaces of calculus must be on interproximal surfaces of posterior teeth.
  - Explorer detectable subgingival calculus is defined as a distinct deposit of calculus that can be felt with an explorer as it passes over the calculus. Qualified deposits may exhibit such characteristics as:
    - A definite “jump” or “bump” with the rough surface characteristic of calculus felt by the explorer
    - Ledges or ring formations
    - Spiny or nodular formations
  - Qualified deposits must be at least partially apical to the gingival margin and may occur with or without contiguous or associated supra-gingival deposits.

2. Treatment Exclusions

- Retained primary teeth may not be included in the treatment selection.
- Teeth with full-banded orthodontics, implants, fixed appliances which are banded, bonded, or splinted—either for orthodontic or periodontal reasons—may not be included in the treatment selection.

3. Treatment Selection Worksheet

A Treatment Selection Worksheet (available in your online candidate profile) should be used to identify and document a selection of teeth that meet the criteria. Proper completion of the Treatment Selection Worksheet:

1. Selected teeth must be listed in ascending order.
2. Mark the appropriate letter for the surface in the box next to the number of the tooth selected for treatment.
3. If subgingival calculus is present on the line angles of the tooth, it must be marked on the interproximal surface, (e.g., a deposit on the distofacial line angle would be marked on the distal surface).
Up to 48 hours prior to the examination, the candidate can transfer the treatment selection from the Worksheet to the Electronic Periodontal Scaling Evaluation Form available on the CDCA website. The treatment selection may also be entered or changed on the day of the examination.

The *Treatment Selection Worksheet* is for the candidate’s use only. It is not sent to the Evaluation Station for patient evaluation. Prior to the start of the examination on exam day, a candidate may, however, take the *Treatment Selection Worksheet* to the check-in desk if a change to his/her treatment selection needs to be made.

**F. Pre-Treatment Procedures**

1. *PCA (Periodontal Case Acceptance)*

   Once the treatment selection has been made, and the candidate is prepared to send his/her patient to the Evaluation Station for pre-treatment evaluation, a CFE should be requested to begin the PCA process. The CFE will check for the proper completion of all required forms, review the patient’s blood pressure recording and medical history, and review that the correct radiographs are present and have the proper labeling and exposure date. If a treatment selection has been accepted, and if all of the above requirements are met, the CFE will approve the case.

2. *Pre-Treatment Evaluation*

   a. When a CFE has determined that the candidate has labeled and properly completed all required forms, that the required radiographs are properly labeled and were exposed within 3 years for the full mouth or panoramic series and within 1 year for the bitewing series, and that the patient’s blood pressure reading and health history findings are within examination guidelines, the CFE will allow the candidate to send the patient to the Evaluation Station for Pre-Treatment Evaluation.

   b. A CFE will then request a runner to escort their patient to the check-in desk, where the patient will be checked-in to an operatory in the Evaluation Station (if no operatories are available, patients will be placed in the waiting room and will be escorted in the order in which they were checked-in).

For each visit a patient makes to the Evaluation Station, he/she must be wearing the following:

   - Clean napkin
   - Patient ID badge
   - Protective eyewear (patient may carry eyewear instead of wearing it)
The following items must also be submitted consistent with asepsis protocols and will always be carried by the patient while in transit to and from the Evaluation Station:

- Cubicle card
- Progress Form
- Patient Medical History Form
- Patient Consent Form
- Instruments (clean, undamaged # 4 or # 5 mouth mirror, 11/12 explorer, periodontal probe with millimeter or Williams markings, air/water syringe tip, 2X2 gauze sponges)

c. In the Evaluation Station, the examiners will check for the diagnostic quality of the radiographs submitted, that the patient requirements for the examination are met, and they will check for explorer detectable calculus on the 12 selected surfaces. Three examiners will evaluate the required forms, Medical History and radiographs. If there are correctable paperwork errors the patient may be returned to the candidate and the same case may be re-submitted with the errors corrected.

d. Three examiners will then independently evaluate the patient for the presence of subgingival calculus on each of the 12 surfaces selected by the candidate for treatment. Corroborated findings that subgingival calculus is not present on four or more of the selected surfaces constitutes a critically deficient error by the candidate in calculus detection and results in termination of the exam. Back-up patients are NOT authorized for the periodontal scaling examination (the candidate may proceed to a restorative procedure if either of the restorative procedures has not been performed yet and if there is sufficient time remaining in the examination).

e. Following the completion of the pre-treatment evaluation, a CFE will bring the patient back to the candidate and notify the candidate that treatment may begin. The candidate will be allowed 90 minutes for treatment, unless there are less than 90 minutes remaining in the examination time. A start and finish time for treatment will be recorded on the candidate’s Progress Form, and the candidate’s patient must be checked-in to the Evaluation Station prior to the recorded finish time. If the candidate finishes the treatment early, the candidate’s patient may be submitted to the Evaluation Station for the post-treatment evaluation.

NOTE: A minimum of 45 minutes prior to the end of the examination day must be available in order to proceed with the Periodontal Scaling Examination.
G. Post-Treatment Evaluation

By the stated finish time on the Progress Form, the candidate should have completed the subgingival calculus removal on the 12 selected surfaces and should also have removed all supragingival calculus, plaque, and stain from the entire crown of the teeth included in the treatment selection. The same patient submission process as the pre-treatment evaluation should be used for the post-treatment evaluation. A CFE should first be requested and notified that the treatment has been completed, then a runner will escort the patient to the check-in desk and the Evaluation Station. Candidates should take note that all required materials and instruments must be submitted to the Evaluation Station or the candidate’s patient will be returned and a penalty will be assessed.

If treatment is not complete by the stated finish time, and the patient is not in line to check-in to the Evaluation Station, the examination will be terminated.

Once all post-treatment evaluations have been completed, and the patient is returned from the Evaluation Station, the candidate may request a CFE to approve dismissal of his/her patient. Once the patient has been dismissed, the candidate must clean the clinic area in accordance with the CDC infection control procedures.
### PERIODONTAL SCALING EXAMINATION

#### PATIENT SELECTION

1. The Patient Consent Form, Medical History, Progress Form and Periodontal Evaluation Form are complete, accurate and current.
2. Both systolic and diastolic blood pressure are less than or equal to 159/94, or systolic and diastolic blood pressure are between 160/95 and 179/109 with a written medical clearance from a physician authorizing treatment during the examination.
3. Radiographs are of diagnostic quality and reflect the current clinical condition of the mouth. Periapicals have been exposed within the past three years, and bitewings have been exposed within the past twelve months. Radiographs are properly mounted and labeled with exposure date and patient’s name.
4. The Calculus Detection portion of the Progress Form is properly completed, indicating
   - Six to eight teeth selected, each with at least one surface of calculus charted
   - At least three posteriors (molars, premolars), including at least one molar, in the selection. All posterior teeth must have at least one approximating tooth within 2 mm distance.
   - Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of interproximal calculus on molars/premolars
   - At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)

### ACCEPTABLE

1. The Patient Consent Form is incorrect or not signed by patient.*
2. The Medical History is incomplete*, is missing candidate initials* or patient signature* or has slight inaccuracies that do not endanger the patient or change the treatment.
3. The Progress Form has inaccuracies or is incomplete or missing.*
4. Blood pressure has not been taken or is not recorded* but, upon correction, meets Satisfactory criteria.
5. Radiographs are available but were not submitted with the patient for initial evaluation.***
6. The Calculus Detection portion of the Evaluation Form has not been filled out or is filled out incorrectly, e.g., the form demonstrates:
   - Fewer than six or more than eight selected teeth
   - Fewer than three molars or premolars and/or no approximating tooth within 2 mm of one or more of the selected posterior teeth
   - One or more selected teeth without any surfaces of calculus charted
   - More or fewer than 12 surfaces of subgingival calculus charted
   - Fewer than three surfaces of interproximal calculus on molars and/or premolars more than four surfaces of subgingival calculus on incisors**

*Records and patient will be sent back to the candidate with an Instructions to Candidate Form requesting correction. (If the Periodontal Progress Form is completed correctly, it will be retained in the Evaluation Station.)
** Records and patient will be sent back to the candidate with an Instructions to Candidate Form requesting correction.
*** The candidate will receive an Instructions to Candidate Form requesting radiographs.
**MARGINALLY SUBSTANDARD**

1. *Medical History Form* has inaccuracies that do not endanger the patient but do change the treatment or require further explanation by candidate. The candidate submits an incomplete or incorrect *Periodontal Progress Form* or *Evaluation Form* for the second time.

2. Radiographs are of poor diagnostic quality and/or do not meet all of the criteria to be considered Satisfactory.

   * Records and patient are sent back to the candidate with an *Instructions to Candidate Form Requesting corrections.*

**CRITICAL DEFICIENCY**

1. The *Medical History Form* has inaccuracies or indicates the presence of conditions that **do** endanger the patient, candidate and/or examiners (in this situation, the Periodontal Scaling Examination will be stopped). The candidate submits an incomplete and/or incorrect *Patient Consent Form* or *Medical History Form* for the second time.

2. The patient’s systolic and/or diastolic blood pressure is between 160/95 and 179/109 **without** a written medical clearance from a physician authorizing treatment, or blood pressure is 180/110 or greater even with a written medical clearance from a physician authorizing treatment.

3. Radiographs are of unacceptable diagnostic quality and/or are missing and not available on request. (In this situation, the Periodontal Scaling Examination will be stopped).
### PERIODONTAL SCALING EXAMINATION

**TREATMENT AND TISSUE MANAGEMENT**

1. The patient has adequate anesthesia for pain control, is comfortable and demonstrates no evidence of distress or pain.
2. Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft or hard tissue trauma occurs as a result of the scaling and polishing procedures.

### ACCEPTABLE

1. There is slight soft tissue trauma that is consistent with the procedure.

### MARGINALLY SUBSTANDARD

1. There is inadequate anesthesia for pain control. (The patient is in obvious distress or pain.)
2. There is minor soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include, but is not limited to, abrasions, lacerations or ultrasonic burns.
3. There is minor hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment.

### CRITICAL DEFICIENCY

1. There is major damage to the soft and/or hard tissue that is inconsistent with the procedure and pre-existing condition. This damage may include, but is not limited to, such trauma as:
   - Amputated papillae
   - Exposure of the alveolar process
   - A laceration or damage that requires suturing and/or periodontal packing
   - One or more ultrasonic burns that require follow up treatment
   - A broken instrument tip in the sulcus or soft tissue
   - Root surface abrasions that require additional definitive treatment
The ADEX Dental Examination
Patient-Based Procedures

IV. Examination Forms

- Forms to Complete Prior to the Examination Day
  - Patient Consent, Disclosure, and Assumption of Responsibility Form
  - Interpreter Form
  - Candidate Assistant Form
  - Patient Medical History Form
  - Periodontal Treatment Selection Worksheet
  - Electronic Treatment Selection Entry
  - Periodontal Declaration Form

- Forms to Complete/Review During the Examination
  - Progress Forms (Restorative and Periodontal)
  - Modification Request Form
  - Instruction to Candidate Form
  - Check-out Form

- Full Page Form Samples
Forms to Complete Prior to the Examination Day

1. **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. Candidates must sign and date the form prior to treatment. Candidates must place a candidate ID label in the appropriate place at the top left of the form’s first page, as well as write their assigned cubicle and 3-digit candidate sequential only in the top right corner of the form’s first page. This form is reviewed by a CFE during the case acceptance process for each procedure, and it must also accompany the patient on every visit to the Evaluation Station.

In order to maintain anonymity, candidates may not sign the form until all procedures have been completed and evaluated.

2. **Interpreter Form**

If a candidate requires an interpreter to communicate with his/her patient, an Interpreter Form must be correctly completed in order to register the interpreter. TWO passport-sized photos must be submitted with the completed form, and the interpreter must bring two forms of ID, one with a photo, for verification of identity (see guidelines in Section I of this manual). Once the interpreter registration process is complete, the interpreter will be given a badge that must be worn on his/her outer-most garment at all times while on the clinic floor.

*If an interpreter is not registered, he/she will not be authorized on the clinic floor.*
3. **Candidate Assistant Form**

If a candidate chooses to use an assistant during the examination, a **Candidate Assistant Form** must be completed and the assistant must be registered. TWO passport-sized photos of the assistant must accompany the form, and the assistant must bring two forms of ID, on with a photo, for verification of identity (see guidelines in Section I of this manual). Once the assistant registration process is complete, the assistant will be given a badge that **must** be worn on his/her outer-most garment at all times while on the clinic floor.

*If an assistant is not registered, he/she will not be authorized on the clinic floor.

4. **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 procedure (see pg. 9-10 for further details).

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

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 Section I of this manual for additional patient selection guidelines.
5. **Periodontal Treatment Selection Worksheet**

This form is available to candidates intending to challenge the Periodontal Scaling procedure and can be downloaded from the candidate’s online profile. Prior to the examination day, candidates may use this worksheet to help them in their treatment selection preparation. This form is for candidate use only, and it will NOT be sent to the Evaluation Station for performance evaluation. Once this form is completed, the information on it must be entered electronically.

For a case to be considered Acceptable, the following criteria must be met: (also see pgs. 61-63 for additional guidelines)

- Six to eight teeth selected, each with at least one surface of calculus charted
- At least three posteriors (molars, premolars), including at least one molar, in the selection
- All posterior teeth must have at least one approximating tooth within a 2.0 mm distance
- Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of interproximal calculus on molars/premolars
- At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)

6. **Electronic Treatment Selection Entry**

Up to 48 hours prior to the start of the exam, candidates may enter their treatment selections online through their 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 approach the check-in desk to make such changes/entries. If the treatment selection was not entered electronically, candidates will have the opportunity to do so at the exam.

Once the CFE has approved the case for submission to the Evaluation Station, no changes may be made to the treatment selection.

7. **Periodontal Declaration Form**

This form is required by all candidates participating in the patient-based procedures, and is used to document—prior to the examination—whether or not a candidate intends to challenge the Periodontal Scaling procedure. If a candidate declares that he/she is NOT challenging the Periodontal Scaling procedure, the total treatment time will be adjusted from 9 hours to 7 hours, as the candidate will only be performing two procedures. (*for additional details, see the Exam Timeline Chart on pg. 20)
Forms to Complete During the Examination

1. **Progress Forms**

   a. **Restorative Progress Form**

   There are two different Progress Forms for the restorative dentistry examination: one for the anterior restoration and one for the posterior restoration. These forms are used to document important information during the course of the examination and to track a candidate’s progress through the examination. They may be labeled and completed prior to arrival on the examination day, but candidates should check them for accuracy on the day of the examination.

   Candidates must enter their 3-digit sequential number and cubicle number and place a Candidate peel-off ID label in the spaces provided at the top of the form.

   b. **Periodontal Scaling Progress Form**

   The *Periodontal Progress Form* is used to track the candidate advancement through the periodontal scaling procedure. Proper candidate ID labels should be placed in the appropriate locations, and the anesthetic record must be completed prior to requesting a CFE to begin the PCA procedure, even if no anesthetic will be used. Candidates should take careful note of the finish time that will appear at the bottom of this form when the patient returns from the Evaluation Station after the pre-treatment evaluation.
2. **Modification Request Form**

The Modification Request Form should be used during the cavity preparation of the restorative procedures only. The purpose of the form is to request permission to deviate from a Satisfactory-level restorative preparation. A candidate ID label must be placed in the appropriate place on the form, and the form must be submitted with the following information:

**What** is the candidate requesting to do? (type of modification)

**Where?** (e.g. gingival axial line angle, mesial box)

**How much** must be removed? (e.g. 0.5 mm)

**Why** is the modification needed? (e.g. due to caries, decalcification)

---

3. **Instruction to Candidate Form**

Candidates may receive written instructions from examiners who are in the Evaluation Station. Receipt of instructions does not necessarily constitute a penalty, but all instructions must be reviewed with a CFE and subsequently followed prior to proceeding with any treatment. There are electronically generated Instruction to Candidate Forms as well as manually created forms. Both forms are equal, but are relevant to different messages that examiners in the Evaluation Station wish to communicate to the candidate on the clinic floor.
4. **Check-out Form**

When a candidate is completely finished with all procedures, and the CFE has dismissed the candidate’s final patient, the candidate should clean his/her 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. The candidate should then proceed to the designated check-out desk, where a CDCA administrative representative will check inside the envelope to ensure that all required materials are present. If so, the CDCA administrator will initial in each block. Upon completion, the CDCA administrator will release the candidate.

(Treatment selection worksheet remains with the candidate)
Full Page Form Samples
I authorize the individual listed below (the “Candidate”) to perform the following dental procedure(s) during the administration by the testing agency CDCA of a dental licensing examination (the “Examination”):

- Posterior Amalgam Prep and Restoration
- Posterior Composite Prep and Restoration
- Anterior Composite Prep and Restoration
- Periodontal Scaling

**Acknowledgment**
I understand the following:

- that the Candidate is not a licensed dentist and the State Board has not yet determined whether the Candidate has the requisite skills to attain a license.
- that the testing agency 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 testing agency in any way.
- that the testing agency 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 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 testing agency, their 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 for 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 history.

**Medical Condition and Medications**
I have fully disclosed my current medical conditions and medical history to the best of my knowledge to the candidate. I understand that if I am taking medications 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 to the candidate. 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. I understand that neither the testing agency nor the school assumes any responsibility or liability regarding the health status of patients or candidates or concerning the procedures conducted by the candidate. As neither the candidate nor patient is considered an employee of the testing agency or school, OSHA regulations do not apply. If an exposure to blood borne agents such as HIV or hepatitis or other infectious conditions occurs, it is not the responsibility of the school or testing agency to provide serologic testing, counseling, follow up care or any other health service.
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 testing agency examiners or the staff and clinicians of the dental school take photographs of my teeth and gums for use in future examinations, provided that my name is not in any way associated with the photographs or X-rays.

Anesthesia
I understand that as part of the dental procedure(s), it may be necessary to administer local anesthetics and I consent to the use of such anesthetics by the Candidate.

Agreement
I release the CDCA, participating dental schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, and any acts of the Candidate (including negligence), 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 of 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 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 attorneys fees.

I verify that I am not a dentist (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 I agree to the terms of this agreement.

Candidate: Printed Name / Candidate ID #

Candidate Signature

Date

Patient: Printed Name / Date of Birth

Patient Signature / Date

Patient Street Address

Patient City / State / Zip Code

Patient Phone Number / E-mail Address
**ATTENTION:** If you will be using the services of an interpreter during the CDCA Patient Treatment Clinical Examinations, you must fill out this Interpreter Disclosure Statement and complete the attached Authorized Interpreter ID card including attaching a recent photo of the interpreter in both areas indicated. Detach the ID form below. Both forms must be presented in completed form, to the CDCA Chief Examiner on the day of the examination before the interpreter is permitted on the clinic floor.

I, Candidate ID: [ ] and Candidate Sequential: [ ] at Test Site [ ]

Affirm that: 

(Assistant's Name) 

who is serving as an interpreter for my patient during the CDCA examination on [ ] is not a faculty member, dentist or dental hygienist (licensed or unlicensed), third year or fourth year dental student or final year dental hygiene student and is at least 18 years of age. 

I affirm that the interpreter will wear proper attire and the photo identification badge at all times while participating in this examination.

I understand that I am responsible for any actions and behavior of the interpreter that may violate the examination policy of The Commission on Dental Competency Assessments.

This Interpreter Disclosure Statement (with the photo of the interpreter) will be maintained by the Chief Examiner on site and sent with the photo identification badge to the Central Office of the CDCA when the Examination is completed.

(Signature of Candidate) [ ] (Date) [ ]

**Below is the authorized interpreter ID card.**

Cut where indicated and when completed, bring both parts of this form back to the Chief Examiner.
ATTENTION: If you are using a chairside dental assistant during the ADEX Patient Treatment Clinical Examinations you must complete this agreement. Attach a photograph of your assistant in the two designated areas on this form. This form must be presented to the Chief Examiner the day of the examination, otherwise, you will not be permitted to utilize a chairside assistant.

I, Candidate ID: _______ And Candidate Sequential: _______ At Test Site: _______

Affirm that: Assistant Name: __________________ Assistant Address: __________________
Assistant Telephone #: __________________ Will act as a chairside assistant for the examination date listed below.

I further affirm that the assistant is adequately knowledgeable about infection control and dental procedures so as not to cause harm to the patient or other personnel with whom the assistant may come in contact with.

I affirm that said chairside assistant is not a dentist or dental hygienist (licensed or unlicensed), third or fourth year dental student, final year hygiene student, dental technician or any dental assistant employing expanded duty functions.

I affirm that the chairside assistant will wear proper attire and the photo identification badge at all times while assisting me.

I understand that I am responsible for any and all actions and behavior of the chairside assistant, that may violate the examination policy of the ADEX Examination.

As the chairside assistant I affirm that I will maintain the anonymity of all candidates and examiners that I may encounter .

I understand that as a chairside assistant, I am not to enter the scoring area at any time prior to, during and following the published times of the examination.

I understand that failure to comply with any of the aforementioned articles will result in the candidates’ dismissal from and failure of the examination. Additional penalties may also include restrictions on the candidates’ ability to sit for future examinations.

By signing below, I acknowledge that all infractions will be reported to the State Boards of Dentistry.

This agreement (with the attached photo of the assistant) will be held by the Chief Examiner on-site and will be sent to the Central Office when the Examination is complete.

Signature of Candidate: __________________ Date: __________
Signature of Assistant __________________ Date: __________

Authorized Chairside Assistant

Candidate Sequential Number:

Chairside Assistant Name:

Date: __________

Site: __________
Patient’s name__________________________________________________________   Date Form Completed _____/_____/_____

Birthdate _____/_____/_____       Weight _________

Blood Pressure __________ Date/Time Taken __________________________

Examiner Confirms

BP Taken Day of Exam

Required – Must Be Taken Day of Examination

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  | Q. Artificial/Prosthetic heart valves……… | YES NO |
| Abnormal bleeding, bruise or history of  |                          |       |
| transfusion. Taking aspirin or blood thinner. |                          |       |
| B. Lung/Respiratory condition (asthma,    | Q. Artificial/Prosthetic heart valves……… | YES NO |
| bronchitis, emphysema)……………………. |                          |       |
| C. Diabetes………………………………… | Q. Artificial/Prosthetic heart valves……… | YES NO |
|                          |                          |       |
| D. Emotional/Mental health disorder (anxiety,  | R. Valve damage following heart transplant… | YES NO |
| depression, bipolar disorder)………………….. |                          |       |
|                          |                          |       |
| E. Epilepsy/Seizures/Convulsions………………….. | S. Congenital heart disease………………….. | YES NO |
|                          |                          |       |
| F. Liver disease (Hepatitis/Jaundice/Cirrhosis). | S. Congenital heart disease………………….. | YES NO |
|                          |                          |       |
| G. High blood pressure…………………… | T. Infective endocarditis (heart infection) | YES NO |
|                          |                          |       |
| H. HIV positive/AIDS…………………… | T. Infective endocarditis (heart infection) | YES NO |
|                          |                          |       |
| I. Hives, itching or skin rash………………….. | U. Heart attack Date:__________________ | YES NO |
|                          |                          |       |
| J. Kidney/Renal disease…………………… | V. Heart surgery Date:__________________ | YES NO |
|                          |                          |       |
| K. Sexually Transmitted Disease(s)………… | W. Stroke Date:_______________________ | YES NO |
|                          |                          |       |
| L. Stomach ulcers………………………….. | X. Congestive heart failure…………………. | YES NO |
|                          |                          |       |
| M. Thyroid disease……………………… | Y. Coronary artery or other heart disease…… | YES NO |
|                          |                          |       |
| N. Tuberculosis………………………… | Z. Arteriosclerosis/Coronary occlusion…… | YES NO |
|                          |                          |       |
| O. Artificial/Prosthetic joint replacement (knee or hip)……………………………….. | AA. Pacemaker……………………………… | YES NO |
|                          |                          |       |
| P. Angina/Chest pain, Shortness of breath…. | BB. Implanted cardio-defibrillator………… | 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>
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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); Aredia® (pamidronate); Zometa® (zoledronic acid); Bonefos® (clodronate); Avastin® (bevacizumab); Erbitux® (cetuximab); Herceptin® (trastuzumab)?

   If yes, please check 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>
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<tr>
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<td>5.</td>
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13. **WOMEN ONLY:** Are you pregnant? ..................................................................................................................YES NO

   If yes, when is your expected due date? ________________________________________________________________________

   Are you currently breast feeding? .............................................................................................................................YES NO

   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 treatment during the examination. The Medical Clearance must include the physician’s name, address, and phone number.

   I certify that I have read and understand the above. I acknowledge that I have answered these questions accurately and completely. I will not 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 SIGNATURE: ___________________________

   (Added at end of exam)

   AMERICAN SOCIETY OF ANESTHESIOLOGY (ASA) CLASSIFICATION……………………………….CLASS_______________
   (ASA I: Normal healthy patient; ASA II: Patient with mild systemic disease; no functional limitation—eg, smoker with well-controlled hypertension; ASA III: Patient with severe systemic disease; definite functional impairment—eg, diabetes mellitus (DM) and angina pectoris with relatively stable disease, but requiring therapy)
Periodontal Treatment Selection Worksheet

By the day of the examination all information on this Form must be accurately transferred electronically to the computer-based Periodontal Evaluation Form.

Do not submit this Form to the evaluation station, it is only for your use prior to and on the day of the examination and may be duplicated as needed.

<table>
<thead>
<tr>
<th>Tooth # &amp; Calc. Location</th>
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**Subgingival Calculus Detection**

In the large boxes to the left, enter the number of the 6 to 8 teeth and indicate in the smaller adjacent box, the surface on that tooth where the calculus is located that you have selected for removal (M = Mesial, F = Facial, D = Distal, L = Lingual). Twelve surfaces must be indicated. If more than one surface is selected on the same tooth, enter tooth number each time a new surface is listed, example:

```
3 M then 3 D
```

At least three of the selected teeth must be molars and/or premolars including one molar. All posterior teeth must have at least one approximating tooth within 2 mm distance. Record the tooth numbers in ascending order using the 1 to 32 system. Each tooth selected must have at least one surface of calculus indicated for removal. No more than 4 surfaces may be selected on incisors. **At least 3 surfaces must be on interproximal surfaces of molars and/or premolars.**

**Plaque/Stain Removal**

Subgingival Calculus Detection). These teeth will be evaluated for the removal of plaque, stain, and supragingival calculus on the crowns of the teeth.

*Each time the patient is sent to the Evaluation Station, the Periodontal Progress Form, Medical History, Informed Consent and radiographs must accompany the patient.*

*The assigning examiner will insert Start and Finish times on the Periodontal Progress Form and return it to you. The assigning examiner will also give permission to administer the anesthetic solution.*

*It is the candidate’s responsibility to accurately transfer the information from this Treatment Selection Worksheet to the electronic Evaluation Form prior to presenting the patient for assignment.*
ADEX Periodontal Clinical Examination Declaration Form
(Due at 8:00 AM on the day of the Periodontal/Restorative Examinations)

Place CDCA Candidate ID Label Here:

I , ______________________________________________________________ CDCA ID#_________________
Candidate's name

at _________________________________________________________________ on ____________________
Exam Site                                                                                   Date

___I elect to take the ADEX Periodontal Examination*

___I elect NOT to take the ADEX Periodontal Clinical Examination even though I am eligible to do so and
it is offered at no additional cost. I understand that some states may require this examination for licensure
and that if I decide to take it at a later date, I will be required to pay the re-examination fee for this examination
at that time.

Any misrepresentation of intentions may result in a failure of the exams.

* Note: if you elect to take the Periodontal Examination and for whatever reason you do not do so, the maximum
time you may take for the Restorative Examination (including both the anterior and posterior restorations) is 7
hours as explained in the Candidate Manual. Exceeding the 7 hour time period will result in a “Violation of Ex-
amination Timelines” and failure of the second Restorative procedure.
ANTERIOR RESTORATION Progress Form

Lesion Approval
Patient's Name: ________________________________________________________
Assistant’s Name: _______________________________________________________

If this patient is being "shared" please list other Candidate’s Sequential # here: _____________

Candidate: Check Type of Restoration and Circle Tooth Number

D M
6 7 8 9 10 11
27 26 25 24 23 22

ACCESS: Lingual     Facial
Replacing Existing Restoration?  ☐ Yes  ☐ No

ANESTHETIC RECORD
If a local anesthetic were to be used on this patient you would provide:

T
Anesthetic(s) (Brand/Generic Name):
Quantity of Anesthetic (cc) Expected to use:
Vasoconstrictor (Concentration):
Has the patient previously rec’d anesthetic the same day?  Yes  ☐ No  ☐
Anesthetic and Dose:
Approval for Initial Anesthetic Examiner #: ______________________
Examiner: ______________________
Additional Anesthesia - Anesthetic and Dose:
Approval for Additional Anesthetic Examiner #: ______________________
Examiner: ______________________

For this Procedure Quantity of Anesthetic (cc) Actually used

PRETREATMENT MEDICATION (if required)
Medication(s) (Brand/Generic Name)
Dosage/When Taken

CANDIDATE REQUEST FOR LINER
☐ By checking this box I am requesting approval for a liner
☐ Candidate initials understanding results of liner request

First examiner # requesting liner

Checked by CFE

EXPOSURE
Carious: ☐ Mechanical: ☐
Pink Dot Cap
Indirect Pulp Cap

Reviewed by Express Chair if NOT ACCEPTABLE

Candidate Sequential: ______________________
Cubicle #: ______________________

CFE Process Notes
All patients returning from the Evaluation Station must be accompanied by a CFE who will provide approval for candidates to proceed

Attach radiographs with transparent tape at the top.

Examiners- please enter your examiner # after reading comments.

Candidate initials ______________________
understanding results of liner request
**POSTERIOR RESTORATION Progress Form**

**Lesion Approval**

**Patient's Name:** ________________________________________________________

**Assistant's Name:** ______________________________________________________

If this patient is being "shared" please list other Candidate's Sequential # here: ________________________

### Candidate: Check Type of Restoration and Circle Tooth Number

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 32| 31| 30| 29| 28| 27| 26| 25| 24| 23| 22| 21| 20| 19| 18| 17|   |   |   |   |   |
| P| A| M| g| a| m| a| g| m| a| m| a| m| a| m| a| m| a| m| a| m| a| m|

- **Posterior Amalgam**
- **Posterior Box Composite**
- **Posterior Conventional Composite**
- **Added Surfaces**

### ANESTHETIC RECORD

If a local anesthetic were to be used on this patient you would provide:

- **Anesthetic(s) (Brand/Generic Name):** 
- **Quantity of Anesthetic (cc) Expected to use:**
- **Vasoconstrictor (Concentration):**
- **Has the patient previously rec’d anesthetic the same day?**
- **Anesthetic and Dose:**
  - Yes
  - No
- **Approval for Initial Anesthetic Examiner #:**
- **Additional Anesthesia - Anesthetic and Dose:**
- **Approval for Additional Anesthetic Examiner #:**
- **For this Procedure Quantity of Anesthetic (cc) Actually used**

### PRETREATMENT MEDICATION (if required)

- **Medication(s) (Brand/Generic Name):**
- **Dosage/When Taken:**

### CANDIDATE REQUEST FOR LINER

- **Candidate initials understanding results of liner request**

First examiner # requesting liner

- **Reviewed by Express Chair if NOT ACCEPTABLE**

- **Candidate Sequential:**

### Expose:

- **Blue Dot**
  - Carious:
  - Mechanical:
  - Checked by CFE

- **Pink Dot**
  - Indirect Pulp Cap
  - Checked by CFE

Each comment. If back side is used so note. CFE: Place examiner #, initials and time after each comment.
PERIODONTAL Progress Form

Patient's Name: ____________________________
Assistant's Name: __________________________

If this patient is being “shared” please list other Candidate Sequential # here: __________

---

**Patient Consent Form**
Reviewed by CFE Examiner #: __________

**Medical History And Blood Pressure**
Reviewed by CFE Examiner #: __________

**Radiographs**

1st Radiographic Submission
Examiner #: __________

2nd Radiographic Submission (If Required)
Examiner #: __________

**Pretreatment Medication (if required)**
Medication(s) (Brand/Generic Name):
Dosage/When Taken:

**Anesthetic Record**

If a local anesthetic were to be used on this patient you would provide:

T

Anesthetic(s) (Brand/Generic Name):

Quantity of Anesthetic (cc) Expected to use:

Vasoconstrictor (Concentration):

Has the patient previously rec’d anesthetic the same day? □ Yes □ No

Anesthetic and Dose:

Approval for Initial Anesthetic
Examiner #: __________

Additional Anesthesia - Anesthetic and Dose:

Approval for Additional Anesthetic
Examiner #: __________

For this Procedure - Quantity of Anesthesia (cc) Actually Used:

---

**Finish Time:**

__________

---

Comment. If back side is used so note. CFE: Place examiner #, initials and time after each comment. Examiners-please enter your examiner # after reading comments.
I certify that I have prepared the tooth to at least acceptable dimensions and all preexisting restorative material, if present, has been removed.

<table>
<thead>
<tr>
<th>Candidate Initials:</th>
<th>Time:</th>
<th>CFE#:</th>
</tr>
</thead>
</table>

### Modification Request #1

**What:**

**Where:**

**How Much:**

**Why:**

No Request [ ]  Granted [ ]  Not Granted [ ]

### Modification Request #2

**What:**

**Where:**

**How Much:**

**Why:**

No Request [ ]  Granted [ ]  Not Granted [ ]

### Modification Request #3

**What:**

**Where:**

**How Much:**

**Why:**

No Request [ ]  Granted [ ]  Not Granted [ ]

### Modification Request #4

**What:**

**Where:**

**How Much:**

**Why:**

No Request [ ]  Granted [ ]  Not Granted [ ]

---

White copy - stapled to the back of the progress form
### INSTRUCTION TO CANDIDATE

SEE CLINIC FLOOR EXAMINER BEFORE PROCEEDING

<table>
<thead>
<tr>
<th>Candidate ID:</th>
<th>Primary Examiner:</th>
<th>Verifying Examiner:</th>
<th>Test Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic Floor Examiner</th>
<th>Authorized by CFE to continue:</th>
<th>Candidate understands and initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPOSITE</th>
<th>AMALGAM</th>
<th>PERIO</th>
<th>DENTAL HYG.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>Preparation</td>
<td>Perio</td>
<td>Hygiene</td>
</tr>
<tr>
<td>Restoration</td>
<td>Restoration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Tooth # (if applicable):**

- Blood Pressure not recorded
- Progress Form Incomplete
- Radiograph missing/poor quality: ________________________

**Perio/Dental Hygiene Patient Does Not Meet Criteria:**
- Patient Selection portion of the Evaluation Form . . .
  - has not been filled out or less than 6 teeth selected for treatment
  - is incorrect; more or less than 12 surfaces of subgingival calculus
  - is incorrect; more than 4 surfaces of subgingival calculus selected on incisors
  - is incorrect; lacks a molar
  - is incorrect; less than 3 molars and/or premolars are included

Submit the following missing form(s): ________________________

- Place Base: ________________________
- Adjust/check occlusion: location: ________________________
- Modify procedures as follows: ________________________

- Damage to adjacent tooth #: ________________________

**Examiner: If you mark this response you must indicate the level of Adjacent Tooth Damage on the appropriate evaluation form under Treatment Management.**

- Polish
- Recontour
- Adjacent Tooth Requires Restoration (THIS CONSTITUTES A CRITICAL DEFICIENCY)

- Treatment Must Be Completed as Marked Below:
  - Unrecognized Exposure

**Examiner: If you mark this response you must mark the appropriate Critical Error response on the Amalgam I or Composite I Evaluation forms.**

- Remove Restoration and place Temporary/Interim restoration
- Place Temporary/Interim Restoration
- Complete Follow-Up Form
- Advise Patient of Need for Further Treatment: ________________________

**MODIFICATIONS MUST BE VERIFIED BY CLINIC FLOOR EXAMINER**

**GENERAL COMMENTS:**

______________________________

______________________________

______________________________

______________________________
CANDIDATE CHECK-OUT:

When candidates have completed all examinations, they should proceed to the Clinic Floor Examiner’s Station to check out. A desk worker will check the candidate’s records for completeness and will initial this form and file it. The following items must be submitted in the order listed below at check-out:

1. Identification badge/ID cards – for candidate and assistant (first discard the plastic holders with potentially infectious waste)

2. Treatment Consent form for each clinical patient (must be signed by the candidate)

3. Medical History form for each clinical patient

4. 3 Progress Forms
   A. Amalgam (with pre-operative radiographs)
   B. Composite (with pre-operative radiographs)
   C. Periodontal Scaling

5. Cubicle cards (2 single color coded group assignment cards)

6. Post-operative radiographs
   *Any post-operative radiographs of teeth restored during the examination must be submitted, clearly marked for identification.*

7. Full mouth radiographs
   - Returned to the candidate
   - Retained by the testing agency

8. White Envelope

*(Treatment selection worksheet remains with the candidate)*