Below is a list of updates as of 3/23/2017 that have been made to the 2017 Dental Hygiene Manual since publication. Please print this page as a resource for documenting these updates.

1. **Page 12: Calculus Detection**

   Remove the information in the parenthesis as it appears below in the manual text so that it reads:

   **As originally published:**

<table>
<thead>
<tr>
<th>Calculus Detection</th>
<th>• 12 surfaces worth 1 point each, evaluated for the presence or absence of qualifying calculus (examiners will select 2 additional surfaces from within the Case Selection)</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculus Removal</td>
<td>• 12 surfaces of qualifying calculus worth 5.5 points each</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>• If two examiners are unable to verify 12 surfaces of qualifying calculus in the entire selection, points can be earned for removal only on the number of surfaces with qualifying calculus verified by examiners.*</td>
<td></td>
</tr>
</tbody>
</table>

   **Updated version:**

<table>
<thead>
<tr>
<th>Calculus Detection</th>
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<th>12</th>
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<td></td>
</tr>
</tbody>
</table>

2. **Page 14:** A patient with a latex sensitivity may be eligible to sit as a patient for the examination if the assigned site clinics are latex free. It is the candidate’s responsibility to confirm the latex free status with the facility.
3. Page 17: “What NOT to Include in Your Case Selection” should be corrected to read:

2. The following are STRONGLY DISCOURAGED within the Case Selection:

- Implants
- Retained primary teeth
- Gross caries
- Partially erupted 3rd molars
- A patient with advanced periodontal disease
- Extensive full or partial esthetic veneers
- Class III furcation or mobility
- Multiple localized probing depths in excess of 6mm
- Defective restorations
- Teeth with orthodontic brackets or bonded retainer

4. Page 18: Case Selection Checklist:

As originally published:

<table>
<thead>
<tr>
<th>Twelve (12) surfaces of subgingival calculus from a full quadrant with at least six (6) natural, permanent teeth are present in the Case Selection, distributed in the following manner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• At least 8 of the 12 surfaces of subgingival calculus found on molar/pre-molar teeth in the Case Selection</td>
</tr>
<tr>
<td>• At least 5 of the 8 surfaces of subgingival calculus must be located on mesial or distal surfaces of molar/pre-molar teeth ≤ 2mm from an adjacent tooth</td>
</tr>
<tr>
<td>• At least 3 of the 5 surfaces must be located on mesial or distal surfaces on molars ≤ 2mm from an adjacent tooth</td>
</tr>
<tr>
<td>• Only one of the 3 molar surfaces may be located on a surface with no adjacent tooth</td>
</tr>
<tr>
<td>Remaining 4 surface of subgingival calculus may be located on any surface in the case selection</td>
</tr>
</tbody>
</table>

UPDATE:

<table>
<thead>
<tr>
<th>Twelve (12) surfaces of subgingival calculus from within the Case Selection, distributed in the following manner:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Remaining 4 surface of subgingival calculus may be located on any surface in the case selection</td>
</tr>
</tbody>
</table>
5. Page 28 (see purple box): Requirements to be granted entrance to the candidate registration session should be corrected to read:

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

1. **Two** forms of identification: one ID must be a photo ID, and both IDs must have the candidate’s signature. Acceptable forms of photo identification include such documents as current, valid driver’s license, passport, military ID, or official school ID. A voter registration card (signed) or a credit card (signed) may be used as a second ID. If your name has recently changed, bring a copy of the marriage certificate or court document to the examination.

2. Your 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.

3. Certification of Review of the Online Orientation Form

**Not required for entrance to registration but helpful to have the following items to affix candidate labels which will be given to candidates at registration.**

Completed Forms (if previously completed by candidate and/or patient for use at the exam)
- Medical History Form
- Patient Consent Form
- Treatment Selection Worksheet (or printed online teeth entry form)
- Radiographs
- 2017 Dental Hygiene Patient Treatment Clinical Examination Manual
- A Pen

6. As a reminder disclosing agent is not permitted for use during the examination by candidates or by examiners.
**ADEX 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 and dental hygiene licensure. Because the ADEX Dental Examination Series and the ADEX Dental Hygiene Examination series are administered on behalf of a number of state dental boards, and in accordance with state licensing requirements, the ADEX Examinations are widely accepted for use in the dental and dental hygiene 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](http://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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Beginning in 2017, there are two manuals for candidates to read. Because candidates may bring their manuals with them into the clinic for the PTCE examination, the CDCA has developed two manuals with the goal of helping clarify the examination process. The Registration and General Administration Supplement details the candidate eligibility guidelines, the registration process, and the CSCE registration and examination content.

This manual focuses on the PTCE portion of the ADEX Dental Hygiene Examination Series. Candidates must read both manuals and sign a declaration of understanding before they will be allowed to participate in the clinical procedure.
The CDCA administers the ADEX clinical dental hygiene licensure examination. The ADEX dental hygiene exam consists of a computer-based exam (CSCE) as well as a patient-based procedure, the Patient Treatment Clinical Examination (PTCE). All examinations are based on specific performance criteria as developed by ADEX which will be used to measure the clinical competency of candidates.

All candidates who take any parts of the ADEX dental hygiene examination administered by the CDCA between January 1, 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 any questions arise during the registration process, candidates are responsible for communicating their questions to the CDCA staff via email (See contact information below). Questions MUST be submitted in writing.

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

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

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

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

Please see the Registration and General Administration Supplement manual for step-by-step instructions on how to register for the ADEX Dental Hygiene Examination through the CDCA, as well as guidance regarding the CSCE registration and content. All CDCA candidate manuals can be downloaded from the CDCA website: www.cdcaexams.org.

**IMPORTANT NOTICE TO CANDIDATES**

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The ADEX Dental Hygiene Examination:
Patient Treatment Clinical Examination

I. EXAMINATION OVERVIEW

- Dental Hygiene Examination Parts
- Treatment Goals
- PTCE Examination Schedule/Timeline Guidelines
- Chairside Assistants and Interpreters
- Candidate Professional Conduct
- Infection Control
- Scoring System Overview (2017 ADEX PTCE Criteria)
Dental Hygiene Examination Overview

A. ADEX Dental Hygiene Examination Parts

The ADEX Dental Hygiene Examination is based on specific performance criteria used to measure clinical competence. The ADEX Dental Hygiene Examination Committee (DHEC), which is comprised of representatives from every ADEX member district, develops and revises the PTCE and the CSCE by combining the committee members’ considerable content expertise and also by relying on practice surveys, current curricula, standards of competency and the American Association of Dental Board’s (AADB) “Guidance for Clinical Licensure Examinations in Dentistry” to ensure that the content and protocols of the examination are current and relevant to practice. Examination criteria, content, and evaluation methodologies are reviewed annually.

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

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

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

B. Treatment Goals

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

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

1. Dates and Sites

Specific examination dates for a participating dental hygiene program can be found on the CDCA website. Dates are determined by the Program Director or other official representative of the dental hygiene program and agreed upon by the CDCA. Please refer to the Registration and General Administration Supplement manual for the CDCA’s specific policies and administrative guidelines.

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

2. Time Allotment on Exam Day:

FOUR HOURS-FIFTEEN MINUTES TOTAL

**Patient Treatment time: 2 hours**

*Pre-treatment evaluation takes approximately 30-35 minutes*

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

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

<table>
<thead>
<tr>
<th>AM SESSION</th>
<th>PM SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:45am – 7:15am</td>
<td>11:45am – 12:15pm</td>
</tr>
<tr>
<td>7:15am – 7:45am</td>
<td>12:15pm – 12:45pm</td>
</tr>
<tr>
<td>7:45am</td>
<td>12:45pm</td>
</tr>
<tr>
<td>9:30am</td>
<td>2:30pm</td>
</tr>
<tr>
<td>10:00am*</td>
<td>3:00pm*</td>
</tr>
<tr>
<td>12:00pm</td>
<td>5:00pm</td>
</tr>
</tbody>
</table>

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

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

Candidates will be informed in their online candidate profiles as to the date 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.

D. Exam Day: Chairside Assistants and Interpreters

1. Chairside assistants are NOT permitted for the PTCE.

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

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

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

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

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

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

1. Submission of examination records: All required examination records must be turned in to the CFE 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 the examination.

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

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

Professional misconduct includes, but is not limited to:

- Falsification or intentional misrepresentation of registration requirements
- Cheating of any kind
- Demonstrating complete disregard for the oral structures or welfare of the patient
- Misappropriation of equipment (theft)
- Receiving unauthorized assistance
- Alteration of examination records and/or radiographs
- Failure to follow instructions from examiners
- Rude, abusive, uncooperative or disruptive behavior toward patients, examiners, or other candidates
- Use of electronic equipment, to include recording devices, phones, and/or cameras (*candidates, patients, and interpreters are prohibited from the use of any electronic devices during the course of the examination)

F. Infection Control

The current recommended infection control procedures as published by the Centers for Disease Control and Prevention must be followed for the PTCE. These procedures must begin with the initial setting up of the unit, continue throughout the course of the examination and include the final cleanup of the operatory. Failure to comply will result in the loss of points and any violation that could lead to direct patient harm will result in termination of the examination and loss of all points.

To the extent possible, dental professionals must prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are,
in fact infectious. Use of standard precautions including barriers, disposables whenever possible, and proper disinfection and sterilization is required. The following infection control procedures shall be strictly adhered to.

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

### Personal Protective Equipment/Barriers

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

### Sterilization and Disinfection

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

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

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

G. Scoring System Overview

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

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

A score of 75 or greater is required for candidates to pass the ADEX PTCE.
## Initial Case Presentation
- A full quadrant with at least six (6) natural, permanent teeth and two posterior teeth from a second quadrant
- At least two natural, permanent molars; one must be located in the selected quadrant; one of the teeth in the second quadrant must be a molar
- One of the molars must have both a mesial and a distal contact; Another molar must have at least one contact

## Calculus Requirements
- Qualifying calculus requirements met by teeth in the selection (8-5-3):
  - Eight surfaces located on any surfaces of molar/pre-molar teeth
  - Five surfaces located on M or D of molar/pre-molar teeth
  - Three surfaces located on M or D of molars

## Calculus Detection
- 12 surfaces worth 1 point each, evaluated for the presence or absence of qualifying calculus

## Calculus Removal
- 12 surfaces of qualifying calculus worth 5.5 points each
- If two examiners are unable to verify 12 surfaces of qualifying calculus in the entire selection, points can be earned for removal only on the number of surfaces with qualifying calculus verified by examiners.*
  (examiners will select 2 additional surfaces from within the Case Selection)

## Periodontal Probing Measurements
- Six measurements worth one point each

## Tissue Management
- Three points awarded if no minor tissue trauma is present.
- One point deducted for each site of minor tissue trauma, up to three sites.
- The presence of four or more sites qualifies as major tissue trauma and an automatic failure.*

## Final Case Presentation
- All surfaces treated in case selection are free of biofilm and extrinsic stain.
- All surfaces treated in case selection are free of calculus.

### Total
100

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

---

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

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

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

Patient selection and management is an important part of the examination and must be completed independently, without help or assistance of faculty or colleagues. Candidates must carefully assess any physical or medical conditions that may be impacted by the examination process. Providing an accurate medical history as well as providing radiographs that are diagnostic for the teeth selected for treatment are eligibility requirements that candidates must meet in order to participate in the exam.

1. **SHARING PATIENTS:**

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

2. **PATIENT ELIGIBILITY:**

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

A patient with a latex sensitivity may be eligible to sit as a patient for the examination if the assigned site clinics are latex free. It is the candidate’s responsibility to confirm the latex free status with the facility.

<table>
<thead>
<tr>
<th>ELIGIBLE PATIENT:</th>
<th>INELIGIBLE PATIENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 18 years of age</td>
<td>A dentist, dental hygienist, dental student, or final year dental hygiene student</td>
</tr>
<tr>
<td>Has an acceptable medical health history, including blood pressure within the stated guidelines of this examination (see “Patient Medical History Requirements” section below)</td>
<td>Is currently taking or has a history of injectable or oral bisphosphonate therapy</td>
</tr>
<tr>
<td>Is presented with the required radiographs that are of diagnostic quality</td>
<td>Has a latex allergy</td>
</tr>
<tr>
<td>Has a physician’s written clearance, if needed (see “Patient Medical History” section below)</td>
<td>Is in her 1<em>st or 3</em>rd trimester of pregnancy</td>
</tr>
<tr>
<td></td>
<td>Has oral herpetic lesions (this condition may be left to the discretion of the Clinic Floor Examiner (CFE))</td>
</tr>
</tbody>
</table>

**Candidates should notify their patient of the following:**

1. Patients, their teeth, and the oral cavity may be photographed by designated examiners during the examination. The CDCA uses such images only for the purposes of examiner standardization.
2. Patients should expect to spend a minimum of five (5) hours participating in the examination.
B. PATIENT MEDICAL HISTORY REQUIREMENTS

- Patients must have no general health contraindications for treatment
- Patient Blood pressure:
  - 159/94 or below is acceptable without a medical clearance
  - 160-179/95-109 is acceptable only with a medical clearance
  - 180/110 or above is not acceptable, even with a medical clearance
- No history of IV bisphosphonate usage, except for a once yearly IV administration of “Reclast” or its equivalent
- 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 or her third trimester of pregnancy may not be a patient for the examination. A woman in her second trimester may be a patient for the exam if she has a medical clearance

1. PATIENT MEDICAL HISTORY FORM:

The requirements listed above will be addressed on the Medical History Form, which must be completed (except for the candidate’s signature) and reviewed by a CFE before any treatment can begin. Candidates may complete the form with their patient(s) prior to the examination. However, on the day of the examination, prior to requesting a CFE to begin case acceptance procedures, candidates must review the patient’s medical history with the patient and the patient’s blood pressure must be taken and recorded on the form.

All patient medications and/or supplements taken within the last 24 hours of the exam day must be documented on the Medical History Form, and if documenting antibiotic pre-medication, on the appropriate Progress Form.
Prior to presenting the patient for case acceptance, the patient must sign and date the *Medical History Form* where indicated on the second page, and the candidate must place his/her initials and the date. To ensure anonymity of the candidate during the examination, the candidate must not sign the form until all examination procedures have been completed and evaluated.

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

**DO NOT** sign the form until you have completed the examination and have received authorization from a CFE to sign it

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

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

### 2. PATIENT MEDICAL CLEARANCE:

Candidates must obtain written medical clearance on the physician’s official letterhead for patients reporting a disease, condition, or problem 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.

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

**To help you determine whether your patient needs a Medical Clearance, see the full page *Medical History Form* on page 45 of this manual.**

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

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

**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.
C. **CASE SELECTION**

Part of ensuring that a patient is eligible is determining whether their case meets the current ADEX requirements. The selection of surfaces for treatment during the PTCE is known as the candidate’s Case Selection. Candidates must present a full quadrant and 2 posterior teeth from an additional quadrant. The ADEX criteria chart on page 12 of this manual details the current ADEX PTCE criteria, and candidates are strongly encouraged to review that chart to ensure that their case meets all requirements. All selected teeth must have qualifying subgingival calculus.

### CHARACTERISTICS OF QUALIFYING SUBGINGIVAL CALCULUS

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

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

2. **The following are STRONGLY DISCOURAGED within the Case Selection:**
   - Implants
   - Retained primary teeth
   - Gross caries
   - Partially erupted 3rd molars
   - A patient with advanced periodontal disease
   - Extensive full or partial esthetic veneers
   - Class III furcation or mobility
   - Multiple localized probing depths in excess of 6mm
   - Defective restorations
   - Teeth with orthodontic brackets or bonded retainer
D. ONLINE CASE SELECTION ENTRY PROCESS

Once you have completed your Case Selection, you may enter it online through your candidate profile. You must pay for your exam in order for the Online Case Selection Entry Process to be available to you. At least 48-hours prior to the start of the first exam day, you are strongly advised to enter your Case Selection through your online candidate profile. Doing so may save you time during the exam and will give you confirmation that your Case Selection has been accepted. All pre-entered Case Selections must be confirmed by the DSM on site prior to submitting your patient for the pre-treatment evaluation. If you have a change to your Case Selection, you may make adjustments until Case Selection entry closes (48-hours prior to the exam); any adjustments after closing must be made on site during the exam. The following steps detail the online Case Selection entry process.

**STEP 1:**

Go to [https://cdcaexams.brighttrac.com](https://cdcaexams.brighttrac.com)

Login to your online candidate profile.
STEP 2:
Once you have logged in, you’ll see a yellow box that lets you know when the online teeth selection entry closes, as well as provides a link for you to “input teeth.”

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

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

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

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

STEP 5:

Once you have entered your alternate teeth, you may enter your surface selections. Remember to consult the 2017 ADEX PTCE Criteria chart on page 12 of this manual to ensure that you have met all the required criteria.
STEP 6:
The summary page will allow you to review all of your entries. If you need to make any adjustments, just click on any of the tabs—Quadrant, Alternates, or Surfaces—to enter in adjustments. Again, you may login to your profile and make adjustments to your teeth selection until online Case Selection entry closes (48-hours prior to the start of the first day of the exam).

Once you have completed the online Case Selection entry process, click the DOWNLOAD button to download a PDF of your Case Selection. BRING THE PDF WITH YOU TO THE EXAM.
The ADEX Dental Hygiene Examination: Patient Treatment Clinical Examination

III. Required Instruments & Radiographs

- Required Instruments
- Radiograph Requirements
A. REQUIRED INSTRUMENTS

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

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

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

**Required Instruments List (7 items):**

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

![Image of Calculus Detection Tool]

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

![Image of Probing Exercise Tool]

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

4) Blood pressure measuring device and—if authorized to provide anesthesia—supplies for anesthetic administration, including syringes. The host site may or may not provide cartridges of anesthetic (candidates should check with host site to confirm)
5) A tray and an impermeable covering (ie: patient napkin) to transport instruments to the Evaluation Station (if evaluation instruments are not provided by the host site; candidate may choose the tray)

6) Ultrasonic/sonic scaling instruments; refer to the host site’s Site Information Sheet for information on availability and types of ultrasonic devices; the CDCA does not assist with equipment rental for candidates

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

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

B. **Radiograph Requirements**

Beginning with the 2017 ADEX exam cycle, radiographs are an additional eligibility requirement. Both the patient’s medical history and radiographs must be acceptable in order for the candidate to participate in the examination. Candidates must present a panoramic radiograph and bitewing radiographs of the patient or a full mouth series of diagnostic quality and bitewings. However, only the images of the teeth in the Case Selection will be evaluated for eligibility.

**OPTION 1:** Full panoramic + bitewings

Don’t forget to include the following on your radiographs:
1. Candidate ID label
2. Date of exposure
3. Patient’s name
4. L&R indications
**OPTION 2:** Full mouth series (FMX) + bitewings

**All radiographs submitted must meet the following guidelines:**

- The radiographs may or may not be exposed by the candidate
- Teeth must appear in Universal Notation System (1-32)
- Full mouth series must include 16-20 images, including two (2) or four (4) bitewings, depending on the number needed to show the mesial and distal surfaces, DEJ, and alveolar crestal bone of all posterior teeth
- Panoramic radiographs with bitewings are acceptable in place of the full-mouth series
- Periapical and panoramic images must be current within three (3) years
- Bitewings must be current within one (1) year; they may be horizontal or vertical
- Duplicates, conventional, or digital radiographs printed on photo quality paper are acceptable
- Convexity of dimple on conventional radiographs must face the front of the mount
- Evidence of calculus on radiographs is not necessary for case presentation
- Candidate number, date of film exposure, patient’s name, and L & R indications must be on the mount or digital printout
- Neither the candidate’s name nor the name of the school should be visible on the mount of digital printout

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

**ALL RADIOGRAPHS (PERIAPICALS, BITEWINGS, AND PANORAMIC) MUST DEPICT THE CURRENT CONDITION OF THE DENTITION. ANY RECENT DENTAL PROCEDURES AND/OR SURGERIES MUST BE NOTED ON THE BACK OF THE CANDIDATE’S PROGRESS FORM.**
All radiographs must be of diagnostic quality, meaning they must be of sufficient quality to accurately diagnose caries, periodontal health, or other dental diseases and abnormalities.

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

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

IV. Exam Day Administration

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

1. **Before the Exam: Candidate Orientation**
   
   Candidate Orientation is conducted online prior to the examination day. The orientation is a power-point presentation that includes a review of the following:
   
   - The exam criteria
   - The exam day process
   - The exam requirements and restrictions
   - The forms used to complete the exam
   - The flow of the exam

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

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

   On the day of the exam, before the exam starts, there is a short Registration Session at 6:45am (for candidate’s assigned to the AM session) or at 11:45am (for candidates assigned to the PM session). The location of the Registration Session will be communicated via email to the candidates prior to the exam day. The Chief of the exam, the CFEs, and the DSM will review important details and distribute candidate packets during this time. The registration session is only for candidates, not for candidate interpreters or patients. The time and location of the registration session will be communicated to you by email or by the site’s ADEX exam coordinator (typically a faculty member at that school). The registration 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 registration session, you must bring the following:

   1. **Two** forms of identification: one ID must be a photo ID, and both IDs must have the candidate’s signature. Acceptable forms of photo identification include such documents as current, valid driver’s license, passport, military ID, or official school ID. A voter registration card (signed) or a credit card (signed) may be used as a second ID. If your name has recently changed, bring a copy of the marriage certificate or court document to the examination.

   2. Your 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.*

   3. Certification of Review of the Online Orientation Form

   **Not required for entrance to registration but helpful to have the following items to affix candidate labels which will be given to candidates at registration.**

   Completed Forms (full page samples beginning on page 43 of this manual)
   
   - Medical History Form
   - Patient Consent Form
   - Treatment Selection Worksheet (or printed online teeth entry form)
   - Radiographs
   - 2017 Dental Hygiene Patient Treatment Clinical Examination Manual

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

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

**B. LOCAL ANESTHESIA**

**The use of injectable local anesthesia will be permitted at the discretion of the examination sites.**

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

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

All qualifying documentation must be provided to the Chief Examiner at Candidate Registration.

**1. AUTHORIZED TO USE INJECTABLE LOCAL ANESTHETICS:**

If the examination site allows, the use of injectable local anesthetic is permitted by candidates who are:

- students at the host school, and who have successfully completed the required anesthetic course work, and who have been certified on the day of the examination by the program director or other authorized school official at the exam site.
- student candidates from schools external to the hosting school, including unlicensed graduates of schools external to the hosting school, and who provide a letter from their program director or the authorized school official certifying successful completion of the required anesthetic course work.
- graduates who are authorized by a state to use injectable local anesthetics, and who provide documentation on the day of the examination from their state dental board authorizing them to utilize injectable local anesthesia (copies of active state certificates that permit the use of injectable local anesthetic are acceptable documentation).
2. NOT AUTHORIZED TO USE INJECTABLE LOCAL ANESTHETICS:

Candidates who are not eligible to administer local anesthetics may use topical anesthetics (Oraqix, etc.). The CDCA does not permit a third party, whether an examiner, dentist, or licensed hygienist to administer local anesthetic for a candidate.

3. ANESTHESIA ADMINISTRATION PROTOCOLS:

a) Candidate Considerations: When deciding whether to administer anesthesia, keep in mind that three examiners will examine the patient using the explorer and probe sub-gingivally during Pre-Treatment Evaluation. It is recommended to anesthetize the patient before Pre-Treatment Evaluation for better patient comfort and time utilization.

Candidates must provide all syringes and supplies for anesthetic administration. Cartridges may or may not be provided at the site for injectable local anesthesia but all local anesthetics must be used before their expiration date.

For patient safety, no more than one-half of the maximum anesthetic dose may be utilized for a patient who will be treated by two candidates on the same day.

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

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

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

c) CFE Approval: After the CFE approves the Medical History and Anesthetic Request, and has given the candidate clearance to submit the patient to the evaluation station, the candidate may anesthetize the patient before going into the evaluation area or at any time during the clinical examination. The CFE will tell you when to anesthetize based on when a chair will be available in the Evaluation Area for your patient.
C. **EXAM FLOW OVERVIEW**

Candidates are responsible for time management.

1. **SET-UP PERIOD**

In accordance with the Examination Timeline chart (see page 7), you will be authorized to enter the clinic with your patient at a designated time, and you should immediately proceed to your assigned cubicle (cubicle assignments are usually posted in the clinic floor area, or you may see a CFE for help).

**SET-UP CHECKLIST:**

- Pin your badge onto your outermost garment (if applicable, interpreter should do the same)
- Tape a cubicle card in a prominent location in your cubicle
- Check that air, water, light and chair are working properly (notify a CFE if not)
- Locate disposable supplies provided by the school
- Arrange instruments and paperwork neatly
- Take your patient’s blood pressure and record it on the *Medical History Form*
- Write your candidate number and your operatory number on the CFE Sign-up Sheet to request that a CFE come to your cubicle to review your set-up and blood pressure reading (The CFE will make the appropriate notations on your *Progress Form*)

*NOTE: If, *before* the patient is presented to the CFE, the candidate determines that the patient is ineligible, a back-up patient may be presented. The work-up of back-up patients is at the expense of the 4hr. 15-minute total time allotment. Once a CFE begins the review process, the exam has begun and a back-up patient may not be presented.*

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

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

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

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

**MODIFICATION OF CASE SELECTION**

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

**All required paperwork, instruments, and materials must accompany the patient on each visit to the Evaluation Station**

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

**INSTRUMENTS (on a tray):**
- 11/12 explorer
- Periodontal probe
- Mirror
- Air-and-water syringe tip

**ON PATIENT:**
- Eyewear
- Clean patient napkin with a candidate barcode label on it in the upper right hand corner
3. **SENDING PATIENTS TO THE EVALUATION STATION**

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

D. **PRE-TREATMENT EVALUATION**

When a CFE notifies you that an operatory is available in the evaluation station, if you are authorized to administer local injectable anesthesia, anesthetize your patient, or use topical a topical anesthetic. Then, escort your patient to the DSM to enter and/or confirm your Case Selection into the electronic system. To facilitate the pre-treatment evaluation process, the patients’ oral cavity should show no evidence of soft debris, food matter, etc. During the pre-treatment evaluation three examiners will independently evaluate the candidate’s Case Selection according to the ADEX examination criteria. The examiners will also:

- Assign three (3) teeth for candidates to perform calculus detection and two (2) teeth for the periodontal measurement exercises
- Assign two additional surfaces of qualifying calculus
- Document where calculus is present on the teeth assigned for calculus detection
- Measure and record the periodontal pocket depths on the teeth assigned for the periodontal assessment
- Validate the 12 surfaces of qualifying calculus from the 12 surfaces selected by the candidate and the two (2) surfaces added by the examiners

Once all evaluations are completed, the clinical treatment finish time will be recorded on the candidate’s *Progress Form* and the patient will be returned to the candidate so that the candidate may begin treatment.

E. **CLINICAL TREATMENT TIME**

Once your patient has been returned to you from the pre-treatment evaluation, you will have 2 hours to complete the calculus detection, periodontal pocket measurements, and calculus removal exercises. Your finish time will be indicated on your *Progress Form*, so you must be signed in with the CFE on the check-in sheet before your time expires.

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

   a) Insert an 11/12 explorer into the sulcus/pocket in contact with the crown, and then slide it apically along the root using the side of the tip of the explorer to detect calculus; interference with the apical sliding motion along the tooth surface indicates dental calculus.

   b) When calculus stops the explorer during the apical movement along the tooth surface, move the explorer laterally out and away from the tooth surface and continue the sliding movement apically, moving back under the calculus piece to regain contact with the root surface.

   c) Continue the apical sliding motion until the soft base of the sulcus/pocket is reached.

   d) Use compressed air to deflect the tissue and visually observe calculus deposits whenever possible.

   e) Prior to submitting your patient for post-treatment evaluation, you must see the DSM for assistance with entering your calculus detection findings into the electronic system.

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

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

   a) Your measurements must be within ± 1mm of at least 2 of the three examiners’ measurements.

   b) Because pocket depths can change after calculus removal, you must complete the periodontal measurement exercise before removing any calculus.

   c) Record your measurements in the appropriate places on your Progress Form. Errors are assessed for any space left blank.

   d) Prior to submitting your patient for post-treatment evaluation, you must see the DSM for assistance with entering your pocket depth measurements into the electronic system.
3. **Calculus Removal:** During the pre-treatment evaluation, examiners evaluated your Case Selection for the presence or absence of qualifying calculus on your selected surfaces. Your task is to remove the calculus from the assigned surfaces. If fewer than 12 surfaces of qualifying calculus were verified in the selection, including all teeth in the quadrant and any additional teeth chosen by you, points will be awarded only for calculus removal on the surfaces verified by two examiners as having qualifying calculus. For example, if examiners are able to verify only eight (8) surfaces with qualifying calculus, you will have only eight (8) opportunities to earn points for calculus removal, rather than twelve (12) opportunities, and you will automatically lose points for removal on four (4) surfaces.

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

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

a) Pre-existing tissue injuries and/or conditions should be recorded in the notes section on your *Progress Form*.

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

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

The ADEX criteria chart on page 12 of this manual lists examples of minor and major tissue trauma.
F. POST-TREATMENT EVALUATION

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

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

G. CHECK-OUT PROCEDURES

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

1. Complete Post-Operative Agreement Form with your patient
2. Sign the Medical History Form
3. Sign the Patient Consent Form

Once you have completed signing all of your forms, gather all of your paperwork, place it in the provided white envelope, and check out with the CFE.

H. RESULTS RELEASE

Please see the “Scoring” section of the Registration and Administrative Guidelines Supplement for detailed information on the results release process, both to the candidates as well as to the State Boards of Dentistry.
The ADEX Dental Hygiene Examination: Patient Treatment Clinical Examination

V. Examination Forms

- Forms to Complete Prior to the Exam
  - Patient Consent, Disclosure, and Assumption of Responsibility Form
  - Patient Medical History Form
  - Treatment Selection Worksheet
  - Electronic Teeth Entry
  - Certification of Review of the Online Orientation

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

- Full Page Form Samples
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. Patients 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. **Patient Medical History Form**

Each patient must have a completed Medical History Form, which can be downloaded from your online candidate profile. This form MUST be signed by the patient ON the day of the exam and it will be reviewed by a CFE during the case acceptance process (see pgs. 15-16 for further details).

The patient’s blood pressure must be taken on the day of the exam and must be documented by a CFE during the case acceptance procedure. See the full-page form sample on pgs. 45-46 to see a completed Medical History Form.

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

This form can be downloaded through the candidate’s online profile. Prior to the examination day, candidates may use this worksheet to help them in their treatment selection preparation. Once this form is completed, the information on it must be entered electronically, either prior to the exam via the candidate’s online profile or at the exam via the DSM.

The Case Selection must meet the requirements listed in the 2017 ADEX Criteria Chart on page 12 of this manual. See the full-page form sample on pg. 47 for a completed Treatment Selection Worksheet.

4. **Electronic Case 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 see the DSM to make such changes/entries. If the treatment selection was not entered electronically, candidates will have the opportunity to do so at the exam. See pgs. 18-21 of this manual for step by step instructions.

**Once you have confirmed your Case Selection with the DSM and have submitted your patient for pre-treatment evaluation, no changes to your Case Selection are authorized.**

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

Candidates are required to review the online orientation presentation and bring the Certification of Review of the Online Orientation Form with them to the Candidate Registration Session. Failing to do so will prohibit the candidate from participating in the exam during their assigned session. See page 48 for a full-page sample.
1. **Progress Form**

The Progress form is 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 ID label in the spaces provided at the top of the form.

For helpful tips on completing the Progress Form, see the full-page form sample on pg. 49-50 of this manual.
2. **Post-Operative Care Agreement**

Once your patient returns from the post-treatment evaluation, you must discuss this form and complete it with your patient as evidence that your patient understands that the treatment you provided was on a specific Case Selection, not on the entire mouth. To finish the treatment, your patient will have to make necessary arrangements.


3. **Check-out Form**

When a candidate is completely finished with all procedures, and the CFE has dismissed the candidate's 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 ask the CFE to initial in each block that the forms are completed and present in the white envelope. Upon completion, the CFE will release the candidate.
Full Page Form Samples
(Forms can be downloaded from the CDCA website)
I authorize the individual listed below (the “Candidate”) to perform the following procedure(s) during the administration by the Commission on Dental Competency Assessments, (the “CDCA”), of a dental hygiene licensing examination (the “Examination”):

- Patient Treatment Clinical Examination

**Acknowledgment**

I understand the following:

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

**Disclosure of Risks**

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

**Adequacy of Treatment**

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

**Authorization of Disclosure of Medical Information**

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

**Medical Condition and Medications**

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

**Consent to X-Rays and Photographs**

I consent to the taking of appropriate radiographs (X-rays) and the examination of my teeth and gums. I also consent to having CDCA examiners or the staff and clinicians of the dental school take photographs of my teeth and gums for use in future 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 hygiene 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 or dental hygienist (licensed or unlicensed), a dental student in the 3rd 4th or final year of dental school, or a dental hygiene student in the final year of school.

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

Patient’s Name (Print): __________________________________________________________________________ Date: __________________________________________________________________________

Address: ____________________________________________________________________________________________

Sex (Circle): M F Age: _____ Telephone #: __________________ Email Address____________________________

Patient’s Signature: __________________________________________________________________________

Candidate’s Signature: __________________________________________________________________________

CANDIDATES SHOULD NOT SIGN THIS FORM UNTIL THEIR PATIENT RETURNS FROM THE POST-TREATMENT EVALUATION.

All patient information should be completed prior to beginning the examination.
Below is an example of a completed Medical History Form (2 pages)

The CFE will confirm the Blood Pressure Acceptance and Radiographs during Case Acceptance

Don’t forget to include explanations for any “YES” responses. Note that some “YES” entries may require a medical clearance
9. Have you had surgery or x-ray treatment for a tumor, growth or other condition of your head or neck? ............................................ **YES** **NO**
   If yes, please list:

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

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

11. Are you taking or have you ever taken any medications, (examples below), either orally or by injection, for osteoporosis, osteopenia or bone loss due to aging OR lung cancer, breast cancer, prostate cancer, colorectal cancer, wet macular degeneration, Paget’s Disease, or multiple myeloma? ................................................................. **YES** **NO**
   Examples: Fosamax® (alendronate); Boniva® (ibandronate); Actonel® (risedronate); Reclast® yearly injection (zoledronic acid); 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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

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

   Are you currently 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:** PC  **DATE INITIALED:** 01/05/17  **CANDIDATE SIGNATURE:** ______________________

**CLASS: ASA II**

(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)

**AFTER** you have completed the exam, sign the form

Your patient MUST sign and date the form before treatment begins

You MUST complete the ASA Classification Section
Below is an example of a completed Dental Hygiene Treatment Selection Worksheet:

Dental Hygiene Treatment Selection Worksheet

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

This form is for your use prior to and on the day of the exam. It can be duplicated as needed.

Circle Primary quadrant:  UR  UL  LR  LL

Posterior teeth in 2nd quadrant:

- # 14
- # 12

Subgingival Calculus Removal

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

3 M then 3 D

Of the 12 surfaces of subgingival calculus, 8 must be on posterior teeth. At least 5 of the 8 must be on mesial or distal surfaces and the teeth must be within 2 mm of an adjacent tooth. At least 3 of the 5 surfaces must be proximal surfaces on molars. Only one of the 3 surfaces on molars may be located on a surfaces with no adjacent tooth. The remaining 4 surfaces may be located on any surface in the case selection.

Don't forget to place your candidate barcode label on this form
Certification of Review of the Online Orientation

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

_________________________  __________________________
Candidate Name (printed)    Date

_________________________
Candidate Name (Signed)

Bring this form with you to Candidate Registration, and once you receive your candidate barcode labels, be sure to place one of your labels on this form.
**Phase 1:** A CFE will verify that you have completed the Patient Consent Form, Medical History Form, and that you have completed the top portion of this Progress Form after you have signed in on the Check-in Sheet.

**Phase 1:** If you are authorized to use Injectable Local Anesthetics, complete this portion and a CFE will review it and note whether your request to administer anesthetic is approved.

**Phase 2:** Complete this section FIRST when your patient returns from the pre-treatment evaluation. This is the Calculus Detection Exercise (see pg. 34 for further details).

**Phase 3:** Complete this section SECOND when your patient returns from the pre-treatment evaluation. This is the Probing Measurements Exercise (see pg. 34 for further details).

---

**Candidate Sequential:** 100

**DENTAL HYGIENE**

**Progress Form**

**CALCULUS REMOVAL**

- Circle quadrant: UR, UL, LR, LL
- Posterior teeth in 2nd quadrant: #13, #14
- Include primary quadrant’s 3rd molar: Yes, No

**Start Time:** 2:08pm

**Finish Time:** 4:08pm

**Patient Name:** Jane Doe

**Phase 1:**

- A CFE will verify that you have completed the Patient Consent Form, Medical History Form, and that you have completed the top portion of this Progress Form after you have signed in on the Check-in Sheet.

- If you are authorized to use Injectable Local Anesthetics, complete this portion and a CFE will review it and note whether your request to administer anesthetic is approved.

**Indicates that you are authorized to use Injectable Local Anesthetics.**

**ANESTHETIC RECORD** (of actual or intended use)

- **Local anesthetic used on this patient:** (Brand/Generic Name): 20% Benzocaine
  - 51236
- **Vasoconstrictor:** (Concentration): 1:100,000
  - mg

**MEDICAL HISTORY AND BLOOD PRESSURE**

- Reviewed by CFE Examiner:
  - 51236

**PROBING MEASUREMENTS**

- For the teeth assigned below, measure and record the depth of each sulcus/pocket on the indicated surfaces to the nearest mm.

**QUALIFYING CALCULUS DETECTION FINDINGS:**

- For the teeth assigned below indicate if calculus is present “Yes” or not present “No” for each of the four indicated surfaces: Mesial, Facial, Distal, and Lingual on each tooth.

**Anterior**

- Tooth #8
  - DL: 2
  - L: 3
  - ML: 2

- Tooth #9
  - DL: 3
  - L: 2
  - ML: 3

**Posterior**

- Tooth #5
  - M: Yes, No
  - D: Yes, No
  - F: Yes, No
  - L: No

- Tooth #28
  - M: Yes, No
  - D: Yes, No
  - F: Yes, No
  - L: No

- Tooth #29
  - M: Yes, No
  - D: Yes, No
  - F: Yes, No
  - L: No

- Tooth #30
  - M: Yes, No
  - D: Yes, No
  - F: Yes, No
  - L: No

---

**PRETREATMENT MEDICATION (if required)**

- Medication(s) (Brand/Generic Name): Amoxicillin
  - Dose/When Taken: 2g 1 hr before
This is the back of your Candidate Progress Form

Please note missing teeth with an X

Phase 1: If there are any teeth that are not physically present in your patient’s mouth, please “X” them out here.

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

CANDIDATE’S NOTES and COMMENTS TO EXAMINER:

Candidate: Number each comment
Examiner: Place your examiner number, initials, and time noted after each comment

1. MOD amalgam #30 after films were taken
2. pizza burn–hard palate

Comments Reviewed on pre-treatment

Comments Reviewed on post-treatment
POSTOPERATIVE CARE AGREEMENT

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

Patient’s Signature  Candidate’s Signature  Date

Once your patient returns from the post-treatment evaluation, and you have discussed the need for a completion of treatment, both you and your patient must sign this form and date it as an indication of understanding. Your patient will keep this form.
Don’t forget your candidate barcode label and remember to write in your candidate number and cubicle number before submitting this form to the CFE. The CFE will sign his/her initials once they’ve verified that all of your paperwork is in the white envelope.

(Candidate Sequential:100)

Candidate ID: 48967  Test Site: 99391

Place barcode label above. If you do not have a barcode label, write in the corresponding numbers from your ID card on the lines above.

Cubicle #: [ ] [ ] [ ]

DENTAL HYGIENE CANDIDATE Check-Out

CANDIDATE CHECK-OUT:

When candidates have completed the examination, they should turn in the following materials to the CFE in the order listed below:

☐ 1. Identification badge/ID cards – for candidate and assistant (first discard the plastic holders with potentially infectious waste)
☐ 2. Treatment Consent form (must be signed by the candidate)
☐ 3. Medical History form
☐ 4. Dental Hygiene Progress Form
☐ 5. Cubicle cards (2 single color coded group assignment cards)
☐ 6. Any unused Evaluation Forms
☐ 7. White Envelope

(Treatment Selection Worksheet remains with the candidate)
TAKE TO THE CLINICAL EXAMINATION SITE AND THE CANDIDATE REGISTRATION

- Two forms of identification, one with your signature and one with a recent photograph. Acceptable forms of ID include: valid current driver’s license, passport, military ID, and employee ID. A credit card is acceptable as a secondary form of ID. See additional guidelines in the Patient-based Examination Manual.
- Passport-size photo of interpreter AND completed Interpreter Form (if applicable)
- Assigned testing site, time, and 3-digit sequential number (available for printing from your CDCA online profile under the Apply tab)
- A ballpoint pen to be used on the Progress Form only
- All necessary materials, forms, and instruments
- This manual
- All required documents (ie: for patient eligibility, for authorization to administer local injectable anesthesia, etc.)

FOR PATIENTS

- Complete appropriate Medical History Form, Patient Consent, Disclosure, and Assumption of Responsibility Form, Patient Treatment Teeth Selection Form (if applicable) for each patient
- Ensure that the patient meets the ADEX requirements as published in this manual
- Bring all necessary radiographs to the testing site
- Review all the criteria that are to be evaluated with the patient
- Ensure that your back-up patient(s) is/are available