Candidate Manual
Expanded Function Dental Auxiliary Examination
2017

The NERB is now
The Commission on Dental Competency Assessments (CDCA).
Visit www.cdcaexams.org to learn more.

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

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EFDA Examination Eligibility Self-Certification

Please check all boxes that designate your eligibility status, sign and upload a scanned copy of this completed form into your online CDCA profile as your proof of graduation.

☐ Graduate of an Expanded Function Dental Auxiliary Program by clinical exam date approved by the Ohio State Dental Board.
   Name of program: _______________________________ Year of program completion: __________________

☐ A student in a current EFDA training program, not yet graduated, but considered by my program director to have sufficient clinical training to challenge the EFDA examination.
   Name of program: _______________________________ Anticipated graduation date: __________________
   Signature of program director: _______________________________ Printed: __________________

☐ An unlicensed dentist who has graduated from an accredited dental college, as specified in Section 4715.10 of the Revised Code, and does not have a dental license under suspension or revocation by the board.
   First and Last name under which you attended: _______________________________
   Dental school: _______________________________ Graduation date: __________________

☐ A dental student who is enrolled in an accredited dental college, as specified in Section 4715.10 of the Revised Code, and is considered by the dean of the college to have sufficient clinical training as set forth in the Ohio Administrative Code Section 4715-11, and be in good standing.
   Dental school: _______________________________ Anticipated graduation date: __________________
   Signature of school official: _______________________________ Printed: __________________

☐ A graduate of an unaccredited dental college located outside the United States.
   First and Last name under which you attended: _______________________________
   Dental school: _______________________________ Graduation date: __________________
   Dental school address: _______________________________

☐ A dental assistant who is certified by the DANB or the Ohio Commission on Dental Assistant Certification.
   Name of program: _______________________________ Year of program completion: __________________

☐ A dental hygienist licensed under the Ohio Administrative Code, Section 4715-11 whose license is in good standing.
   Name of program: _______________________________ Year of program completion: __________________

☐ An unlicensed dental hygienist who has graduated from an accredited dental hygiene program, as specified in Section 4715.21 of the Revised Code, and does not have a dental hygiene license under suspension or revocation by the board.
   Name of program: _______________________________ Year of program completion: __________________

I understand that a signed and dated EFDA Examination Eligibility Self-Certification is required as documentation to accompany my application for the Expanded Function Dental Assistant Examination.

I understand that the CDCA may conduct an investigation to ascertain the veracity of the information contained in this form.

I understand that if I knowingly provide false information on this EFDA Examination Eligibility Self-Certification, CDCA will immediately cancel my application, and notify the Ohio State Board of Dentistry.

Signature: _______________________________ Date: __________________
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OVERVIEW

The Commission on Dental Competency and Assessments (CDCA) offers a complete Expanded Function Dental Auxiliary (EFDA) examination approved by the Ohio State Board of Dentistry to enable EFDA Registration in Ohio State. Each individual seeking to practice as an Expanded Function Dental Auxiliary must successfully complete a board approved examination. The CDCA offers a patient simulated examination with a computer based written component to satisfy Ohio EFDA Registration requirements.

The CDCA has been developing and administering examinations for over 40 years. We look forward to helping you achieve your professional career goals.

Schedule - Morning & Afternoon Session

<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 a.m.</td>
<td>Noon</td>
<td>Registration and distribution of test materials: Kilgore typodonts and Kilgore prepared teeth specifically identified as exam teeth to protect the integrity of the examination process.</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>12:30 p.m.</td>
<td>Manikin set-up approved by Clinic Floor Examiner. Complete Progress Form to identify any pre-existing irregularities on the typodont or teeth.</td>
</tr>
<tr>
<td>9:00 a.m. – 11:30 a.m.</td>
<td>1:00 p.m. – 3:30 p.m.</td>
<td>Clinical exam: Restore three Kilgore prepared teeth: Anterior composite (#8 ML) Posterior amalgam (#14 MOD) Posterior composite (#29 DO)</td>
</tr>
<tr>
<td>11:30 a.m.</td>
<td>3:30 p.m.</td>
<td>Dismount typodont. Return typodont, Progress Form, and ID badge to Check-Out Desk.</td>
</tr>
<tr>
<td>Noon</td>
<td>4:00 p.m.</td>
<td>Three calibrated examiners independently evaluate all restored teeth.</td>
</tr>
</tbody>
</table>

See Appendix for Grading Criteria

ADMISSION

For admission to the examination, the candidate must provide a Sequential Number available through the online registration website under the Apply Tab, and two forms of identification;
both with candidate’s signature and one with a recent photograph. Acceptable forms of identification are: Driver’s license, Passport, Military ID, Employee ID, School ID, Voter Registration Card.

EXAMINATION CONTENT

Clinical Simulation

The 2 ½ hour clinical component consists of the restoration of three pre-prepared teeth: anterior composite (#8 ML), posterior amalgam (#14 MOD), posterior composite (#29 DO).

Scoring

A minimum of 75% must be achieved on each restoration. A rating is assigned for each criterion in every procedure by three calibrated, independent examiners. Based on the level at which a criterion is rated by at least two of the three examiners, points are awarded. If none of the three examiners’ ratings agree, a median score is assigned. If two or more examiners rate a criterion as a “Critical Deficiency,” zero points are awarded for that examination section.

A candidate may apply to retake a failed clinical examination during the next available examination period. Each examination, including retakes, requires successful completion of the restoration of three teeth.

Scores will be reported to the Ohio State Board of Dentistry within two weeks of the examination. The CDCA examination is a distinct test that cannot be combined with other competency examinations.

Standards of Behavior and Professionalism

Failure to comply with the Standards of Behavior and Professionalism could result in immediate dismissal from the examination.

Assigned operatories: Candidates are permitted to work only in assigned operatories or laboratory spaces.

Patient management: The manikin must be maintained in a physiologically acceptable operating position. The candidate must follow infection control procedures recommended by the Center for Disease Control and Prevention.

Examination Time: Treatment procedures must be limited to the posted times. Treatment procedures initiated prior to the established starting time, or continued after the finish time, will result in failure of the examination.
Assigned teeth: No substitution teeth will be provided after the test begins. Only one prepared tooth per procedure will be distributed, unless a manufacturer defect is identified (e.g., crown separates from root, tooth is fractured). Teeth may not be removed and the typodont may not be dismounted without examiner permission.

No electronics are permitted in the testing area, including: cell phones, iPods, tablets and computers. Personal music devices with or without headphones are not permitted.

No outside assistance is permitted. No communication is allowed between candidates during established examination times.

**Written**

The written examination is by appointment at various PSI locations. CDCA authorization is valid for 12 months. If the written examination has not been successfully completed in a 12-month period, a new application must be submitted. There is no limit on the number of attempts.

The written examination is a 100-item multiple choice test offered electronically through PSI. Candidates have 150 minutes to complete the exam. Registration for the written exam will open on June 15 and testing administration for the written exam will begin July 1.

**Content Outline**

Amalgam restorations 20  
Composite restorations 20  
Dental Anatomy 10  
Occlusion 10  
Matrices and wedges 10  
Bases and Liners 10  
Rubber Dam 5  
Cavity Classifications 5  
Sealants 5  
Crown and Bridge Provisionals 5

**Exam references**


*Dentistry for the Restorative Expanded Function Dental Assistant*, 2006 Timothy L. Hottel & Linda S. Ruggiero, 3750 Hacks Cross Road, #102-139, Memphis, TN 38125, thottel@uthsc.edu.

For detailed information about the content of the written examination, tips for preparation, and Sample Questions, visit the PSI Website after June 15 at www.psiexams.com and follow the Certification/Professional Associations link.

Scoring

PSI will provide scores immediately following completion of the examination. A passing score is 75%. The CDCA will forward scores to the Ohio State Dental Board within two weeks of completion.

Candidates who fail must register for re-examination before receiving authorization to schedule an appointment with PSI to retake the exam. All CDCA rules for registration procedures apply.

Standards of Behavior and Professionalism at the Testing Center

1. Unprofessional conduct or improper behavior toward personnel at the testing center will result in failure and forfeiture of the examination fee.
2. Examination security: Security measures established by the testing centers must be followed. Failure to do so may result in failure of the examination series.
3. Extraneous materials: Only materials distributed or authorized by the testing centers may be brought to the exam. Use of unauthorized materials will result in failure. No textbooks or study materials are permitted at the testing center.

SCORE CERTIFICATION PROCEDURE

Score Certification is a procedure whereby the electronic evaluation is re-checked for any irregularities or errors which may have occurred in establishing the score, which includes duplicate entries, missing, and extraneous marks. All failing scores are checked prior to release. A list of specific candidate errors is not included.

A request for Score Certification must be made in writing and include the Candidate ID number, site and date of the examination, and current address. The Score Certification fee is $25 payable by cashier’s check or money order to CDCA.
Requests should be mailed to:
Director of Examinations
The Commission on Dental Competency Assessments
1304 Concourse Drive, Suite 100
Linthicum, MD 21090

To preserve the integrity of the examination, the inspection of examination papers by a candidate or representative is not permitted at any time.

APPEALS

A candidate may appeal the results of the examination if extraordinary conditions during the examination affected the final grade. Appeals are reviewed on the basis of facts surrounding the decision during the examination. The appeals process is the final review authority, and if the appeal is denied there is no further review process within CDCA.

All reviews of candidate appeals include the score certification procedure described above and are based on a re-assessment of the documentation of the candidate’s performance on the examination.

The review will not take into consideration other documentation that is not part of the examination process. Opinions of the candidates, faculty members, dentists, or examiners acting outside of the area of their assignment are not considered in determining the results of the examination and do not constitute a factual basis for an appeal. Any other information such as photographs or models taken after the completion of the examination will not be considered in the appeals process.

See Appendix B for Appeal Forms.

TESTING ACCOMODATIONS

The CDCA will provide reasonable accommodations for candidates with documented disabilities. In order to request consideration provide the following:

- Submit, in writing, a request stating the exact auxiliary aid or modification needed. Requests received after the registration deadline date and retroactive requests will not be considered.

- Provide documentation of the need for the auxiliary aid or modification.

- Provide a letter from an appropriate healthcare professional documenting the disability. The letter must be received by the CDCA no later than 45 days prior to the date of the examination. In providing such auxiliary aids or modifications, the CDCA reserves the ultimate discretion to
choose between effective auxiliary aids or modifications, and reserves the right to maintain the security of the examination.

- All information obtained regarding a candidate’s disability will be kept confidential, with the following exceptions: Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification; First Aid and safety personnel at the test site may be informed if the disability might require special emergency care.

- Efforts will be made to ensure that the examination results accurately reflect the individual’s aptitude or achievement level rather than reflecting the individual’s impaired sensory, manual or speaking skills, except when those skills are factors the examination is intended to measure.
Appendix A
SCORING CRITERIA: ANTERIOR CLASS III COMPOSITE FINISHED RESTORATION
Margin Integrity and Surface Finish

TREATMENT GOALS

1. No marginal excess is detectable visually or with the tine of an explorer at the restoration-tooth interface. There is no evidence of voids or open margins.
2. The surface of the restoration is uniformly smooth and free of pits and voids.
3. There is no evidence of removal, modification or recontouring of tooth structure adjacent to the restoration.

ACCEPTABLE

1. There may be a marginal excess or deficiency at the restoration-tooth interface, detectable either visually or with the tine of an explorer, but it is no greater than 0.5 mm. There is no evidence of pits and voids at the cavosurface margin.
2. The surface of the restoration may be slightly grainy or rough, but it is free of significant pits and voids.
3. There may be minimal evidence of removal, modification or recontouring of tooth structure adjacent to the restoration.

MARGINALLY SUBSTANDARD

1. The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal excess or deficiency of more than 0.5 mm and up to 1 mm, including pits and voids at the cavosurface margin.
2. The surface of the restoration is rough and exhibits significant surface irregularities, pits or voids.
3. There is evidence of removal, modification or recontouring of tooth structure adjacent to the restoration.
4. There is flash with contamination, but the contamination is not internal to the cavosurface margin and could be removed by polishing or finishing.

CRITICAL DEFICIENCY

1. There is evidence of marginal excess or deficiency of more than 1 mm, including pits and voids at the cavosurface margin, or there is an open margin.
2. There is internal contamination at the interface between the restoration and the tooth.
3. The restoration is movable in the preparation.
4. There is gross enameloplasty
5. The restoration is fractured.
SCORING CRITERIA: ANTERIOR CLASS III COMPOSITE FINISHED RESTORATION
Contour, Contact and Occlusion

TREATMENT GOALS

1. Interproximal contact is present, the contact is visually closed and is properly shaped and positioned and there is definite, but not excessive, resistance to waxed dental floss when passed through the interproximal contact area.
2. When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth in that quadrant.
3. The restoration reproduces the normal physiological proximal contours of the tooth, lingual anatomy and marginal ridge anatomy.

ACCEPTABLE

1. Interproximal contact is visually closed, and the contact is adequate in size, shape or position but may demonstrate little resistance to waxed dental floss.
2. The restoration may not reproduce the normal lingual anatomy, proximal contours of the tooth or marginal ridge anatomy but would not be expected to adversely affect the tissue health.

MARGINALLY SUBSTANDARD

1. Interproximal contact is visually closed, but the contact is deficient in size, shape or position and demonstrates little resistance to waxed dental floss or shreds the floss.
2. When checked with articulating paper, the restoration is in hyperocclusion inconsistent in size, shape and intensity with the contacts on surrounding teeth. The restoration requires adjustment.
3. The restoration does not reproduce the normal lingual anatomy, proximal contours of the tooth or marginal ridge anatomy and would be expected to adversely affect the tissue health.

CRITICAL DEFICIENCY

1. The interproximal contact is visually open or will not allow waxed floss to pass through the contact area.
2. There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.
SCORING CRITERIA: ANTERIOR CLASS III COMPOSITE FINISHED RESTORATION

Treatment Management

TREATMENT GOALS

1. The adjacent and/or opposing hard tissue is free from evidence of damage and/or alteration.
2. The soft tissue is free from damage, or there is soft tissue damage consistent with the procedure.

ACCEPTABLE

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

MARGINALY SUBSTANDARD

1. Adjacent and/or opposing hard tissue shows evidence of damage and/or alteration inconsistent with the procedure.
2. There is iatrogenic damage to the soft tissue inconsistent with the procedure.

CRITICAL DEFICIENCY

1. There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.
2. There is gross iatrogenic trauma to the soft tissue inconsistent with the procedure and preexisting condition of the soft tissue.
SCORING CRITERIA: CLASS II AMALGAM FINISHED RESTORATION

Margin Integrity and Surface Finish

TREATMENT GOALS

1. No marginal excess or deficiency is detectable visually or with the tine of an explorer at the restoration-tooth interface. There is no evidence of voids or open margins.
2. The surface of the restoration is uniformly smooth and free of pits and voids.
3. There is no evidence of removal, modification or recontouring of tooth structure adjacent to the restoration.

ACCEPTABLE

1. A marginal excess or deficiency may be detectable either visually or with the tine of an explorer at the restoration-tooth interface, but it is no greater than 0.5 mm. There is no evidence of pits and voids at the cavosurface margin.
2. The surface of the restoration may be slightly grainy or rough, but it is free of significant pits and voids.
3. There is no evidence of modification or recontouring of tooth structure adjacent to the restoration (enameloplasty).

MARGINALLY SUBSTANDARD

1. A marginal excess or deficiency is detectable visually or with the tine of an explorer, and the discrepancy is greater than 0.5 mm and up to 1 mm, including pits and voids at the cavosurface margin.
2. The surface of the restoration is rough and exhibits significant surface irregularities, pits or voids.
3. There is evidence of removal, modification or recontouring of tooth structure adjacent to the restoration (enameloplasty).

CRITICAL DEFICIENCY

1. There is evidence of marginal excess or deficiency of more than 1 mm, including pits and voids at the cavosurface margin, and/or there is an open margin.
2. The restoration is fractured.
3. There is gross enameloplasty.
SCORING CRITERIA: CLASS II AMALGAM FINISHED RESTORATION

Contour, Contact and Occlusion

TREATMENT GOALS

1. Interproximal contact is present. The contact is visually closed and properly shaped and positioned. There is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
2. When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth in that quadrant.
3. The restoration reproduces the normal physiological proximal contours of the tooth, occlusal anatomy and marginal ridge anatomy.

ACCEPTABLE

1. Interproximal contact is visually closed, and the contact is adequate in size, shape or position but may demonstrate little resistance to waxed dental floss.
2. The restoration may not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy but would not be expected to adversely affect the tissue health.

MARGINALLY SUBSTANDARD

1. Interproximal contact is visually closed, but the contact is deficient in size, shape or position and demonstrates little resistance to waxed dental floss or shreds the floss.
2. When checked with articulating paper, the restoration is in hyperocclusion; inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth. The restoration requires adjustment.
3. The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

CRITICAL DEFICIENCY

1. The interproximal contact is visually open or will not allow waxed floss to pass through the contact area.
2. There is gross hyperocclusion so that the restoration is the only point of occlusion in that quadrant.
TREATMENT GOALS

1. The adjacent and/or opposing hard tissue is free from evidence of damage and/or alteration.
2. The soft tissue is free from damage, or there is soft tissue damage consistent with the procedure.

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

1. Adjacent and/or opposing hard tissue shows evidence of damage and/or alteration inconsistent with the procedure.
2. There is iatrogenic trauma to the soft tissue inconsistent with the procedure.

CRITICAL DEFICIENCY

1. There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.
2. There is gross iatrogenic trauma to the soft tissue inconsistent with the procedure and preexisting condition of the soft tissue.
SCORING CRITERIA: POSTERIOR PROXIMAL OCCLUSAL COMPOSITE FINISHED RESTORATION
Margin Integrity and Surface Finish

TREATMENT GOALS

1. There is no detectable marginal excess at the restoration-tooth interface either visually or with the tine of an explorer. There is no evidence of voids or open margins.
2. The surface of the restoration is uniformly smooth and free of pits and voids.
3. There is no evidence of removal, modification or recontouring of tooth structure adjacent to the restoration.

ACCEPTABLE

1. There may be a marginal excess or deficiency at the restoration-tooth interface detectable either visually or with the tine of an explorer, but it is no greater than 0.5 mm. There is no evidence of pits and voids at the cavosurface margin.
2. The surface of the restoration may be slightly grainy or rough, but it is free of significant pits and voids.
3. There is minimal or no evidence of removal, modification or recontouring of tooth structure adjacent to the restoration.
MARGINALLY SUBSTANDARD

1. The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal excess or deficiency of greater than 0.5 mm and up to 1 mm, including pits and voids at the cavosurface margin.
2. The surface of the restoration is rough and exhibits significant surface irregularities, pits or voids.
3. There is evidence of removal, modification or recontouring of tooth structure adjacent to the restoration.

CRITICAL DEFICIENCY

1. There is evidence of marginal excess or deficiency of more than 1 mm, including pits and voids at the cavosurface margin and/or there is an open margin.
2. There is gross enameloplasty.
3. The restoration is movable in the preparation.
4. The restoration is fractured.
SCORING CRITERIA: POSTERIOR PROXIMAL OCCLUSAL COMPOSITE
FINISHED RESTORATION
Contour, Contact and Occlusion

TREATMENT GOALS

1. Interproximal contact is present. The contact is visually closed and is properly shaped and positioned. There is definite, but not excessive, resistance to waxed dental floss when passed through the interproximal contact area.
2. When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth in that quadrant.
3. The restoration reproduces the normal physiological proximal contours of the tooth, occlusal anatomy and marginal ridge anatomy.

ACCEPTABLE

1. Interproximal contact is visually closed, and the contact is adequate in size, shape or position but may demonstrate little resistance to waxed dental floss.
2. The restoration may not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy but would not be expected to adversely affect the tissue health.

MARGINALLY SUBSTANDARD

1. Interproximal contact is visually closed, but the contact is deficient in size, shape or position and demonstrates little resistance to waxed dental floss or shreds the floss.
2. The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy and would be expected to adversely affect the tissue health.
3. When checked with articulating paper, the restoration is in hyperocclusion inconsistent in size, shape and intensity with the occlusal contacts on surrounding teeth. The restoration requires adjustment.

CRITICAL DEFICIENCY

1. The interproximal contact is visually open or will not allow waxed floss to pass through the contact area.
2. There is gross hyperocclusion, such that the restoration is the only point of occlusion in that quadrant.
SCORING CRITERIA: POSTERIOR PROXIMAL OCCLUSAL COMPOSITE
FINISHED RESTORATION
Treatment Management

TREATMENT GOALS

1. The adjacent and opposing hard tissue are free from evidence of damage or alteration.
2. The soft tissue is free from damage, or there is soft tissue damage consistent with the procedure.

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

1. There is iatrogenic damage to the soft tissue inconsistent with the procedure.
2. Adjacent and/or opposing hard tissue shows evidence of damage and/or alteration inconsistent with the procedure.

CRITICAL DEFICIENCY

1. There is gross iatrogenic damage to the soft tissue inconsistent with the procedure.
2. There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.
CANDIDATE APPEALS

A candidate may appeal examination results if the candidate believes that extraordinary circumstances during the examination changed the final outcome of the examination. Each appeal will be reviewed by a committee of CDCA examiners (“Appeals Panel”).

No member of the Appeals Panel will have had personal involvement in conducting the examination which is the subject of the appeal. All appeals must comply with the requirements of this policy. The CDCA will not consider a candidate appeal that does not comply with these requirements. The appeals process is the official review authority, and if the appeal is denied there is no further review which the candidate may seek. The CDCA is not responsible for any expense or fees incurred by a candidate in submitting an appeal, irrespective of the outcome of the appeal.

Appeals must be based on one or more extraordinary circumstances of a material nature which changed the final outcome of the candidate’s examination; and arise from the demonstrated failure by a CDCA examiner to comply with CDCA material examination requirements, as contained in the Candidate Manual, that directly caused the candidate to fail the examination.

Appeals may not be based on allegations that the examiner’s judgment was incorrect. The candidate bears the burden of showing, by clear and convincing evidence, facts that demonstrate the basis for the appeal. The evidence the candidate may submit for the appeal is limited to: (a) the official internal CDCA examination records, and (b) the documents or other materials that were submitted by the candidate during the examination and that remain in the possession of the CDCA.

The Appeals Panel, in its sole discretion, may seek statements or additional evidence from examiners, the candidate, or others individuals participating in the examination.

Standards for Appeal and Evidence

The Appeals Panel review will not take into consideration documentation that is not described above. Opinions of the candidate, auxiliaries, faculty members, examiners acting outside of the area of their assignment, or records of academic achievement will not be considered in determining the results of the examination and do not constitute a factual basis for an appeal.

Process for Submitting an Appeal

The CDCA must receive the appeal no later than 30 days following the date of the email notification that scores were released. A candidate appeal must be made in writing, and must...
be either typewritten or clearly printed. Candidate appeals received in any other format will not
be accepted or considered. The written candidate appeal must contain

a. Date of the examination
b. Examination site
c. Candidate name
d. Address and email
e. Telephone number
f. Candidate ID number
g. Factual basis for the appeal

Face Sheet

The information contained in a, b, c, d, e, and f must be submitted on the form designated Face
Sheet for Candidate Appeal.

Statement of Facts

The factual basis for the appeal must be on a separate piece of paper utilizing the form entitled
“Statement of Facts.” The Statement of Facts must only show the candidate’s identification
number; it should not contain the candidate’s name or other identifying information. The
Statement of Facts must be submitted together with the completed Face Sheet for Candidate
Appeal.

The appeal must be accompanied by an administrative fee in the form of a cashier’s check or
money order in the amount of $100 payable to the CDCA. The appeal should be sent by
certified mail or overnight delivery service to:

Appeals Panel
Commission on Dental Competency Assessments
1304 Concourse Drive, Suite 100
Linthicum, MD 21090

The outcome of the appeal will be determined by the Appeals Panel in its sole and absolute
discretion. If the Appeals Panel determines that substantial evidence exists to support the
appeal, it may: a) Permit the candidate to retake the examination (in whole or part) at no
additional fee; and/or b) Remove the failing scores from the candidate’s record of examinations
with the CDCA.

Notification of Appeal Decision
The CDCA will endeavor to consider each appeal on a timely basis. The time period necessary for considering an appeal will vary, depending on the complexity of the facts underlying the appeal and similar factors. The CDCA will endeavor to notify the candidate of the Appeals Panel decision within ten days of the Panel’s final decision. Should a candidate apply for re-examination while the appeal is pending, the review will be terminated, the appeal dismissed, and the appeal cannot be re-instituted at a later date.
FACE SHEET FOR CANDIDATE APPEALS

APPEAL NUMBER _____-_____ -_____ -_____ -_____ -_____ (Assigned by the CDCA Administrative Office)

NAME ______________________________________________________________

ADDRESS ___________________________________________________________

____________________________________________________________

TELEPHONE ( ) _____________________________

CANDIDATE ID NUMBER __________________________

EXAMINATION SITE ___________________________

EXAMINATION DATE ___________________________

CANDIDATE SIGNATURE ______________________

Upon receipt, your appeal will be assigned an appeal number. When the appeal review process is complete, CDCA staff will match your appeal with the information above and forward the Candidate Appeals Panel's findings to you.

FOR OFFICE USE ONLY

Appeal Form Received _____________ Appeal Findings Returned _____________ Appeal Sent to Panel _______________
STATEMENT OF FACTS

Candidate’s ID Number ___ ___ ___ ___ ___ (completed by candidate)

APPEAL NUMBER______-______-______-______-______-______ (completed by CDCA office)

Do not include your name or other identifying information in the narrative containing the factual basis for the appeal.

The nature of your complaint should be described and discussed in a brief, specific, and factual manner addressing each issue individually followed immediately by a statement of the facts supporting that respective issue. Include all information that supports your complaint. Additional sheets may be added to this original.

The factual basis for my appeal is:

Issue/Allegation:

Factual Support