

# THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS



THE COMMISSION ON  
**DENTAL COMPETENCY**  
ASSESSMENTS

The North East Regional Board of  
Dental Examiners is now the CDCA

## MANUAL FOR THE *NITROUS OXIDE EXAMINATION FOR DENTAL HYGIENISTS*

# 2019

# ONLINE REGISTRATION

Registration for CDCA exams is available online *only*, and paper applications are no longer available or accepted. (Any paper applications should be discarded; do not mail them as the PO Box that used to receive them has been closed, and you risk losing your payment.) Following are the steps in registering for the Nitrous Oxide Exam online:

---

## STEP ONE: CREATING YOUR ONLINE PROFILE

(If you already have a verified profile with CDCA's online registration service, do not create another; simply log in to your profile and register for the Nitrous Oxide exam.)

To register for the CDCA Nitrous Oxide Exam, please connect to the internet and start a web browser. Go to <http://www.cdcaexams.org/apply> and start an online profile. Click on "Fill out a basic profile." (Do this even if you have taken a CDCA exam before, using a paper application.) Fill in the information required.

**SOCIAL SECURITY NUMBER:** You must fill in your U.S. government-issued Social Security Number in full. State boards require Social Security Numbers to be associated with your results to issue your license once passing the examination. If your Social Security Number is incomplete, incorrect, or absent, they will not be able confirm your scores. Do not enter a Tax ID number or any other number. *The only reason to leave this field blank is if you do not have a Social Security Number*, in which case you may continue to register, but you are strongly urged to apply to the U.S. Government for a Social Security Number as soon as possible. Once you have been issue a Social Security Number please contact CDCA to have it entered into your account.

**NAME:** Do not parenthesize parts of your name, such as "Mary (Smith) Jones" or "Amelia (Amy) Jones." Your first and last names must appear as they do on your IDs and credit cards. *Middle names are optional.* Middle name information is not provided to Prometric.

**EMAIL ADDRESS:** The email address you enter will become your username to login to your profile and will be used to communicate any information, issues, and when your exam results are available for release. You should double-check your email address to be sure you entered it correctly.

**GRADUATION DATE:** Enter the date you received a degree in dental hygiene. Please do not enter the date you completed a Nitrous Oxide course.

**GRADUATION SCHOOL:** Select the school which awarded your dental hygiene degree. If it is not listed, please select "School Not Listed." Please do not select the school where you took a Nitrous Oxide course.

**PASSWORD:** Choose a secure password that you can easily remember. When complete click the **Apply** button. The next page that is displayed is the one you will see each time you login to your profile. The Dashboard tab is displayed by default.

**PHOTO:** On your dashboard page will be an exclamation mark with a notice to upload a photo. Click the Upload link and follow the instructions. A photo is required. **All photos will be reviewed by CDCA and may be rejected if they are not found to be acceptable for identification purposes. You must upload a photo to have your profile verified.** If determined to be unacceptable you will be emailed to upload a replacement photo and this will delay your application, so please follow directions carefully.

- a. Photos must be in one of the following formats: JPG/JPEG, GIF, or PNG. (BMP files are acceptable but discouraged.) No other file formats are acceptable for photo purposes.
- b. Photos must be square and have a minimal resolution of 200 x 200 and a maximum resolution of 500 x 500.
- c. Photos must be a front-facing head shot, in the format that would be used for a passport.
- d. Photos must be of just yourself; please, no group photos. Do not scan your driver's license or other photo ID.

You must then upload some documentation.

**PROOF OF GRADUATION:** This is required. Candidates for the Nitrous Oxide exam **must** provide proof of a degree in Dental Hygiene issued by their school.

1. **Acceptable proofs of graduation:** a copy of a diploma, OR a copy of a transcript, OR a copy of a letter from your school confirming your graduation. All these must be from a school in the United States or Canada; documentation from schools outside the U.S. or Canada is invalid.
2. **Students who have not yet graduated** may provide the Completion of Requirements form in the back of this manual, or a letter confirming that you are second-year student in good standing.

CDCA Coordinators at schools in the CDCA region may also be able to verify you directly by logging into our system or by providing a list of eligible students to the CDCA.

Once you have graduated, you will be asked to upload proof of graduation.

3. **Unacceptable proofs of graduation:** Dental hygiene license, Local Anesthesia certificate, Continuing education certificate, National Board certificate, CDCA certificate from a previous exam, screenshots of online transcripts, photos of computer screens showing online transcripts, anything other than what is specified above.

These may be in the following formats: JPG, GIF, PNG, or PDF. (BMP and TIFF are acceptable but discouraged.) No other file formats are acceptable. Please, no ZIP files. They can be scanned copies or clear digital photographs. Please do not fax or mail documents to the CDCA Central Office; it is your responsibility to upload these to your profile. This must be done even if you applied for an exam in the past, using a paper application. (Once this is uploaded to your profile, it will remain there and make it easier for you to register for any exams in the future.)

**NAME CHANGE DOCUMENT:** *This is required **only** if the name on your proof of graduation is different from the name you are registering under.*

1. **Acceptable as proof of name change (as applies):** a copy of a marriage license or certificate, a copy of a divorce decree, or a copy of court papers reflecting a name change.
2. **Unacceptable as proof of name change:** driver's license, passport, Social Security card, credit card, CPR card, student ID, other forms of ID.

Again, these may be in the following formats: JPG, GIF, PNG, or PDF. (BMP and TIFF are acceptable but discouraged.) No other file formats are acceptable. Please, no ZIP files. They can be scanned copies or clear digital photographs. Please do not fax or mail documents to the CDCA Central Office; it is your responsibility to upload these to your profile. This must be done even if you applied for an exam in the past, using a paper application. (Once this is uploaded to your profile, it will remain there and make it easier for you to register for any exams in the future.)

*If your name has not changed, you may simply disregard this section.*

**DISABILITY PACKET:** *Uploading a disability packet is only necessary when you have a disability that impacts your taking of the exam, and you want to request extra time or a special testing environment. Disabilities must be documented by a physician or your school's office of services for students with disabilities. Documents may be in the following formats: JPG, GIF, PNG, PDF, BMP, or TIFF; please, no ZIP files. When you upload this document, also send an email to [director@cdcaexams.org](mailto:director@cdcaexams.org) stating your request and asking that your documents be reviewed.*

*Candidates without disabilities can simply disregard the Disability section.*

**POST GRAD CERTIFICATE:** This does not apply to candidates for the Nitrous Oxide exam. Please disregard.

If there are any problems with your photo or documentation, you will be contacted by email and given a chance to correct them but this could substantially delay the application process.

---

## **STEP TWO: VERIFICATION, REGISTRATION, AND PAYMENT**

All photographs and documentation will be reviewed by staff at CDCA Central Office, generally within 10 business days. Once approved, your profile will be marked “verified” and you will be sent an email instructing you to sign into your profile. Once logged in, you will be told to register for an exam. Do so by clicking on “Nitrous Oxide” and then on “Register.”

At the next screen, click on “Prometric” (the only site choice possible for Nitrous Oxide), and then on “Next Step.” (Bear in mind that you are not making an appointment at that time to take the exam, only registering for it. See “Step Three: Authorization.”)

The next screen is where you register your payment. CDCA accepts VISA and MasterCard only. Debit cards may be used if allowable by the issuing bank and if they bear the VISA or MasterCard logo. All payments are drawn immediately and must be paid in full. The fee will be indicated.

Payments must be submitted within 72 hours of registering or your registration will be cancelled. Your profile remains. To register again, login back into your profile and follow the steps above. There is no penalty to do this.

---

## **STEP THREE: AUTHORIZATION**

Once your payment has been processed, another email will be sent to you, generally within 5-7 business days. This will inform you that you have been authorized to make your appointment at a Prometric testing center to take the exam. At that time, an authorization code will be visible on your profile, in the “Apply” section. At this time, you may either go to

<http://www.prometric.com> or call the Prometric National Registration Number at 1-800-797-1813, to select a testing center and time, using your Authorization Code. Separate Authorization Codes are issued for each exam; if you applied for two different Prometric exams, you will have two different Authorization Codes, one for each exam. When registering with Prometric online or via phone select or let the operator know that you are testing for The Commission on Dental Competency Assessments. Do not select any other testing agency such as the ADA or your records will not be found and you will not be able to schedule your examination.

When you apply online, all correspondence will be via email; nothing will be mailed to you via U.S. Mail.

The CDCA does not and never has issued certificates for completion of the Nitrous Oxide exam. Once your scores are registered on your profile, they are also made available to all CDCA member states.

**YOUR ONLINE PROFILE** will serve as your permanent source for CDCA examination registration. Your documentation only needs to be uploaded once. Once your documentation and photo are on there, it can only be removed by your authorization. Changes can be made by contacting CDCA Central Office. **Should a retake of the Nitrous Oxide Exam be necessary, you may simply log in to your profile and register again without submitting further documentation. Do not create another profile.** This also applies if you ever need to take any other exam in the future.

## **EXTREMELY IMPORTANT**

**WHEN YOU TAKE THE EXAMINATION**, you must have **two** forms of identification, one with a recent picture and **both** with signatures. **Acceptable forms of identification** include: driver's license, passport, student ID, military ID, employee ID, voter registration card, and even a credit card (if signed). If your name has recently changed due to marriage, divorce, or other legal reasons, you **must** provide a copy of the marriage certificate or court documents.

An expired driver's license or other expired ID (even if it expired the day before the exam) will not be accepted. **All forms of ID must be current.**

## **GENERAL INFORMATION**

The Nitrous Oxide Examination for Dental Hygienists (NO Exam) is a 50 question multiple-choice computer-based examination administered at a Prometric testing site. This examination is a part of the requirements for certification of dental hygienists to administer Nitrous Oxide in some states. It is the responsibility of the candidate to determine if Nitrous Oxide administration by dental hygienists is permitted by state regulations in the state where the candidate wishes to practice and if the candidate meets other requirements for such certification.

## **TIME LIMITS**

The CDCA does not enforce any time limit between when you take a Nitrous Oxide course and when you take the Nitrous Oxide exam. (Note that we do not even ask for proof that you took a course.) However, some states do have a time limit between completion of a course and taking the exam; double-check with your state board to be sure.

## **ELIGIBILITY FOR THE EXAMINATION**

Graduation or being in the senior or final year of a dental hygiene program accredited by the American Dental Association Commission on Dental Accreditation (ADA/CODA) or by the Commission on Dental Accreditation of Canada (CDAC) is required.

## **CANCELLATION, RESCHEDULING, AND RETAKES**

**Should it be necessary to cancel and/or reschedule the appointment, the applicant must contact the Prometric website: [www.prometric.com](http://www.prometric.com) or the National Prometric Registration Center at 1-800-797-1813. Do not call the local Prometric center or CDCA Central Office to cancel and/or reschedule an appointment.**

**If you wish to cancel and/or reschedule, you must call at least 30 calendar days prior to the test date.** If you call 5 to 29 days prior to the exam date, you will be charged a fee by Prometric. Current Fees can be found on CDCA's website under the Exam Info drop down menu than Prometric Info. If you call less than 5 calendar days prior to the test date or are more than 15 minutes late for the examination, the exam will be canceled and your fee will be forfeit.

When scheduling or rescheduling an appointment for the NO exam with Prometric, an email confirming the examination date and time may be requested. It is recommended that a copy be made and retained for future reference.

If the NO Exam is failed, candidates must register online for re-examination and pay the exam fee, and a new authorization must be received prior to scheduling an appointment with Prometric for the retake. Do not call CDCA to schedule an exam or request a retake.

# THE EXAMINATION

## CONTENT

The NO Exam consists of 50 multiple choice questions offered through Prometric Testing Centers. Besides the 50 test questions, some additional unidentified pilot test questions may be added to the examination for evaluation for future testing but they do not affect the score. Appropriate additional time is provided for these items. The time allotted for the actual examination, which includes any pilot questions, is 55 minutes.

All questions should be answered, as any question not answered is counted as incorrect. During the examination, questions may be skipped, marked and returned to before completing the examination. However, **once the NO Exam is completed and the candidate locks out of the examination, she/he will not be able to return to the examination.** The time indicated on the computer screen is the amount of time remaining for completion of the examination. There is no specific time limitation for each item.

### Disciplines and Subject Matter Addressed in the Nitrous Oxide Examination

- a. Concepts and Management of Pain and Anxiety
- b. Anatomy and Physiology of Respiration
- c. Pharmacology of Nitrous Oxide
- d. Medical Assessment of the Patient Prior to Using Nitrous Oxide
- e. Administration of Nitrous Oxide
- f. Management of Complications and Medical Emergencies
- g. Postoperative Care of the Patient

## TEST CONSTRUCTION

The test construction maximizes input from across the United States and avoids emphasis on any concept or procedure that may have limited applicability. The Examination Committee, which is responsible for test development, consists of equal numbers of examiners and educators. In addition, special consultants review the Exercise before it is finalized. Because of the CDCA's broad-based approach to test development, no single textbook or publication can be used as a reference. Every effort is made to ensure that the examination is based on concepts taught and accepted by educational institutions accredited by the American Dental Association or Canadian Commissions on Dental Accreditation. Any current textbook relevant to the subject matter of the examination utilized in such institutions should be suitable as a study reference.

## EXERCISE STANDARDS

The rules for conduct of the examination as established by Prometric must be followed. Violation of these rules constitutes a violation of the Standards for the NO Exam and may result in failure of the examination.

1. **Extraneous materials.** Only those materials distributed or authorized by Prometric may be brought to the Prometric Center. Use of unauthorized materials will result in failure of the Examination. No textbooks or study materials are permitted at the Prometric Testing Center at any time.
2. **Time schedule.** Fifty-five minutes is the total time allowed for the actual NO Exam. Once a candidate has completed and locked out of examination, the candidate may not re-enter the NO Exam.
3. **Timely arrival.** The date and appointment schedule established by Prometric must be adhered to as confirmed. Failure to do so will result in forfeiture of the examination fee.
4. **Behavior at the Prometric Testing Center.** Unseemly behavior of the candidate or improper behavior toward personnel at the Prometric Testing Center will result in failure of the Examination and forfeiture of the examination fee.
5. **Examination security.** Security measures established by the CDCA and Prometric must be followed. Failure to do so may result in failure of the Exercise.
6. **Recording of test items.** The recording of test items is prohibited.
7. **Identification.** Candidates must present two forms of identification, one with a recent photograph and both with signatures to gain admission to the examination at a Prometric Testing Center. Acceptable forms of ID include: Driver's License, Passport, Military ID and Employee ID. Both forms of ID must have the same name as that used to register for the examination. If a candidate's name has recently changed due to marriage, divorce, or other legal reasons, the candidate must provide a copy of a marriage certificate or court document so stating to assure entry to the testing center. Out of date driver's licenses or other invalid forms of ID will not be accepted.

## THE APPLICATION

Paper applications for the CDCA Nitrous Oxide Exam have been discontinued, and are no longer available. Registration for the Nitrous Oxide Exam is now online at <http://www.cdcaexams.org>.

## THE FEE

The current fee for this examination is listed on our website under the Exam Info Drop Down menu then Exam Fees.

Failure to appear for the NO Exam results in forfeiture of the entire examination fee. Under extenuating circumstances, a request for the examination fee to be deferred to a later time will be considered on an individual basis. Requests must be made in writing to the Director of Finance and Administration of CDCA and **must** include original documentation in support of the request. Notification will be sent immediately after a determination is made by the CDCA. Should a fee deferral be granted, the terms and conditions for future examination as set by the CDCA will be included.



# THE SCORING SYSTEM AND SCORE RELEASE

The NO Exam consists of 50 graded questions and the score for this exercise is based on the percent of questions answered correctly. A final score of 75 or higher is a passing score. Numeric scores are no longer issued; candidates are informed only if they passed or failed.

## SCORE RELEASE

Notification of earned test scores will be sent to candidates by email at the end of the first full week of the month following the month in which the exam was taken. Scores are sent to participating licensing jurisdictions before scores are sent to candidates.

The NO Exam scores are reported monthly to all CDCA licensing jurisdictions except for that period when a new version of the NO Exam is released. The NO Exam scores may also be released to other licensing jurisdictions upon the written request of the candidate.

Scores are **not** released to candidates or their representatives by telephone or facsimile. The individual scores of a candidate are **not** released by the CDCA to the school of graduation unless authorized by the candidate upon application for examination. Scores are not released at any time, except to the candidate and the CDCA participating licensing jurisdictions unless written authorization is received from the candidate.

Scores will be furnished to non-participating licensing jurisdictions upon receipt of a written request signed by the candidate and sent to the CDCA. Such request **must** include the following:

1. Candidate's name, mailing address and telephone number,
2. Candidate's name at time of examination,
3. Candidate's social security number,
4. Year in which the NO Examination was completed,
5. Address to which the results are to be sent,
6. Total Fee as listed on our website under the Exam Info Drop Down menu then Exam Fees. Note that the fee is per each address to where the scores are to be forwarded.

## SPECIAL TESTING PROVISIONS

The CDCA will administer the NO Exam to an individual with a documented physical and/or learning disability, which impairs sensory, manual or speaking skills in a place and manner accessible to persons with disabilities or will offer alternative accessible arrangements for such individuals. 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 where those skills are factors the examination purports to measure.

The CDCA will provide appropriate modifications or auxiliary aids for such persons with impaired sensory, manual or speaking skills unless providing such auxiliary aids would fundamentally alter the measurement of the skills or knowledge the examination is intended to test. To ensure that auxiliary aids or other requested modifications exist and can be provided, candidates with a disability requesting such modification or auxiliary aid must:

1. **Submit in writing, together with the application,** a request for the auxiliary aid or modifications stating the exact auxiliary aid or modification(s) needed.



2. **Provide documentation of the need for the auxiliary aid or modification**, indicating any specific portion of the examination for which such auxiliary aid or modification will be needed.
3. **Provide a letter from the appropriate health care professional** documenting the disability which must be received by the CDCA 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 any physical and/or learning disability of a candidate will be kept confidential with the following exceptions:

1. Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification; and
2. First aid and safety personnel at the test site may be informed if the disability might require emergency treatment.

The CDCA reserves the right to administer the Nitrous Oxide Examination in an alternative form other than by computer and will arrange with the candidate on an individual basis.

## **CERTIFICATION PROCEDURE**

1. Certification is a procedure whereby the electronic data from which the examination score was generated are re-checked for any irregularities or errors which may have occurred in establishing the score. Certification is **not** a review of the examination process or candidate performance. A listing of specific candidate errors is **not** included in the certification process.
2. A candidate may request a certification of his/her scores. Such a request must be made in writing and include the candidate's name, social security number, site of the examination, date of the examination, and current address. The written request must be accompanied by a cashier's check or money order for the fee as listed on CDCA's website under the Exam Info drop down menu then Exam Fees. Funds should be payable to the CDCA and sent by certified mail, addressed to:

Director of Examinations  
The Commission on Dental Competency Assessments  
1304 Concourse Dr, Ste 1900  
Linthicum, MD 21090

3. To preserve the integrity of future examinations, the review of examination data by a candidate or a representative of the candidate shall not be permitted at any time.
4. The Director of Examinations, or his/her designee, shall perform the certification and notify the candidate of the results, usually within ten (10) business days of the request at the CDCA Central Office.

## CANDIDATE APPEALS PROCEDURE

1. A Candidate Appeal may be generated if the candidate believes that his/her examination results was/were adversely affected by extraordinary conditions during the examination, which affected the final outcome of the candidate's examination. Appeals are reviewed on the basis of the facts surrounding the administration of the examination. The appeals process is the final review authority and if the appeal is denied, there is no further review process within the CDCA.

All reviews of Candidate Appeals include the **VERIFICATION PROCEDURE** described above, and are based on a reassessment of the documentation of the candidate's performance on the examination. The review is limited to a determination of whether or not there exists substantial evidence to support claims of extraordinary or adverse conditions during the examination. The review will not take into consideration other documentation that is not part of the examination process. Opinions of the candidate, faculty members, colleagues and records of academic achievement are not considered in determining the results of the examination and do not constitute a factual basis for an appeal. Consideration can only be given to documents, electronic or otherwise that were submitted during the examination and remain in the possession of the CDCA or Prometric.

2. Any candidate receiving a failing score on a CDCA examination may, on one's own behalf, submit a candidate appeal of that failing score.
3. A **candidate appeal** must be made **in writing**, accompanied by an administrative fee in the form of a cashier's check or money order. The current fee can be found on CDCA's website under the under the Exam Info Drop Down menu then Exam Fees. Appeals must be sent certified mail, addressed to:

Candidate Appeals Panel  
The Commission on Dental Competency Assessments  
1304 Concourse Dr, Ste 100  
Linthicum, MD 21090

The CDCA will only consider a candidate appeal which is typewritten or clearly printed and sent by certified mail. Candidate appeals received in any other format will not be accepted or considered. Furthermore, the CDCA will not commence any review of a candidate appeal that does not comply with these procedural requirements.

4. The written candidate appeal must contain all of the following information submitted in the proper format:
  - a. date of the examination
  - b. the examination site
  - c. the name of the candidate
  - d. the current address of the candidate
  - e. telephone number(s) of the candidate
  - f. social security number of the candidate
  - g. **the factual basis for the appeal**
  - h. a cashier's check/money order payable to the CDCA for the current fee as listed on our website under the Exam Info drop down menu then Exam Fees.

The information contained in a, b, c, d, e and f must be submitted on the form designated **Face Sheet for Candidate Appeal**, or a reproduction thereof, in Exhibit A of this Examination Manual.

The factual basis for the appeal **must be on a separate piece of paper** utilizing the form contained in Exhibit B in this Examination Manual, or a reproduction thereof. Additional sheets may be included, if necessary, and identified only by the candidate's social security number. The factual basis for the appeal must be submitted together with the completed **Face Sheet for Candidate Appeal**, or reproduction thereof.

5. The candidate appeal must be received by the CDCA **no later than 30 days** following the official date on which the scores were mailed to the participating state dental boards as determined by the CDCA and published on the CDCA web site ([www.cdcaexams.org](http://www.cdcaexams.org)).
6. Should a candidate apply for re-examination during the pending appeal, the review shall be terminated, the appeal dismissed and the appeal cannot be re-instituted at a later date.
7. Upon receipt at the CDCA Central Office of a candidate appeal that conforms in form and content to the requirements cited above, an appeal number shall be assigned to the appeal. To maintain anonymity, a copy of the **factual basis for the appeal identified by the candidate's social security number** submitted by the candidate, as well as the assigned appeal number will be forwarded to all members of the Candidate Appeals Panel with pertinent examination documentation. The original appeal correspondence provided by the candidate will stay on file in the CDCA Central Office, identified by the assigned appeal number.
8. The members of the Candidate Appeals Panel, other than the Chairman, shall complete a review of the candidate's **factual basis for the appeal** along with the pertinent examination documentation. Upon completion of the review, each of the initial reviewing members shall identify with specificity the following elements of review in written correspondence to the Chairman of the Candidate Appeals Panel. The written correspondence must be formatted as follows:
  - a. A STATEMENT SUMMARIZING EACH ALLEGATION OF THE APPEAL submitted by the candidate.
  - b. FACTS WHICH THE **REVIEWING CANDIDATE APPEALS BOARD MEMBER** IDENTIFIES IN REVIEWING EACH ALLEGATION OF THE CANDIDATE'S APPEAL contained in the file. It must also include facts obtained in the review of CDCA Examination procedures, or contained in the appropriate Candidate Manual for the Examination.
  - c. CONCLUSIONS OF THE VALIDITY OF THOSE ALLEGATIONS regarding the failure of the CDCA, or its agents, to follow the procedures of the examination as set forth and adopted by the CDCA.

The written correspondence will be placed by each respective reviewing member in a sealed envelope containing the appeal number on its face and mailed to the Chairman of the Candidate Appeals Panel.

Upon receipt of written correspondence from both reviewing members, the Chairman of the Candidate Appeals Panel will review the reviewing members' findings and conclusions.

- a. If the Chairman of the Candidate Appeals Panel finds that agreement exists between the reviewing members, he/she will draft a letter notifying the anonymous candidate of the decision of the Candidate Appeals Panel. This letter will be sent by e-mail or disk to the CDCA Central Office where it will be reformatted and sent to the candidate by certified mail, return receipt requested, at the address provided by the candidate with his/her appeal letter.

- b. In the event that the Chairman of the Candidate Appeals Panel finds that the sealed responses result in disparate conclusions as to the action recommended, he/she will review all the information contained under review. The Chairman of the Candidate Appeals Panel will then document his/her findings in a written document and will become the third reviewer in the appeals process. The Chairman of the Candidate Appeals Panel will draft a majority opinion and draft a letter notifying the anonymous candidate of the decision of the Candidate Appeals Panel. This letter will be sent by e-mail or disk to the CDCA Central Office where it will be reformatted and sent to the candidate by certified mail, return receipt requested, at the address provided by the candidate with his/her appeal letter.
9. The Candidate Appeals Panel will make every effort to initially review each candidate appeal within fourteen (14) days of its receipt at the Central Office. Should there not be sufficient factual basis, in the judgment of the Candidate Appeals Panel, the appeal shall be dismissed and the candidate should be notified of the decision of the Candidate Appeals Panel within ten (10) working days thereafter.
10. Additional reviewers meeting the criteria established for reviewing members may be designated for further review of the appeal should the Chairman of the Candidate Appeals Panel determine, in his/her judgment, that the appeal merits further review.
11. Further review of the appeal and whatever investigation is deemed appropriate should be completed within sixty (60) days of the receipt of the appeal by the Central Office and may, at that time, be returned for a final decision to the Chairman of the Candidate Appeals Panel.
12. Following the initial sixty (60) days designated for further review, the Chairman of the Candidate Appeals Panel may elect, in his/her judgment, to institute additional investigation including, but not limited to, the testimony of the candidate before the Candidate Appeals Panel. All additional investigation should be completed by the Candidate Appeals Panel within thirty (30) days of any such election.
13. The testimony of the candidate may be requested by the Candidate Appeals Panel either by affidavit, written answers to interrogatories, testimony before the Candidate Appeals Panel, or, in lieu of live testimony via a telephone conference with the entire Candidate Appeals Panel.
14. The Candidate Appeals Panel shall set the procedural parameters regarding any request for additional information it makes including, but not limited to: the nature of the requested information; who, if anyone, shall be permitted to testify; the method and length of any testimony taken; and the nature of any exhibit to be considered as evidence.
15. Should the personal appearance of the candidate be requested, the place, date and time shall be determined by the Candidate Appeals Panel. The candidate shall bear all costs the candidate may incur.
16. During the personal appearance before the Candidate Appeals Panel, the candidate may be accompanied by legal counsel. The cost of legal fees must be borne by the candidate.
17. The reviewing members of the Candidate Appeals Panel will use their best efforts to send its report to the Chairman of the Candidate Appeals Panel within thirty (30) days after the completion of any additional investigation requested. The Chairman of the Candidate Appeals Panel will make every effort to either accept the report, reject any and/or all its content and return it to the reviewing members of the Candidate Appeals Panel for final investigation and/or action within fourteen (14) days of its receipt.

18. Should a report be returned, the reviewing members of the Candidate Appeals Panel shall use their best efforts to complete all requested matters within thirty (30) days and return the report to the Chairman of the Candidate Appeals Panel for final action.
19. The candidate will be notified of the decision of the Candidate Appeals Panel within ten (10) days of the final action by means of a letter drafted by the Chairman of the Candidate Appeals Panel.
20. The report of the Candidate Appeals Panel and all other internal documents related to each appeal shall remain as confidential CDCA documents and shall not be reviewed and/or released to the candidate, a representative, or anyone else. The appeal will become a permanent part of the candidate's file maintained at the CDCA Central Office. Documents submitted as evidence shall be returned to the party making the submission.
21. **IF THE APPEAL IS GRANTED, THE FEE WILL BE REFUNDED.**

# Exhibit A

## THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

### APPEAL FACE SHEET

APPEAL NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Assigned by the CDCA Administrative Office)

NAME: \_\_\_\_\_  
Last First Middle initial

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ City State Zip

TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
Area Code

CANDIDATE NUMBER: \_\_\_\_\_  
(Social Security Number)

EXAMINATION SITE: \_\_\_\_\_

EXAMINATION DATE(S): \_\_\_\_\_

CANDIDATE SIGNATURE: \_\_\_\_\_

---

**The above is supplied to The Commission on Dental Competency Assessments as a separate face sheet. It is not a part of the appeal packet sent to the Candidate Appeals Panel in your appellate process. 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 \_\_\_\_\_

## Exhibit B

### THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS APPEAL FORM FOR SUBMITTING THE FACTUAL BASIS OF THE APPEAL

APPEAL NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(To be filled in by the CDCA office staff)

Please return this form containing the factual basis for your appeal in narrative form to: Director of Examinations, The Commission on Dental Competency Assessments, 1304 Concourse Dr, Ste 100, Linthicum, MD 21090. All appeals must be received in the CDCA Central Office no later than thirty (30) days following the official date on which the scores being appealed were mailed to the participating state dental boards as determined by the CDCA and published on the CDCA web site ([www.cdcaexams.org](http://www.cdcaexams.org)).

An appeal fee is required to cover the expenses involved in processing an appeal. A cashier's check or money order for the fee as listed on CDCA's website under the Exam Info drop down menu then Exam Fees payable to The Commission on Dental Competency Assessments must accompany the appeal. In the event the appeal is upheld, the fee will be refunded.

**Please type or print legibly. 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/allegation individually, followed immediately by a statement of the facts supporting that respective issue/allegation. Include all information that supports your complaint. **Additional sheets may be added to this original.**

---

Candidate's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(to be filled in by the candidate)

The factual basis for my appeal is:

Issue/Allegation:

Factual Support: