Please read all pertinent manuals in detail prior to attending the examination

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The CDCA designs and administers the Dental Therapy Exam. This manual has been designed to assist candidates in preparation for all examination procedures and other related administrative guidelines. The examination is based on specific performance criteria as developed by the CDCA for evaluating the candidate’s clinical competency. The candidate will be required to perform both manikin-based procedures and those performed on a patient.

Prior to taking this examination through the CDCA, each candidate must review the manual published by the CDCA as well as other material(s) provided by the CDCA.

Failing to review and master the guidelines provided by the CDCA, may adversely impact the candidate’s ability to efficiently and effectively take this examination, and may result in dismissal from and subsequent failure of the examination.

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

All candidates who take any parts of the CDCA Dental Therapy Exam between January 1, 2020 and December 31, 2020 are responsible for reading and understanding the 2020 examination manual(s) published by the CDCA, any documented changes to the 2020 manual(s), and for reviewing and understanding all other material provided by the CDCA regarding the exams administered between January 1, 2020 and December 31, 2020. If, while reviewing any exam related materials, questions regarding administrative procedures arise, it is the candidate’s responsibility to resolve those questions by contacting the CDCA office via the “CONTACT US” tab on our website. Questions MUST be submitted in writing.

Please see the Candidate Registration Supplement for step-by-step instructions on how to register for the Dental Therapy Examination.

For information about available examination dates, examination sites, and fees, visit the CDCA website at www.cdcaexams.org.

Contact our team: https://www.cdcaexams.org/contact
Dental Therapy
Patient-Based Procedures

I. EXAMINATION OVERVIEW

- Patient-Based Exam Parts
- Patient Selection Guidelines
- Examination Schedule Guidelines
- Scoring System Overview
A. **Patient-based Exam Parts**

The **Restorative Dentistry** Examination includes two procedures that are evaluated independently of each other: Anterior Restoration and Posterior Restoration. Evaluations are made, in each case, for preparation of the lesion, restoration of the prepared tooth and treatment management.

- The Anterior Restoration consists of preparation and restoration of a class III proximal surface carious lesion on an anterior tooth
- The Posterior Restoration consists of preparation and restoration of a class II proximal surface carious lesion on a posterior tooth
- Candidate performance is evaluated separately for each type of restoration

Each candidate must bring a **Qualified Patient/Tooth/Lesion Treatment Form** completed by a faculty member to the exam. This serves as the faculty approval of a qualifying lesion. However, candidates must have each lesion approved for treatment by the Evaluation Station examiners prior to beginning treatment. The approval of the lesions for the exam is at the discretion of the examiners and is not assured by the presence of the **Qualified Patient/Tooth/Lesion Treatment Form**. If the lesion is not accepted, you will have the opportunity to present another patient with the appropriate form. If your patient’s lesions are not accepted the exam will be considered a “not taken.” In no way will this be considered a failure on your part.

If both procedures are performed on the same patient, the procedures may be approved for treatment at the same time, but the two procedures are scored individually and the first procedure, once begun, must be completed and evaluated prior to beginning the second procedure.

For each of the two restorative procedures, there are three main procedural steps, and examiners evaluate the candidate performance after each step:

- **Step 1:** Case acceptance (patient acceptability for the examination and approval of the candidate’s lesion)
- **Step 2:** Cavity preparation and evaluation of the preparation
- **Step 3:** Restoration of the tooth and evaluation of the restoration
B. **Patient Selection Guidelines**

1. **PATIENT REQUIREMENTS:**

   **Patients must be informed that limited treatment is provided under examination conditions and that additional treatment may be required.**

   **Patients who require antibiotic prophylaxis premedication are not eligible to be treated on subsequent days.**

### PATIENT MUST BE:

- 18 years of age or older

### PATIENT CANNOT BE:

- Dentists, dental hygienists (licensed or unlicensed), dental students in their fourth (or final) year, dental hygiene students in their final year, or dental therapy students in their final year

- **Patient Blood Pressure:**
  - 159/94 or below is acceptable without a medical clearance
  - 160-179/95-109 is acceptable with a medical clearance only

- Patient with general health contra-indications for treatment

- A woman in her first trimester of pregnancy

- Patient with a history of IV bisphosphonate usage (A history of oral bisphosphonate usage is permissible for the restorative examination only)

- Patient with latex allergy (unless the clinic has been verified as latex-free)

- Patient with 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)

- Patient with a history of chemotherapy for neoplasm within the last six months

- Patient with a history of heart attack (myocardial infarction), stroke, or cardiac surgery within the last six months
2. PATIENT MEDICAL HISTORY:

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

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

Remember to place your candidate ID labels in the appropriate places on the form, and DO NOT sign the form until you have completed ALL attempted procedures and have received authorization from a CFE to sign it.

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

3. PATIENT MEDICAL CLEARANCE:

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

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

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

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

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

4. LOCAL ANESTHESIA

Candidates must request and receive approval for the administration of local anesthetics prior to each separate administration. Inhalation or intravenous analgesia or anesthetics are not permitted for the examination. Violation of this standard will result in failure of the examination section.

C. Examination Schedule Guidelines

1. Dates and Sites

Specific examination dates can be found on the CDCA website. Please refer to the Candidate Registration Supplement 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:

- **SEVEN HOURS:** Two procedures
- **FOUR HOURS:** One procedure

*See exam timeline charts on page 20*
3. **Timely Arrival**

Candidates are responsible for determining their travel and time schedules to ensure they can meet all of the CDCA's time requirements. All candidates are expected to arrive at the examination site at their designated time, which will be communicated to them via their online candidate profiles (under the “Registration” 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. **Scoring System Overview**

Evaluations and scoring of candidate performance in the patient-based examinations are always done on-site. Evaluations are made in a “triple blind” manner at specified steps as a candidate progresses through each exam procedure. Three examiners must independently evaluate each presentation of candidate performance and enter their evaluations electronically. Each examiner is unable to see the evaluations of the other two examiners for any procedure presentation, and examiners are prohibited from discussing their evaluations during the examination. Examiners are randomly assigned by the electronic system, so that the same three examiners do not repeatedly examine the same preparations or restorations.

Evaluations are made according to defined criteria. The candidate’s performance level is electronically computed for each item evaluated, based on the entries of the three examiners, and by this method, the candidate’s overall score is computed for each procedure. The three category levels may be generally described as:

- **Adheres to Criteria:** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill.
- **Marginally Substandard:** The treatment is of marginal quality, demonstrating less than expected clinical judgment, knowledge or skill. *
- **Critically Deficient:** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill.

*3-SUB rule: If examiners confirm 3 marginally substandard over-preparation criteria on the same procedure, then the procedure will be determined to be critically deficient and the candidate will fail that procedure. SUB criteria that are part of this rule have been highlighted in yellow on the criteria sheets beginning on page 36.

To pass the CDCA Dental Therapy Restorative Examination, you must score 75 or higher on all procedures. State statutes have set 75 as the minimum passing score and the CDCA is not permitted to round up or accept any score less than 75.
Based on the level at which a criterion is rated by at least two of the three examiners, points will be awarded to the candidate. If none of the three examiners’ ratings are in agreement, the median score is assigned. However, if a criterion is assigned a rating of critically deficient by two or more examiners, no points are awarded for that procedure, and the candidate will fail that procedure.

1. **Penalties & Point Deductions**

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

1. **Restorative Examination Content**

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

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

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### Restorative Clinical Examination – 100 points per procedure

<table>
<thead>
<tr>
<th>RESTORATIVE CONTENT</th>
<th>EXAMINATION FORMAT</th>
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</table>
| Anterior restoration (100 points)  
  Class III composite - cavity preparation and restoration are graded separately | Performed on a patient |
| Posterior restoration (100 points)  
  candidate’s choice of either:
  - Class II amalgam - cavity preparation and restoration
  - Class II composite - cavity preparation and restoration | Preparation and Restoration are each graded by 3 examiners independently |
EXAMINATION FAILURE: Examples of violations of examination guidelines which may result in failure of any one examination include:

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

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

- Improper/incomplete record keeping
- Improper or inadequate field isolation
- Improper operator/patient/manikin position
- Improper retraction of simulated facial tissues in the simulated patient examinations
- Improper positioning of the candidate’s face mask, so as not to cover the nose
- Rudeness or boisterousness of a minor nature (not to the level of professional misconduct)
- Repeated inappropriate modification requests
- Improper liner placement or improper medicament placement for indirect pulp caps (on enamel, at margins, or jeopardizing the strength or retention of a restoration)
- Unsatisfactory completion of instructions issued by the Evaluation Station (Instructions to Candidate Form)
- Inadequate anesthesia during treatment
<table>
<thead>
<tr>
<th>PENALTY</th>
<th>VALUE</th>
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<tbody>
<tr>
<td><strong>PATIENT MANAGEMENT</strong></td>
<td></td>
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<tr>
<td>Disregard for patient comfort or welfare</td>
<td>10</td>
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<tr>
<td><strong>PROFESSIONAL DEMEANOR</strong></td>
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<tr>
<td>Appearance unprofessional, unkempt, or unclean</td>
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<tr>
<td>Attitude rude, inconsiderate/uncooperative with examiners</td>
<td>1</td>
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<tr>
<td><strong>INFECTION CONTROL</strong></td>
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<tr>
<td>Violation of universal precautions (candidate): mask, eyewear, gloves, other</td>
<td>1</td>
</tr>
<tr>
<td>Violation of universal precautions (assistant): mask, eyewear, gloves, other</td>
<td>1</td>
</tr>
<tr>
<td>Gross infection control violation: operation field grossly unclean, unsanitary, offensive in appearance; failure to dispose of potentially infectious materials and clean the operatory after individual examinations</td>
<td>10</td>
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<tr>
<td><strong>TREATMENT MANAGEMENT</strong></td>
<td></td>
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<tr>
<td>Improper management of significant history or pathology</td>
<td>10</td>
</tr>
<tr>
<td>Improper/incomplete record keeping</td>
<td>1</td>
</tr>
<tr>
<td>Improper operation/patient/position</td>
<td>1</td>
</tr>
<tr>
<td>Inadequate isolation</td>
<td>1</td>
</tr>
<tr>
<td>Improper liner placement</td>
<td>10</td>
</tr>
<tr>
<td>Non-diagnostic radiograph(s): 2\textsuperscript{nd} time</td>
<td>10</td>
</tr>
<tr>
<td>Non-diagnostic radiograph(s): 3\textsuperscript{rd} time</td>
<td>100</td>
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<tr>
<td>Request to remove caries or decalcification without clinical justification</td>
<td>15</td>
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<tr>
<td>Repeated requests to modify/extend approved treatment plan without clinical justification</td>
<td>10</td>
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<tr>
<td>Unsatisfactory completion of modifications required by examiners</td>
<td>10</td>
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<tr>
<td>Critical lack of judgment/diagnostic skills</td>
<td>100</td>
</tr>
<tr>
<td>Violation of examination standards, rules, guidelines, or time schedule</td>
<td>100</td>
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<tr>
<td>Temporization or failure to complete an examination procedure</td>
<td>100</td>
</tr>
<tr>
<td>Treatment of teeth/surfaces not approved or assigned by examiners</td>
<td>100</td>
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<tr>
<td>Initial preparation is not to at least ACC dimensions</td>
<td>10</td>
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<tr>
<td><strong>PULPAL EXPOSURES</strong></td>
<td></td>
</tr>
<tr>
<td>Inappropriate request for indirect pulp cap</td>
<td>15</td>
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<tr>
<td>Pulp cap is inappropriately placed</td>
<td>15</td>
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<tr>
<td>Inappropriately managed pulpal exposure (mechanical or pathologic)</td>
<td>100</td>
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<tr>
<td>Unrecognized exposure</td>
<td>100</td>
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<tr>
<td>Unjustified mechanical exposure</td>
<td>100</td>
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Dental Therapy
Patient-Based Procedures

II. ADMINISTRATIVE PROTOCOLS

- Infection Control Guidelines
- Pre-Exam Preparation
- Exam Flow and Exam Timelines
- Candidate Professional Conduct
A. **Infection Control Guidelines**

All candidates must comply with and follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention once the examination treatment time officially begins. Infection control procedure compliance begins with the initial set-up of the unit, continues throughout the clinical examination procedures, and includes the final clean-up of the operatory. It is the candidate's responsibility to fully comply with these procedures, as failure to do so will result in a loss of points, and any violation that could lead to direct patient harm will result in failure of the examination.

As much as is possible, dental professionals must help prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients must be treated as if they are, in fact, contagious. The use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization procedures are essential. Candidates must adhere to the following infection control guidelines:

1. **Barrier protection**
   - Gloves must be worn while setting up or performing any intra-oral procedures and when cleaning up after any treatment; if rips or tears occur, don new gloves; do not wear gloves outside the operatory
   - Wash and dry hands between procedures and whenever gloves are changed; do not wear hand jewelry that can tear or puncture gloves
   - Wear clean, long-sleeved, closed neck uniforms, gowns, or laboratory coats, and change them if they become visibly soiled; remove gowns or laboratory coats before leaving the clinic area at any point; wear facemasks and protective eyewear during all procedures in which splashing of any body fluids that could occur during actual patient care; discard masks after each patient (or sooner if the masks become damp or soiled)
   - Do not wear sandals or open-toed shoes
   - Cover surfaces that may become contaminated with impervious-backed paper, aluminum foil or plastic wrap; remove these coverings (while gloved), discard them, and replace them between procedures (after removing gloves)

2. **Sterilization and Disinfection**
   - **Instruments that become contaminated must be placed in an appropriate receptacle and identified as contaminated**
   - Any instrument that penetrates soft or hard tissue must 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 should be single-use disposable items and must be properly discarded
   - If not barrier wrapped, surfaces and counter tops must be pre-cleaned and disinfected with a site-approved tuberculocidal hospital-level disinfectant
   - Handpieces, prophy angles, and air/water syringes must 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 recapped with a one-handed method or with special devices designed to prevent needle-stick injuries and disposed of properly
   - All waste and disposable items must be considered potentially infectious and shall be disposed of in accordance with federal, state, and local regulations
3. **Exposure to blood borne pathogens**

An exposure incident is defined as contact with blood or other potentially infectious materials (PIMS) through

- Needle stick, sharp, or other percutaneous exposure
- Non-intact skin exposure, such as an open cut, burn, or abrasion
- Contact with a mucous membrane (e.g., inside nose, eye, or mouth)

Since maximum benefit of therapy is most likely to occur with prompt treatment, the following policy has been established:

- Immediately following the exposure incident, puncture wounds or other percutaneous exposures should be cleaned with soap and water; mucous membrane exposed to blood or other PIMS should be extensively rinsed with water or sterile saline
- All percutaneous exposures and other exposures to blood and PIMS should be reported immediately to the Chief Examiner so that appropriate measures can be initiated and the exposure incident documented
- Post-exposure prophylactic treatment should be initiated at the examination site in accordance with the testing site’s policies on potentially infective exposures
- At the completion of all clinical examinations performed in operatories, it is the responsibility of candidates to clean the operatory thoroughly utilizing accepted infection control procedures

B. **Pre-Exam Preparation**

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

Typically held in the afternoon or evening on the day preceding the first examination day at each site, a candidate orientation session is conducted to help candidates prepare for their examination. The orientation session is only for candidates, not for candidate assistants or candidate interpreters. The time and location of the orientation session will be communicated to you by email or the site’s exam coordinator (typically a faculty member at that school). The orientation session is designed to give the candidates any site-specific information that is relative to the administration of the exam, answer general administrative questions candidates may have, as well as distribute the candidate packets to each of the candidates. The candidates’ white envelopes 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.
In order to be granted entrance to the Candidate Orientation Session, you must bring the following:

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

b. Your candidate sequential number which can be found on your registration confirmation (available in your online candidate profile). *You may either bring a print out of the registration confirmation or an electronic device that can display your identification information in your secure online profile.*

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

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

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

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

   - A licensed or unlicensed dentist/dental hygienist
   - A fourth-year (or final year) dental student
   - A final year dental hygiene student
   - A final year dental therapy student
   - A dental technician
   - Serving as an interpreter for a candidate during the exam
   - A dental assistant employing expanded duty functions (providing services normally done by a dentist)

Candidates with candidate assistants must complete the **Chairside Assistant Form** (see sample of form on 64), which is made available to candidates at the examination site during the candidate orientation. Assistants are required to supply two (2) passport-size photographs (2x2 photos), as well as two forms of identification, one must have a photograph of the individual and both forms of identification must have the individual’s signature. Candidates will tape or glue their assistant’s photos in the two designated boxes on the form. Candidates must complete the form entirely before submitting it to the designated CDCA representative on the clinic floor.

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

**Assistants are required to wear their ID badge at all times, on their outer-most clothing, while in the examination area.**
b. Candidates may employ the services of an interpreter when they or their patient(s) do not speak English or if they or their patient(s) have a hearing impairment (this is particularly important when the patient or candidate has a history of medical problems and/or is on medications).

However, an interpreter may **NOT** be:

- Younger than eighteen (18) years old
- A faculty member
- A licensed or unlicensed dentist or dental hygienist
- A fourth year (or final year) dental
- A final year dental hygiene student
- A final year dental therapy student
- Simultaneously serving as the candidate’s chairside assistant

The *Interpreter Disclosure Statement and Interpreter ID Form* will be made available to candidates during the candidate orientation session that takes place the day before the exam. Candidates must complete the form entirely and must affix two (2) passport-size photographs (2x2 photos) in the appropriate places on the form. Once the interpreter is approved and registered, he/she will be given an ID badge, which must be worn at all times on the outermost garment 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.

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3. **Exam Day: Professional Conduct**

Integrity of the examination process depends on fairness, accuracy and consistency. Standards are required to ensure that these principles are adhered to by examiners and candidates. Penalties are imposed for violations of such examination guidelines and the penalties are proportional to the seriousness of the violation. Minor violations may result in a warning or reminder or may result in a deduction of points from the candidate’s final score. Repeated minor violations result in greater point deductions. Serious violations may result in failure of an examination, or in the most serious cases, failure of the entire examination series. Candidates are required to adhere to these standards of conduct while participating in all sections of the CDCA Dental Therapy Examination.
**a. Submission of examination records:** All required records and radiographs (film, hard copies, and/or digital records) must be turned in before the examination is considered complete. If all required documentation and materials are not turned in at the end of the examination, the examination will be considered incomplete.

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

**c. Professional Misconduct:** Professional misconduct is a most serious violation of examination guidelines. Substantiated evidence of professional misconduct (see examples below) during the course of the examination will result in automatic failure of the entire examination series. In addition, there will be no refund of examination fees and the candidate may 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 and/or cameras

**C. Exam Flow & Exam Timelines**

**Candidates are responsible for time management.**

**1. SET-UP PERIOD**

In accordance with the Examination Timeline chart (item #5 in this section), you will be authorized to enter the clinic—with your candidate assistant and patient—at a designated time, and you should immediately proceed to your assigned cubicle (cubicle assignments are usually posted in the clinic floor area, or you may see a CFE for help). Once you arrive to your cubicle, place your ID badge on the right shoulder of your outermost garment (if applicable, remind your assistant to pin on his/her badge as well). Tape one of your two cubicle cards in a prominent location in your cubicle.
2. **CFE**

During the set-up period and throughout the course of the exam day CFEs will be available on the clinic floor to help candidates navigate through the examination process. CFEs are the first point of contact for candidates when they have questions, and they will complete both the medical history approval process for the restorative examination. CFEs are, however, also responsible for monitoring the examination. They will impose penalties for violations of examination guidelines (i.e.: infection control violations, improper patient management, use of prohibited electronic devices, etc.)

   - **Restorative Medical History/Case Selection Approval**: Once you are ready to submit your patient for lesion approval, request a CFE to help you begin. The CFE will review all forms for proper completion, the patient's blood pressure reading, and the Patient Medical History Form for acceptability for treatment. The CFE will also review the Progress Form to ensure that proper entries for treatment selection and anesthetic record have been made, as well as review the radiographs for compliance with examination guidelines. Finally, the CFE will review the Qualified Patient/Tooth/Lesion Treatment Form to verify that the lesion has been reviewed by a qualified faculty member. If all of those items are acceptable, a CFE will notify a runner who will come to your cubicle to escort your patient to the Evaluation Station for lesion approval. All required paperwork, instruments, and materials must accompany the patient. When your patient returns from the Evaluation Station, a CFE will inform you whether or not your treatment selection has been approved.

3. **HOW LONG WILL MY PATIENT BE IN THE EVALUATION STATION?**

   Patients will be in the Evaluation Station for an **average of 30 minutes** for each visit (Restorative Examination = minimum of 3 visits). Candidates should consider this time with regard to their individual time management during the examination.

4. **COMMUNICATION FROM EXAMINERS**

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

<table>
<thead>
<tr>
<th>TIME</th>
<th>2 PROCEDURES (7 HOURS)</th>
<th>1 PROCEDURE (4 HOURS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SET-UP PERIOD/LESION APPROVAL PROCESS:</td>
<td>candidates may enter clinic, set-up their cubicles, re-check patient, and document any pre-treatment notes in the “comments” section of the Progress Form (all notations must be verified by a CFE prior to beginning any procedure)</td>
<td>SET-UP PERIOD/LESION APPROVAL PROCESS: candidates may enter clinic, set-up their cubicles, re-check patient, and document any pre-treatment notes in the “comments” section of the Progress Form (all notations must be verified by a CFE prior to beginning any procedure)</td>
</tr>
<tr>
<td>Clock Begins</td>
<td>TREATMENT TIME BEGINS</td>
<td>TREATMENT TIME BEGINS</td>
</tr>
<tr>
<td>1 hr 45 minutes prior to finish time</td>
<td>Lesion Approval for final lesion must be completed</td>
<td>Lesion Approval must be completed</td>
</tr>
<tr>
<td>1 hr 15 minutes prior to finish time</td>
<td>Patient must be in line for Preparation Check-in</td>
<td>Patient must be in line for Preparation Check-in</td>
</tr>
<tr>
<td>1 hour prior to finish time</td>
<td>EXAM OVER (Restoration Checked-In for Evaluation)</td>
<td>Finish Time</td>
</tr>
</tbody>
</table>
III. RESTORATIVE PROCEDURES

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

Note: If you're attempting both Anterior and Posterior procedures, the second restorative preparation may not be started until the first restorative patient is dismissed (that is, after the completed restoration has been evaluated and any required modifications have been completed by the candidate and approved by a CFE).

1. **Required Instruments and Materials**

   Each time a candidate sends his/her patient to the Evaluation Station, the patient must wear a clean patient napkin with a candidate ID label affixed on the patient's right shoulder, must have eye protection available, and the following instruments and accompanying materials **must** travel with the patient:
   - Cubicle card
   - Medical History Form
   - Patient Consent Form
   - Progress Form
   - Radiographs (unless displayed on monitors in the Evaluation Station)
   - Instruments (unless supplied directly by the host site to the Evaluation Station):
     - Clean unscratched # 4 or # 5 front surface mirror
     - Explorer
     - Periodontal Probe with mm or Williams markings
     - Cotton pliers
     - Three-way syringe tip
     - 2X2 gauze sponges
   
   Reminder: A closed, sealed, puncture-resistant container is used to transport instruments to the Evaluation Station (if instruments do not need to be transported to the Evaluation Station, no container is required; when in doubt, bring a container for each patient).

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

2. **Local Anesthesia**

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

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

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

b. Radiographs for the Restorative Examination must meet the following requirements:

- **Interproximal caries** must be interpreted radiographically to penetrate at least to the dento-enamel junction, or have equivalent depth clinically
  - For digital radiographs, caries should appear to progress greater than one-half the thickness of the enamel to have clinically progressed to the DEJ
  - For film radiographs, caries should appear to progress greater than \( \frac{3}{4} \) (three-fourths) the thickness of the enamel, to have clinically progressed to the DEJ

- **Posterior tooth**: Original periapical and bitewing radiographs or single digital periapical and bitewing images

- **Anterior tooth**: Original periapical radiograph or single digital periapical image

- Radiographs exposed within one year prior to the examination should depict the current clinical condition of the tooth to be treated; if a restoration or extraction has taken place since the time of the original radiograph, this must be recorded in the notes section on the **Progress Form**; if a patient was treated by another candidate during the same examination series, a new radiograph is not needed unless there is a specific clinical indication

- Films should be mounted according to the ADA format and the mount should be attached with transparent tape to the appropriate Restorative **Progress Form**; Digital printouts should be attached with a paper clip to the **Progress Form**

- Copies are acceptable for the restorative examination

- Digital prints must be printed on high quality paper (preferably photo-grade) or acetate and close to the size of the original radiograph. Radiographs printed on standard copy paper may be rejected if they do not provide sufficient resolution and clarity. All images must include: patient’s name, date of exposure, candidate’s ID number, and indication of right and left sides

- The school name must be removed or masked

- Digital images may be displayed on monitors if they are available from the school’s database. Candidates from outside the school will need to submit digital prints, since the school will not upload images from an outside facility
c. Other Lesions Present: If a posterior tooth has lesion(s) other than the primary lesion that is selected for treatment, all lesions on the same tooth will use the published criteria to evaluate the treatment selection approval, and all of the preparations will use the published criteria to evaluate the completed preparation. Any confirmed findings for any of the lesions/preparations on the same tooth will apply to the evaluation for the required lesion.

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

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

B. Case Acceptance: Treatment Selection

1. Treatment Selection Requirements

Candidates must schedule patients for their examination day who are in need of treatment of Class II and Class III carious lesions according to the following guidelines (also see chart on page 25 for more detailed guidelines):

a. The anterior restorative procedure must be a Class III Composite Resin preparation and restoration
b. The posterior restorative procedure may be a Class II Amalgam or Composite Resin preparation and restoration
2. Additional Treatment Selection Considerations

   a. Careful clinical judgments should be used if planning approximating lesions.
   b. Treating all lesions on a posterior tooth selected for treatment:
      • The selected posterior tooth must have all existing lesions treated by the end of
        the examination day
      • If a treatment selection is submitted for a primary carious lesion on a posterior
        tooth, and the tooth has other carious lesions that are not included in the
        treatment selection, then the treatment selection submission will be rejected (if
        the rejected submission was the candidate’s first attempt to have a lesion
        approved, a new selection for the same primary lesion, which includes all
        surfaces requiring treatment, may be submitted and will be approved if all other
        criteria are met).

3. Treatment Selection Exclusions

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

4. Treatment Selection Rejection

   If a candidate’s treatment selection for one of the restorative procedures is not in
   compliance with one or more of the criteria for that procedure (see Restorative Treatment
   Selection Requirements chart on page 25A), the candidate will be informed that
   the treatment selection was not approved. The candidate may submit a second
   treatment selection for approval as long as the time authorized for approval has not
   expired.
## Restorative Treatment Selection Requirements

<table>
<thead>
<tr>
<th><strong>Class III Composite</strong></th>
<th><strong>Class II Composite or Amalgam</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MUST be a <em>permanent</em> anterior tooth</strong> that meets the following requirements:</td>
<td><strong>MUST be a <em>permanent</em> posterior tooth</strong> that meets the following requirements:</td>
</tr>
<tr>
<td>A proximal primary carious lesion that shows no signs of previous excavation and appears, radiographically or clinically, to extend to the DEJ</td>
<td>At least one proximal surface being restored must have a primary carious lesion that shows no signs of being previously excavated and appears, radiographically or clinically, to extend at least to the DEJ</td>
</tr>
<tr>
<td>A defective restoration, defined as one that exhibits recurrent caries or a defective cavosurface margin that—even though it may not yet be carious—can be penetrated with an explorer. (A mismatched shade is not an acceptable indication)</td>
<td>The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth</td>
</tr>
<tr>
<td>Proximal contact of the tooth must be visually closed and meet resistance to dental floss passing through the contact with the adjacent tooth on the proximal surface to be restored, even though the area to be restored may or may not be in contact</td>
<td>There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no breakdown of the contact before or during the preparation that would jeopardize the placement of an ideal proximal contour or contact of the finished restoration</td>
</tr>
<tr>
<td>The approximating contact of the adjacent tooth must be natural tooth structure or a permanent restoration</td>
<td>When in centric occlusion, the selected tooth must be in cusp/fossa occlusion with an opposing tooth or teeth. Cross-bite is acceptable as long as there is a cusp to fossa relationship when the teeth are in occlusion. Those opposing tooth/teeth may be natural dentition, a fixed bridge, or any permanent artificial replacement including removable partial denture or a full denture. The opposing tooth does not need to occlude on the new restoration</td>
</tr>
<tr>
<td>There may be a lesion on the proximal surface of the adjacent tooth, provided that there is no cavitation of the contact before or during the preparation that would prevent the candidate from restoring an ideal contour or contact of the restoration</td>
<td>Other surfaces of the selected tooth may have an existing occlusal or proximal restoration, as long as there is a qualified surface with primary caries. Pre-existing occlusal restorations within the area to be restored, and any liner underlying those restorations, must be entirely removed, and the preparation must demonstrate acceptable principles of cavity preparation. An MOD treatment selection must have at least one proximal contact to be restored. In the event of a defect that would qualify as an acceptable lesion on the proximal surface opposite from the surface with primary caries, the treatment plan must be a MOD unless there is an intact transverse or oblique ridge, in which case the restoration must be treatment planned as a MO–DO.</td>
</tr>
<tr>
<td>Occlusion may or may not be present</td>
<td>Lingual dovetails are acceptable</td>
</tr>
<tr>
<td>LINGUAL dovetails are acceptable</td>
<td></td>
</tr>
<tr>
<td>Class IV lesions are not accepted. Class III lesions that may require modifications resulting in Class IV restorations are acceptable. Access will be from the lingual unless a facial access is approved by a CFE ahead of time.</td>
<td></td>
</tr>
</tbody>
</table>

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C. **Case Acceptance: Administrative Flow**  
Case acceptance for each procedure begins at the candidate’s cubicle by a CFE. The CFE will review the candidate’s required forms for proper completion (*Patient Medical History Form*, blood pressure reading, *Patient Consent Form*, *Progress Form*, and *Qualified Patient/Tooth/Lesion Treatment Form*) and will check for the presence of the required radiographs, and that they are labeled correctly and exposed within one year. If everything is in compliance with examination guidelines, including the patient’s health status, the CFE will instruct the candidate to send the patient to the Evaluation Station for approval of the candidate’s treatment selection.  
If the patient is acceptable for treatment and if the treatment selection is approved, the patient will be returned to the candidate with an approval. If the patient acceptability is approved but the treatment selection is not approved, the candidate may attempt a second treatment selection, either for the same patient or a different patient.  

Once the lesion has been approved, the case has been accepted and the candidate may prepare the cavity (if the lesion approval is for the first procedure of the day, the cavity preparation may not start until 8:00 AM. Candidates will be informed by a CFE that their lesion has been approved).  
Candidates must receive approval of their treatment selections prior to beginning treatment. Evaluations of treatment selections are made by examiners in the Evaluation Station, both through intraoral examination and radiographic evaluation. Three examiners will independently evaluate each treatment selection. At least two of the three examiners must agree to approve the selection.

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

1. **General Administrative Flow**
   a. ARRIVAL/SET-UP: Candidates should arrive on the clinic floor in accordance with their designated arrival time (check your online candidate profile). Following check-in with the appropriate CDCA/exam facility representative, candidates will proceed to their assigned operatory and begin set-up procedures. CFEs will be available during the set-up period to answer any questions that candidates may have about the examination process.
   
   b. CFE APPROVAL: Once candidates have completed the correct forms and associated documents, they should request a CFE to come to their operatory and begin the patient, paperwork, and medical history approval process. Candidates may be allowed to correct any process deficiencies or errors (i.e: incomplete form) that are discovered and then submit their case once again to the CFE. Candidates must have their paperwork and documents approved in order to proceed.
c. **LESION APPROVAL:** Following the paperwork approval, candidates will then submit their case to the Evaluation Station for lesion approval. To do so, candidates should notify a CFE, who will send a runner to escort the candidate’s patient, required paperwork, and required instruments (if necessary) to the check-in desk in order to check the patient into the Evaluation Station. Upon completion of the lesion approval evaluation, a runner will return the patient to the candidate.

d. **CAVITY PREPARATION:** If the lesion has been approved, candidates may begin cavity preparation when the patient has been returned. If a candidate wishes to submit a modification request, or if a pulpal exposure occurs/is suspected during the cavity preparation process, a CFE should be contacted immediately (also, see Modification Request and Pulpal Exposure procedures below). When cavity preparation has been completed to the candidate’s satisfaction, the candidate should check-in at the designated check-in station and then request a runner who will escort his/her patient to the Evaluation Station for evaluation of the prepared cavity. All required instruments and materials must accompany the patient to the Evaluation Station each time. The patient must also be wearing a clean patient napkin and must have eye protection available (see pg. 22 for required instruments list details).

### 2. Preparation Recommendations

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

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

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

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

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

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

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

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

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

3. Modification Requests

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

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

However, if all previous restorative material has not been removed during the initial preparation, and remaining restorative material is likely to leave unsupported tooth structure, candidates are advised to request a modification so that the outline of the proposed final preparation can be revised appropriately. Candidates should complete a Modification Request Form, call a CFE to acknowledge that the candidate has certified the preparation to at least ACCEPTABLE dimensions, and then send their patient to the Express Chair. In the Express Chair, the examiners can re-draw a proposed outline on the candidate’s Progress Form.

NOTE: Prior to requesting any modifications, candidates must prepare the lesion to ACCEPTABLE dimensions, as determined by the criteria, regardless of whether all decay, decalcification, and/or pre-existing restorative material has been removed. Failure to do so will result in a penalty.
a. What Modifications Don’t Require Sending the Patient to the Evaluation Station?

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

2) **Request for modification of the preparation because of tooth rotation.** The reason for the modification must be noted by the candidate on the Progress Form and the CFE must review and acknowledge the candidate’s entry.

b. How do I Submit a Modification Request?

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

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

   If any of the four sections for modification requests are not needed, mark the “No Request” bubble for that section.

2) A red dot sticker (provided by a CFE) must be placed in the designated circle at the top-left of the Progress Form so that the representative at the check-in desk knows that the patient needs to be sent to the “express chair.” Along with the patient, the form will be returned to the candidate with a green dot sticker to indicate that the request(s) have been assessed, and approval or denial of the request(s) will be indicated. Once all approved modifications are completed, the patient and all required papers and instruments should be submitted to the Evaluation Station for evaluation of the final preparation and all remaining restorative material and caries must have been removed.

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

![Diagram of dental structures]

d. Denial of Modification Request:

- A request for modification may be denied on the basis of any one of the parts of the request. For example, if a request to “extend the box to the lingual 2 mm to remove caries” is denied, the candidate should not assume that the request was denied because there are no caries. The denial may be because the request to remove 2 mm is excessive.
- **Inappropriate requests for a modification will result in a point deduction.** A larger penalty will be assigned for:
  - requests for a modification for removal of caries or decalcification when no caries or decalcification exists
  - repeated modification requests for the same unjustified modification

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

4. **Pulpal Exposures**

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

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

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

3) A runner escort your patient and take the required forms and instruments to the Evaluation Station express chair. Your patient must have an isolation dam in place before leaving your operatory.

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

b. Indirect Pulp Cap Request

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

2) Candidates should request a CFE to approve the modification request for an Indirect Pulp Cap. The CFE will place a red dot on the Progress Form and the patient is then sent to the Evaluation Station for approval.

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

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

5) In Express Chair: If it is determined that the indirect pulp cap is appropriately placed, a pink dot will be placed on the Progress Form, and the patient will be sent directly to the Evaluation Station for evaluation. If it is determined that the indirect pulp cap is inappropriately placed, the patient will be returned to the candidate with further instructions that must be reviewed with a CFE before proceeding.

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

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

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

3) At the express chair, examiners will examine the patient. Based on their findings, examiners will evaluate the following:

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

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

   If any of the above are NOT true: This is an unrecognized pulp exposure.

d. Unrecognized Pulp Exposure: If examiners in the Evaluation Station find a pulp exposure either when evaluating a modification request or when evaluating a completed preparation, the procedure is terminated for that candidate and the candidate will receive no points for that procedure. The Chief Examiner and a CFE will inform the candidate and the candidate will receive an Instructions to Candidate form instructing the candidate to:

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

A CFE must check the placement of the therapeutic liner and the temporary restoration prior to dismissal of the patient.
If the other restorative procedure has already been completed, the candidate will receive credit for that procedure, but he/she will have to retake the failed procedure. If the pulp exposure occurred during cavity preparation for the first restorative procedure, the candidate will not be permitted to proceed to the second restorative procedure.

E. Final Restoration and Evaluation of Restoration

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

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

   Composite restorations must be presented without surface glaze or sealer on the restoration.

If the final restoration is evaluated as being critically deficient, according to the criteria, the candidate will receive no points for that restorative procedure. The CFE bringing the patient back to the candidate will also bring an Instructions to Candidate Form with additional instructions that the candidate must review with a CFE and subsequently complete. Before this additional treatment is started the patient, candidate, CFE and Chief Examiner will meet to confirm that the responsibility for further treatment is understood. A Follow-Up Form will be issued to the candidate. When treatment has been completed, the CFE must be requested to evaluate the patient before the patient is dismissed. Any restoration left in place at the discretion of the Chief Examiner does not indicate an “acceptable” restoration. If temporization occurs on the first restorative procedure, the candidate will be dismissed from the examination before attempting the second restorative procedure and will have to re-attempt both restorative procedures at a future exam.
F. **Restorative Examination Check-Out Procedures**

Once the CFE has dismissed the patient, candidates who are only attempting one or both restorative procedures should consolidate all required paperwork and materials into the provided white envelope, then proceed to the designated check-out station to complete the check-out process.

a. Place the following materials inside the white envelope PRIOR TO proceeding to the designated check-out station:
   - Completed *Progress Form(s)* and all paperwork received during the exam (i.e.: ITC forms, ERF forms, Modification Request Forms, Follow-up Forms, radiographs—if printed, etc.)
   - *Patient Consent Form(s)*
   - *Medical History Form(s)*
   - Cubicle cards (2)
   - Radiographs for the Restorative Dentistry Examination (if the testing site requires that radiographs be retained in the patient record, the candidate may submit duplicates. At sites where digital images are displayed on a monitor, an electronic copy of the digital images used must be submitted to the testing agency)
Dental Therapy
Patient-Based Procedures

IV. 2020 CRITERIA: RESTORATIVE PROCEDURES

- Anterior Composite Preparation
- Anterior Composite Restoration
- Posterior Amalgam Preparation
- Posterior Amalgam Restoration
- Posterior Composite Preparation
- Posterior Composite Restoration
## PREPARATION: ANTERIOR COMPOSITE

### 2020

**Tooth #: ________**

**M** | **D** | **F** | **L**

### CRITICAL ERRORS

<table>
<thead>
<tr>
<th>CRITICAL ERRORS</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong tooth/surface treated</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Unrecognized exposure</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### EXTERNAL OUTLINE FORM

#### Outline Extension

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

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

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

#### Gingival Contact Open

**ACC**
The gingival clearance is ≤ 1.0 mm.

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

**DEF**
The gingival clearance is > 2.0 mm.

#### Margin Smoothness/Continuity/Bevels

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

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

#### Sound Marginal Tooth Structure

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

**SUB**
A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.
B. The cavosurface margin does not terminate in sound natural tooth structure.

**DEF**
There is explorer-penetrable decalcification remaining on the cavosurface margin.
**Preparation: Anterior Composite - continued**

### INTERNAL FORM

#### Axial Walls

<table>
<thead>
<tr>
<th>ACC</th>
<th>MAX CENTRALS &amp; MAX/MAND CUSPIDS: The depth of the axial wall extends ≤ 1.5 mm in depth from the DEJ. MAX LATERALS &amp; MAND INCISORS: The depth of the axial wall extends ≤ 1.25 mm in depth from the cavosurface margin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB</td>
<td>MAX CENTRALS &amp; MAX/MAND CUSPIDS: The depth of the axial wall extends &gt; 1.5 mm but ≤ 2.5 mm in depth from the DEJ. MAX LATERALS &amp; MAND INCISORS: The depth of the axial wall extends &gt; 1.25 mm but ≤ 2.0 mm in depth from the cavosurface margin.</td>
</tr>
<tr>
<td>DEF</td>
<td>MAX CENTRALS &amp; MAX/MAND CUSPIDS: The depth of the axial wall extends &gt; 2.5 mm in depth from the DEJ. MAX LATERALS &amp; MAND INCISORS: The depth of the axial wall extends &gt; 2.0 mm beyond the cavosurface margin.</td>
</tr>
</tbody>
</table>

#### Internal Retention

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

#### Caries/Remaining Material

<table>
<thead>
<tr>
<th>ACC</th>
<th>All carious tooth structure and/or previous restorative material are removed.</th>
</tr>
</thead>
</table>
| DEF | A. Caries has not been accessed and/or remains in the preparation.  
B. Previous restorative material remains in the preparation. |

### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

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

#### Soft Tissue Damage

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

Margin Excess/Deficiency

ACC
A. No marginal deficiency.
B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.

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

DEF
A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the teeth.
B. There is a margin excess (excluding bonding agent or unfilled resin) of > 1.0 mm.

Adjacent Tooth Structure

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

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

CONTOUR, CONTACT, AND OCCLUSION

Interproximal Contact

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

DEF
A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.
B. The interproximal contact will not allow floss to pass.

Centric/Excursive Contacts

ACC
When checked with articulating ribbon paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.

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

DEF
There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.
### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

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

#### Soft Tissue Damage

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

2020

Tooth #: ________

ACC  SUB  MOD

CRITICAL ERRORS

Wrong tooth/surface treated  Yes  No

Unrecognized exposure  Yes  No

ACC= Adheres to Criteria  SUB= Marginally Substandard  DEF= Critically Deficient

EXTERNAL OUTLINE FORM

Proximal Clearance

ACC  Contact is visibly open proximally, and proximal clearance at the height of contour extends ≤ 1.5 mm on either one or both proximal walls.

SUB  A. Proximal clearance at the height of contour is > 1.5 mm but ≤ 3.0 mm on either one or both proximal walls.

DEF  A. Proximal clearance at the height of contour is > 3.0 mm on either one or both proximal walls.

Gingival Clearance

ACC  The gingival clearance is visibly open but ≤ 2.0 mm.

SUB  A. The gingival clearance is > 2.0 mm but ≤ 3.0 mm.

DEF  A. The gingival clearance is > 3.0 mm.

Cavosurface Margin

ACC  The proximal cavosurface margin deviates from 90° but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel.

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

Isthmus

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

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

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

B. The isthmus is < 1.0 mm.

Sound Marginal Tooth Structure

ACC  The cavosurface margin terminates in sound natural tooth structure. There is no previous restorative material, including sealants, at the cavosurface margin. There is no degree of decalcification on the gingival margin.

SUB  A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.

DEF  A. There is explorer-penetrable decalcification remaining on the cavosurface margin.
## INTERNAL FORM

### Axial Walls

| ACC | The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm. |
| SUB | A. The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm. |
| DEF | A. The axial wall extends beyond the DEJ > 2.5 mm.  
B. The axial wall is entirely in enamel. |

### Pulpal Floor

| ACC | The pulpal floor depth extends beyond the DEJ ≤ 1.5 mm. |
| SUB | A. The pulpal floor extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm. |
| DEF | A. The pulpal floor extends beyond the DEJ > 2.5 mm.  
B. The pulpal floor is entirely in enamel. |

### Caries/Remaining Material

| ACC | All caries and/or previous restorative material are removed. |
| DEF | A. Caries has not been accessed and/or remains in the preparation.  
B. Previous restorative material remains in the preparation. |

### Retention

| ACC | Retention, when used, is well defined, in dentin, and does not undermine enamel. |
| SUB | Retention, when used, undermines the enamel or may compromise the tooth or restoration. |
| DEF | Retention, when used, grossly compromises the tooth or restoration. |

### Proximal Box Walls

| ACC | The walls of the proximal box are parallel, but appropriate internal retention is present. |
| SUB | The walls of the proximal box diverge occlusally which is likely to jeopardize the longevity of the tooth or restoration. |
| DEF | The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration. |

## TREATMENT MANAGEMENT

### Adjacent Tooth Damage

| ACC | Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact. |
| SUB | Damage to adjacent tooth/teeth requires re-contouring that changes the shape and/or contour and/or contact. |
| DEF | There is gross damage to adjacent tooth/teeth which requires a restoration. |

### Soft Tissue Damage

| ACC | The soft tissue is free from damage or there is tissue damage that is consistent with the procedure. |
| DEF | There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue. |
## Margin Integrity and Surface Finish

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

## Adjacent Tooth Structure

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

## Contour, Contact, and Occlusion

### Interproximal Contact

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

### Centric/Excursive Contacts

<table>
<thead>
<tr>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.</td>
<td>There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.</td>
</tr>
</tbody>
</table>
### Restoration: *Posterior Amalgam* - continued

<table>
<thead>
<tr>
<th>TREATMENT MANAGEMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adjacent Tooth Damage</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ACC</strong></td>
<td>Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.</td>
</tr>
<tr>
<td><strong>DEF</strong></td>
<td>There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.</td>
</tr>
<tr>
<td><strong>Soft Tissue Damage</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ACC</strong></td>
<td>The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.</td>
</tr>
<tr>
<td><strong>DEF</strong></td>
<td>There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.</td>
</tr>
</tbody>
</table>
## PREPARATION: POSTERIOR COMPOSITE

### CRITICAL ERRORS

<table>
<thead>
<tr>
<th>Description</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong Tooth/Surface Treated</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Unrecognized Exposure</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### EXTERNAL OUTLINE FORM

<table>
<thead>
<tr>
<th>Section</th>
<th>ACC</th>
<th>SUB</th>
<th>DEF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proximal Clearance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACC</td>
<td></td>
<td>Proximal contact is either closed or visibly open, and, at the height of contour, proximal clearance may extend ≤ 1.0 mm beyond either one or both proximal walls.</td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td></td>
<td>Proximal clearance at the height of contour extends &gt; 1.0 mm but ≤ 2.5 mm beyond either one or both proximal walls.</td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td></td>
<td>Proximal clearance at the height of contour extends &gt; 2.5 mm beyond either one or both proximal walls.</td>
<td></td>
</tr>
<tr>
<td><strong>Gingival Clearance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACC</td>
<td></td>
<td>The gingival clearance is visually open but ≤ 1.0 mm.</td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td></td>
<td>A. The gingival clearance is &gt; 1.0 mm but ≤ 2.0 mm.</td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td></td>
<td>A. The gingival clearance is &gt; 2.0 mm. B. The gingival contact is not visually open.</td>
<td></td>
</tr>
<tr>
<td><strong>Outline Shape/Continuity/Extension</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACC</td>
<td></td>
<td>The outline form may be sharp and irregular.</td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td></td>
<td>A. The outline form is inappropriately over-extended, compromising the remaining marginal ridge and/or cusp(s).</td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td></td>
<td>A. The outline form is grossly over-extended, compromising and undermining the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin. B. The width of the marginal ridge is ≤ 0.5 mm.</td>
<td></td>
</tr>
<tr>
<td><strong>Isthmus</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACC</td>
<td></td>
<td>The isthmus may be between 1.0 mm - 2.0 mm in width but ≤ 1/3 the intercuspal width.</td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td></td>
<td>The isthmus is &gt; 1/3 the intercuspal width but ≤ 1/2 the intercuspal width.</td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td></td>
<td>The isthmus is &gt; 1/2 the intercuspal width.</td>
<td></td>
</tr>
<tr>
<td><strong>Cavosurface Margin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACC</td>
<td></td>
<td>The external cavosurface margin meets the enamel at 90°; The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth.</td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td></td>
<td>The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).</td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marginal Tooth Structure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACC</td>
<td></td>
<td>The cavosurface margin terminates in sound tooth structure. There is no previous restorative material, excluding sealants, at the cavosurface margin.</td>
<td></td>
</tr>
<tr>
<td>SUB</td>
<td></td>
<td>A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics. B. The cavosurface margin does not terminate in sound natural tooth structure.</td>
<td></td>
</tr>
<tr>
<td>DEF</td>
<td></td>
<td>There is explorer-penetrable decalcification remaining on the cavosurface margin.</td>
<td></td>
</tr>
</tbody>
</table>
### INTERNAL FORM

#### Axial Walls

| ACC | The depth of the axial wall extends beyond the DEJ ≤ 1.5 mm. |
| SUB | A. The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm. |
| DEF | A. The axial wall extends beyond the DEJ > 2.5 mm.  
| &nbsp; | B. The axial wall is entirely in enamel. |

#### Pulpal Floor

| ACC | The pulpal floor depth is ≥ 0.5 mm but ≤ 3.0 mm in all areas; there may be remaining enamel. |
| SUB | A. The pulpal floor depth is > 3.0 mm but ≤ 4.0 mm from the cavosurface margin. |
| DEF | A. The pulpal floor is > 4.0 mm from the cavosurface margin.  
| &nbsp; | B. The pulpal floor depth is < 0.5 mm. |

#### Caries/Remaining Material

| ACC | All caries and/or previous restorative material are removed. |
| DEF | A. Caries has not been accessed and/or remains in the preparation.  
| &nbsp; | B. Previous restorative material remains in the preparation. |

#### Retention

| ACC | Retention, when used, is well defined, in dentin, and does not undermine enamel. |
| SUB | Retention, when used, undermines the enamel. |

#### Proximal Box Walls

| ACC | The proximal walls are parallel or convergent occlusally but may be slightly divergent and are not likely to jeopardize the longevity of the tooth or restoration. |
| SUB | The proximal walls are too divergent. |

### TREATMENT MANAGEMENT

#### Adjacent Tooth Damage

| ACC | Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact. |
| SUB | Damage to adjacent tooth/teeth requires re-contouring that changes the shape and/or contour and/or contact. |
| DEF | There is gross damage to adjacent tooth/teeth which requires a restoration. |

#### Soft Tissue Damage

| ACC | The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure. |
| DEF | There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue. |
RESTORATION: POSTERIOR COMPOSITE

2020

Tooth #: _______

MO  DO  MOD

CRITICAL ERRORS

The restoration is fractured………………………………………………… Yes  No

MARGIN INTEGRITY AND SURFACE FINISH

Margin Excess/Deficiency

ACC
A. No marginal deficiency
B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.

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

DEF
A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth.
B. There is a marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm.

Adjacent Tooth Structure

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

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

Bonding

ACC
The restoration is bonded to the prepared tooth structure.

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

CONTOUR, CONTACT, AND OCCLUSION

Interproximal Contact

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

DEF
A. The interproximal contact is visually open or concave/irregular, allowing for food impaction.
B. The interproximal contact will not allow floss to pass.

Centric/Excursive Contacts

ACC
When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.

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

DEF
There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.
### Restoration: Posterior Composite - continued

<table>
<thead>
<tr>
<th>TREATMENT MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adjacent Tooth Damage</strong></td>
</tr>
<tr>
<td>ACC</td>
</tr>
<tr>
<td>DEF</td>
</tr>
<tr>
<td><strong>Soft Tissue Damage</strong></td>
</tr>
<tr>
<td>ACC</td>
</tr>
<tr>
<td>DEF</td>
</tr>
</tbody>
</table>
V. Examination Forms

- Forms to Complete Prior to the Examination Day
  - Patient Consent, Disclosure, and Assumption of Responsibility Form
  - Interpreter Form
  - Candidate Assistant Form
  - Patient Medical History Form

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

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

1. **Patient Consent, Disclosure, and Assumption of Responsibility Form**

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

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

2. **Interpreter Form**

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

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

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

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

4. **Patient Medical History Form**

Each patient must have a completed **Medical History Form**, which can be downloaded from your online candidate profile. This form **MUST** be signed by the patient ON the day of the exam and it will be reviewed by a CFE during the case acceptance procedure (see pg. 9-10 for further details).

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

The patient’s blood pressure must be taken on the day of the exam and must be documented by a CFE during the case acceptance procedure. See Section I of this manual for additional patient selection guidelines.
5. **Qualified Patient/Tooth/Lesion Treatment Form**

Each candidate must bring a Qualified Patient/Tooth/Lesion Treatment Form completed by a faculty member to the exam. This serves as the faculty approval of a qualifying lesion. However, candidates must have each lesion approved for treatment by the Evaluation Station examiners prior to beginning treatment. The approval of the lesions for the exam is at the discretion of the examiners and is not assured by the presence of the Qualified Patient/Tooth/Lesion Treatment Form. If the lesion is not accepted, you will have the opportunity to present another patient with the appropriate form. If your patient’s lesions are not accepted the exam will be considered a “not taken.” In no way will this be considered a failure on your part.
1. Restorative Progress Forms

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

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

Candidates must check “YES” that the selected tooth presents with a closed contact,
2. Modification Request Form

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

- **What** is the candidate requesting to do? (type of modification)
- **Where?** (e.g. gingival axial line angle, mesial box)
- **How much** must be removed? (e.g. 0.5 mm)
- **Why** is the modification needed? (e.g. due to caries, decalcification)

3. Instruction to Candidate Form

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

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

- Your “Candidate Selection Worksheet” will remain with you.
- CFE’s INITIALS

1. Identification Badge (also include your assistant’s and/or interpreter’s badge, if applicable, discard the plastic holders with potentially infectious waste)
2. Patient Treatment Consent Form (signed by patient, candidate must sign at the end of the exam)
3. Medical History Form for each clinical patient
4. All Progress Forms
   a. Intraor (with pre-operative radiographs)
   b. Postop (with pre-operative radiographs)
   c. Periodontal Status
5. 2 Color/white cards
6. Post-operative radiographs (any post-operative radiographs
drafted onsite during the examination must be submitted, clearly marked for identification)
7. Full mouth radiographs
   a. Returned to the candidate
   b. Returned by the testing agency
8. White Envelope

When you are completely finished with all procedures, and the CFE has dismissed your final patient, clean your operatory in accordance with CDC guidelines, and then gather all forms in the order listed on this Check-out Form and place them in the provided white envelope. You may then proceed to the designated check-out desk, where a CDCA administrative representative will check inside the envelope to ensure that all required materials are present. If so, the CDCA administrator will initial in each block. Upon completion, the CDCA administrator will release you.
Full-Page Form Samples
(Forms must be downloaded from the CDCA website)
I authorize the individual listed below (the “candidate”) to perform the following dental procedure(s) during the administration by the testing agency CDCA of a dental licensing examination (the “examination”):

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

**Acknowledgment**

I understand the following:

- the candidate is not a licensed dentist and the State Board has not yet determined whether the candidate has the requisite skills to attain a license
- the testing agency has no knowledge of the candidate’s skill or competence and makes no promises about them
- 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 such arrangements do not involve the testing agency in any way
- the testing agency has no duty to, and will not, notify me of inadequate work done by the candidate during the examination
- it is my responsibility to have any and all dental work performed by the candidate checked by a licensed dentist to determine that it is satisfactory

**Disclosure of Risks**

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

**Adequacy of Treatment**

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

**Authorization of Disclosure of Medical Information**

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

**Medical Condition and Medications**

I have fully disclosed my current medical conditions and medical history to the best of my knowledge to the candidate. I understand that if I am taking medications that are associated with certain chronic conditions, I may not be accepted as a patient for the examination. I have fully disclosed all medications that I am currently taking to the candidate. I have been informed that patients who are taking bisphosphonate medications may be at risk of osteonecrosis of the jaw after dental treatment or as a result of dental infections. I understand that neither the testing agency nor the school assumes any responsibility or liability regarding the health status of patients or candidates or concerning the procedures conducted by the candidate. As neither the candidate nor patient are considered an employee of the testing agency or school, OSHA regulations do not apply. If an exposure to blood borne agents such as HIV or hepatitis or other infectious conditions occurs, it is not the responsibility of the school or testing agency to provide serologic testing, counseling, follow up care or any other health service.
Patient Consent, Disclosure, and Assumption of Responsibility (Page Two)

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

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

Agreement
I release the CDCA, participating dental schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, and any acts of the candidate (including negligence), which occur during the course of this examination, and any damages or injuries I may suffer as a result of my participation in the examination. With full knowledge of all 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 attorney’s fees.

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

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

Candidate: Printed Name / CandidateID #

Candidate Signature

Date

Patient: Printed Name / Date of Birth

Patient Signature /Date

Patient Street Address

Patient City / State / Zip Code

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

I, CDCA Candidate ID: _______ _______ and Candidate Sequential: _______ at Test Site ____________________________

Affirm that:

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

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

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

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

(Signature of Candidate) (Date)

Below is the authorized interpreter ID card. Cut where indicated and when completed, bring both parts of this form back to the Chief Examiner.

The Commission on Dental Competency Assessments
1304 Concourse Dr., Suite 100
Linthicum, MD 21090
301.533.3085

Please print all information clearly in ink.

Interpreter Name

Date

Interpreter Address

Interpreter Phone Number

This badge must be turned in with the photo attached at the end of the examination to the coordinator desk.
ATTENTION: If you are using a chairside dental assistant during the ADEX Patient Treatment Clinical Examinations you must complete this agreement. Attach a photograph of your assistant in the two designated areas on this form. This form must be presented to the Chief Examiner the day of the examination, otherwise, you will not be permitted to utilize a chairside assistant.

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

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

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

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

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

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

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

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

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

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

Signature of Candidate:  Date:

Signature of Assistant:  Date:

Authorized Chairside Assistant

Candidate Sequential Number

Chairside Assistant Name

Date

Site
Patient’s name ___________________________ Date Form Completed ______/____/____
Birthdate ______/____/____  Weight __________

Blood Pressure _______  Date/Time Taken ______________________________

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

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

2. The name and address of my physician is:________________________________________________________

3. Your last physical examination was on ________________________________

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

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

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

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

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Abnormal bleeding, bruise or history of transfusion. Taking aspirin or blood thinner.</td>
<td>YES</td>
<td>NO</td>
<td>Q. Artificial/Prosthetic heart valves</td>
<td>YES</td>
</tr>
<tr>
<td>B. Lung/Respiratory condition (asthma, bronchitis, emphysema)</td>
<td>YES</td>
<td>NO</td>
<td>R. Valve damage following heart transplant</td>
<td>YES</td>
</tr>
<tr>
<td>C. Diabetes</td>
<td>YES</td>
<td>NO</td>
<td>S. Congenital heart disease</td>
<td>YES</td>
</tr>
<tr>
<td>D. Emotional/Mental health disorder (anxiety, depression, bipolar disorder)</td>
<td>YES</td>
<td>NO</td>
<td>T. Infective endocarditis (heart infection)</td>
<td>YES</td>
</tr>
<tr>
<td>E. Epilepsy/Seizures/Convulsions</td>
<td>YES</td>
<td>NO</td>
<td>U. Heart attack</td>
<td>YES</td>
</tr>
<tr>
<td>F. Liver disease (Hepatitis/Jaundice/Cirrhosis)</td>
<td>YES</td>
<td>NO</td>
<td>V. Heart surgery</td>
<td>YES</td>
</tr>
<tr>
<td>G. High blood pressure</td>
<td>YES</td>
<td>NO</td>
<td>W. Stroke</td>
<td>YES</td>
</tr>
<tr>
<td>H. HIV positive/AIDS</td>
<td>YES</td>
<td>NO</td>
<td>X. Congestive heart failure</td>
<td>YES</td>
</tr>
<tr>
<td>I. Hives, itching or skin rash</td>
<td>YES</td>
<td>NO</td>
<td>Y. Coronary artery or other heart disease</td>
<td>YES</td>
</tr>
<tr>
<td>J. Kidney/Renal disease</td>
<td>YES</td>
<td>NO</td>
<td>Z. Arteriosclerosis/Coronary occlusion</td>
<td>YES</td>
</tr>
<tr>
<td>K. Sexually Transmitted Disease(s)</td>
<td>YES</td>
<td>NO</td>
<td>AA. Pacemaker</td>
<td>YES</td>
</tr>
<tr>
<td>L. Stomach ulcers</td>
<td>YES</td>
<td>NO</td>
<td>BB. Implanted cardio-defibrillator</td>
<td>YES</td>
</tr>
<tr>
<td>M. Thyroid disease</td>
<td>YES</td>
<td>NO</td>
<td>CC. Immune suppression or deficiency</td>
<td>YES</td>
</tr>
<tr>
<td>N. Tuberculosis</td>
<td>YES</td>
<td>NO</td>
<td>DD. Cancer/Chemo/Radiation therapy</td>
<td>YES</td>
</tr>
<tr>
<td>O. Artificial/Prosthetic joint replacement (knee or hip)</td>
<td>YES</td>
<td>NO</td>
<td>EE. Drug abuse (cocaine methamphetamines, heroin, crack) or drug rehabilitation</td>
<td>YES</td>
</tr>
<tr>
<td>P. Angina/Chest pain, Shortness of breath</td>
<td>YES</td>
<td>NO</td>
<td>FF. Alcohol abuse (alcohol rehabilitation)</td>
<td>YES</td>
</tr>
</tbody>
</table>

**LETTER**

**EXPLANATION FOR QUESTION 8**

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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>
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</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 list the appropriate medication below:

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

<table>
<thead>
<tr>
<th>MEDICATION/DO dosage</th>
<th>REASON PRESCRIBED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<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

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

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

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

PATIENT SIGNATURE: ____________________________________________
DATE SIGNED: ________

CANDIDATE INITIALS: ________
DATE INITIALED: ________

CANDIDATE SIGNATURE: ____________________________
(Added at end of exam)
Qualified Patient/Tooth/Lesion Treatment Form

Patient Name: ________________________________

Date radiograph was taken: ____________________

Tooth #

Circle the Surface(s) Planned:

- Class III MF ML DF DL
- Class II MO DO MOD

Describe the other surfaces on the tooth to be treated that have diagnosed caries but are not scheduled to be treated for this exam and what the treatment plan is for each surface (circle applicable information):

Surface(s): Class III M F D L
Treatment Planned: remineralization therapy or restoration

Surface(s): Class II M B D L
Treatment Planned: remineralization therapy

The following criteria must also be met for the patient/tooth/lesion selection to be accepted for lesion approval evaluation:

- Patient is a patient of record at the dental school and is approved currently for this treatment
- Patient fulfills all patient selection requirements
- Tooth fulfills examination requirements
- Occlusion verified for posterior from examination’s qualifying criteria
- Radiographs have been exposed within one year of the examination
- Proximal contact visually verified with clean and dry tooth
- Caries verified as qualifying from examination criteria
- For anterior teeth: defective restoration qualifies from examination’s criteria
- Adjacent tooth: no cavitation and allows for restoration of ideal form
- For posterior tooth: all Class V lesions must be pre-treated before the exam

I, ________________________________, verify that I have clinically evaluated the patient named on this form.

Faculty member (legibly print name)

Based on my examination, the patient/tooth/lesion that is identified here fulfills the examination’s qualifying requirements and is acceptable for treatment during the CDCA-administered examination at this time.

Faculty member signature: ________________________________ Date: ________________
ANTERIOR
RESTORATION
Progress Form

Lesion Approval
Patient’s Name: ________________________________________________________
Assistant’s Name: ______________________________________________________

Candidate: Check Type of Restoration and Circle Tooth Number
D M 6 7 8 9 10 11
ACCESS: Lingual Facial
Replacing Existing Restoration? ☐ Yes ☐ No
Candidate Affirms Contact is Closed At Initial Submission ☐ Yes

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

Type(s) of Injection (Infiltration/Block):
Anesthetic(s) (Brand/Generic Name):
Quantity of Anesthetic (cc) Expected to use:
Vasoconstrictor (Concentration):

Has the patient previously received anesthetic the same day? Yes ☐ No ☐
Anesthetic and Dose:
Approval for Initial Anesthetic Examiner #: ☐ ☐ ☐

Additional Anesthesia - Anesthetic and Dose:
Approval for Additional Anesthetic Examiner #: ☐ ☐ ☐

For this Procedure: Quantity of Anesthetic (cc) Actually Used

PRE-TREATMENT MEDICATION (if required)
Medication(s) (Brand/Generic Name)
Dosage/When Taken

LINER
Candidate Request for Liner ☐
By checking this box I am requesting approval for a liner

First examiner # requesting liner ☐ ☐ ☐

Checked by CFE ☐ ☐ ☐
IF GRANTED
Candidate initials understanding results of liner request

Reviewed by Express Chair if NOT ACCEPTABLE ☐ ☐ ☐

Candidate notes/comments to examiners (this is not a Modification Request). Candidate: please number each comment. If back side is used, so note. CFE: place examiner #, initials and time after each comment. Examiners: please enter your examiner # after reading comments.
**POSTERIOR RESTORATION Progress Form**

**Lesion Approval**

Patient’s Name: ________________________________________________________

Assistant’s Name: ______________________________________________________

Candidate: Circle Tooth Number & Check Restoration Type

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<td>20</td>
<td>19</td>
<td>18</td>
<td>17</td>
</tr>
</tbody>
</table>

- Posterior Amalgam: MO □ DO □ MOD □
- Posterior Composite: MO □ DO □ MOD □

Added Surfaces____________________________________ Examiner #: ______

Candidate initials affirming the contact is closed upon initial submission

**ANESTHETIC RECORD**

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

- Type(s) of Injection (Infiltration/Block):
- Anesthetic(s) (Brand/Generic Name):
- Quantity of Anesthetic (cc) Expected to use:
- Vasoconstrictor (Concentration):

Has the patient previously rec’d anesthetic the same day? Yes □ No □ Anesthetic and Dose:

Approval for Initial Anesthetic Examiner #: ______

Additional Anesthesia - Anesthetic and Dose:

Approval for Additional Anesthetic Examiner #: ______

For this Procedure Quantity of Anesthetic (cc) Actually used

**PRE-TREATMENT MEDICATION (if required)**

<table>
<thead>
<tr>
<th>Medication(s) (Brand/Generic Name)</th>
<th>Dosage/When Taken</th>
</tr>
</thead>
</table>

**LINER**

Candidate Request for Liner

By checking this box I am requesting approval for a liner

Candidate initials understanding results of liner request

**POSTERIOR COMPOSITE TYPE:**

- Pulpal Floor Present
- Pulpal Floor Not Present

**CFE Process Notes**

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

- Pink Dot Indirect Pulp Cap
  - Checked by CFE ______
- Blue Dot Carious: □ Mechanical: □
  - Checked by CFE ______

**Exposure**

- Blue Dot Carious: □ Mechanical: □
  - Checked by CFE ______

**For Examiner Use Only:**

- First examiner # requesting liner
- Checked by CFE IF GRANTED
- Reviewed by Express Chair if NOT ACCEPTABLE

Candidate Notes/Comments to Examiners (This is not a Modification Request). Candidate: Please number each comment. If back side is used so note. CFE: Place examiner #, initials and time after each comment. Examiners: Please enter your examiner # after reading comments.
Candidate: Number each comment
CFE: Place your examiner number, initials, and time noted after each comment
MODIFICATION REQUEST FORM

**Restorative**
- Amalgam Prep
- Composite Prep

Tooth #: ___  Surface: ___

I certify that I have prepared the tooth to at least acceptable dimensions and all preexisting restorative material, if present, has been removed.

Candidate Initials: ________  Time: ______ : ______  CFE#: ____

---

### Modification Request #1

**What:**

**Where:**

**How Much:**

**Why:**

<table>
<thead>
<tr>
<th>No Request</th>
<th>Granted</th>
<th>Not Granted</th>
</tr>
</thead>
</table>

Document: ____________________________

### Modification Request #2

**What:**

**Where:**

**How Much:**

**Why:**

<table>
<thead>
<tr>
<th>No Request</th>
<th>Granted</th>
<th>Not Granted</th>
</tr>
</thead>
</table>

Document: ____________________________

### Modification Request #3

**What:**

**Where:**

**How Much:**

**Why:**

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<th>No Request</th>
<th>Granted</th>
<th>Not Granted</th>
</tr>
</thead>
</table>

Document: ____________________________

### Modification Request #4

**What:**

**Where:**

**How Much:**

**Why:**

<table>
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<tr>
<th>No Request</th>
<th>Granted</th>
<th>Not Granted</th>
</tr>
</thead>
</table>

Document: ____________________________
Instruction to Candidate

Candidate: You must see a CFE before proceeding

Examiner 1: 

Examiner 2: 

Authorized by CFE to continue: 

Procedure:

- Anterior Preparation
- Anterior Restoration
- Posterior Composite Preparation
- Posterior Composite Restoration
- Posterior Amalgam Preparation
- Posterior Amalgam Restoration
- Perio

Tooth # (if applicable) 

Place Liner

Adjust/check occlusion location: 

Modify procedures as follows: 

Damage to adjacent tooth #: 
- Polish
- Recontour
- Adjacent Tooth Requires Restoration

Unrecognized Exposure
- Remove Restoration and place temporary/interim restoration
- Place temporary/interim restoration
- Complete Follow-Up Form
- Advise patient of need for further treatment

Replace rubber dam

Provide missing instrument

Provide cubicle card

Provide missing paperwork

Provide missing radiograph(s)

Non-diagnostic radiographs

Administer additional local anesthesia
- Proceed with indirect pulp cap and return patient immediately for grading
- Repair or replace the pulp cap
- Patient requested bathroom break
- Other

General Comments:

(Examiner Use Only)

Candidate: Place an ID label below and enter your initials to confirm that you understand
When you have completed the examination, turn in the following materials to the CFE in the order listed below. Once the CFE has verified that all materials have been returned, you will place the following documents inside your white candidate envelope. This will conclude the examination.

*Your Treatment Selection Worksheet will remain with you.*

**CFE’s INITIALS:**

1. If applicable, your assistant’s and/or interpreter’s badge (throw your candidate ID badge away and discard all plastic badge holders)

2. Patient Treatment Consent Form (signed by patient)
   (candidate must sign at the end of the exam)

3. Medical History Form for each clinical patient

4. All Progress Forms
   a. Anterior (with pre-operative radiographs)
   b. Posterior (with pre-operative radiographs)
   c. Periodontal Scaling

5. 2 Cubicle cards

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

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

8. White Envelope
CANDIDATE REQUESTS IDPC

IDPC request is the last modification request sent to Express Chair for evaluation. Red dot must be on Progress Form to indicate that CFE has reviewed the request.

DENIED (-15 pts)
- ITC generated upon patient check-out from Evaluation Station
- CFE claims ITC and reviews denial message with candidate
- Patient sent to Evaluation Station for Preparation Evaluation

APPROVED
- ITC generated upon patient check-out from Evaluation Station
- CFE Approves Placement of IDPC
  - PINK dot placed on Progress Form
  - CFE claims ITC and reviews approval with candidate
  - Candidate places IDPC and requests CFE to review
  - CFE Approves Repair/Replacement of IDPC
    - PINK dot placed on Progress Form
    - Candidate repairs/replaces IDPC and requests CFE to review
    - CFE Approves Repair/Replacement of IDPC
      - PINK dot placed on Progress Form
      - CFE Does NOT Approve Repair/Replacement of IDPC
        - Patient Sent to Express Chair for Evaluation of 2nd IDPC Attempt
          - DENIED
            - ITC and Follow-up Form generated upon patient check-out from Evaluation Station
            - CFE Does NOT Approve Repair/Replacement of IDPC
              - Patient Sent to Evaluation Station for Preparation Evaluation

DENIED (-15 pts)
- ITC generated upon patient check-out from Evaluation Station
- CFE Does NOT Approve Placement of IDPC
  - Patient Sent to Express Chair for Evaluation of IDPC Placement
    - DENIED
      - ITC generated upon patient check-out from Evaluation Station
      - CFE Does NOT Approve Repair/Replacement of IDPC
        - Patient Sent to Evaluation Station for Preparation Evaluation

EXAM TERMINATED
- Patient sent to Evaluation Station for Preparation Evaluation

APPROVED
- Patient sent to Evaluation Station for Preparation Evaluation

INDIRECT PULP CAP REQUEST FLOW CHART
RESTORATIVE EXAM FLOW CHART

Candidate Cubicle Set-Up
Enter clinic; take patient’s blood pressure; complete appropriate paperwork

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

Lesion Evaluation
CFE will request a runner to escort your patient to the check-in desk; all required forms and instruments must accompany patient to the evaluation station

Lesion Approved
Proceed to prepare your first lesion (only one lesion may be completed at a time)

Modification Request
Request a CFE to send a runner to escort your patient to the check-in desk; all required paperwork and instruments must accompany your patient

Modification Denied
Requested modification(s) not allowed; you may choose to resubmit another modification request, or you may proceed to the Preparation Evaluation

Modification Approved
Continue by completing approved modification; once completed, request a CFE before proceeding to the Preparation Evaluation

Lesion Denied
(ITC with denial details will accompany Progress Form; SEE A CFE)
Find another lesion and/or patient, complete appropriate paperwork, and then return to the “Request a CFE” step above

Preparation Evaluation
CFE will request a runner to escort your patient to the check-in desk; all required forms and instruments must accompany your patient

Preparation Evaluation
ITC Returned
Locate a CFE

No ITC Returned
Proceed with restoration

ITC Returned
Locate a CFE

Restoration Evaluation
CFE will request a runner to escort your patient to the check-in desk; all required forms and instruments must accompany your patient

ITC Returned
Locate a CFE

No ITC Returned
Request a CFE to dismiss your patient; if you have a second lesion, return to Lesion Approval step and proceed

ITC Returned
Locate a CFE

Motor Approved
Continue by completing approved modification; once completed, request a CFE before proceeding to the Preparation Evaluation

Candidate Check-out
Gather all paperwork, arrange it in the appropriate order as listed on the Candidate Check-out Form, and then request a CFE to certify your check-out