

Candidate Manual
Expanded Function Dental Auxiliary
Examination
2021



THE COMMISSION ON

DENTAL COMPETENCY

ASSESSMENTS

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

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OVERVIEW

The Commission on Dental Competency Assessments (CDCA) offers a complete Expanded Function Dental Auxiliary (EFDA) examination as a pathway for EFDA Licensure. Each individual seeking to practice as an Expanded Function Dental Auxiliary must successfully complete a board approved examination. The CDCA offers a patient simulated examination with a computer based written component to satisfy EFDA Registration requirements.

APPLICATION AND ACCOUNT VERIFICATION

Applicants are required to complete a full online profile via brighttrac.com. The only document accepted for account verification is the EFDA Examination Eligibility Form available on the [CDCA website](#). If you are currently pursuing a dual degree (Dental Hygiene and Dental Auxiliary), please [Contact Us](#) for additional information.

SCHEDULE - MORNING & AFTERNOON SESSION

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

See Appendix A for Grading Criteria

ADMISSION

For admission to the examination, the candidate must provide a three digits sequential number available through the online registration website under the "Registration" Tab, and two forms of identification; both with candidate's signature and one with a recent photo. We have included below a full list of acceptable identification for the clinical and computerized exams:

Acceptable forms of primary ID:

- Government-Issued Driver's License, including temporary licenses if it contains both a photo and a signature and is not expired.
- U.S. Dept of State Driver's License.
- National/State/Country Identification Card.
- Passport (US Passports and passports issued by any government other than the US government are acceptable.)
- Alien Registration Card (Green Card, Permanent Resident Visa) if it contains both a photo and a signature and is not expired.
- U.S. Military ID may be used if it contains a photo, signature, and is not expired.
- Voter ID card (plastic) if it contains a photo and signature and is not expired.
- Credit Card (A credit card can be used as a primary form of ID only if it contains both a photo and a signature and is not expired. Any credit card can be used as a secondary form of ID, if it contains a signature and is not expired.)
- Debit/(ATM) Card (A debit card can be used as a primary form of ID only if it contains both a photo and a signature and is not expired. Any debit card can be used as a secondary form of ID, if it contains a signature and is not expired.)

Acceptable forms of signature ID:

- Any IDs from the primary IDs list.
- Credit or Debit card with signature.
- School ID non-expired with photo and signature.
- U.S. Military ID with signature.

Unacceptable forms of ID:

- Social Security Card • Voter Registration Card (paper) • Library Card

EXAMINATION CONTENT

Clinical Simulation

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

Scoring

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

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

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

Standards of Behavior and Professionalism

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

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

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

Examination Time: Treatment procedures must be limited to the posted times. Treatment procedures initiated prior to the established starting time, or continued after the finish time, will result in failure of the examination.

Assigned teeth: No substitution teeth will be provided after the test begins. Only one prepared tooth per procedure will be distributed, unless a manufacturer defect is identified (e.g., crown separates from root, tooth is fractured). Teeth may not be removed and the typodont may not be dismounted without examiner permission.

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

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

Written

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

The written examination is a 100-item multiple choice test offered electronically through PSI. Candidates have 150 minutes to complete the exam.

Content Outline

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

Exam references

Delmar's Dental Assisting: A Comprehensive Approach, 2007, 3rd edition, Donna J. Phinney & Judy H. Halstead, Cengage Delmar Publishing, ISBN #1418048739.

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

Modern Dental Assisting, 2015, 11th Edition, Bird and Robinson, Elsevier

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

Scoring

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

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

Standards of Behavior and Professionalism at the Testing Center

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

SCORE CERTIFICATION PROCEDURE

Candidates may request to have the score that was reported re-calculated by hand and then have the results reported back to them. The Score Certification process includes a review of the electronic evaluation and accompanying documents from which the examination score was generated to determine if any irregularities or errors may have occurred in calculating the final score for a procedure. Irregularities or errors in scoring include duplicate entries, missing or extraneous mark(s) on accompanying documents that could have been misread prior to evaluation or a mathematical error. Score Certification is not a review of the examination process or candidate performance and a listing of specific candidate errors is not included.

NOTE: All failing scores are routinely checked prior to being released. A candidate may request a Score Certification of his/her respective results online at cdcaexams.org/score-certification-and-appeals. All requests must include the candidate's name, ID number, site of the examination, date of the examination, and current address. There is a fee of fifty dollars (\$50.00), and all payments must be made using a VISA or MasterCard.

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

APPEALS

A candidate may appeal the results of the examination if extraordinary conditions during the examination affected the final grade. Appeals are reviewed based on facts surrounding the

decision during the examination. The appeals process is the final review authority, and if the appeal is denied there is no further review process within CDCA.

All review of candidate appeal includes the score certification procedure described above and are based on a re-assessment of the documentation of the candidate's performance on the examination.

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

A candidate may request an Appeal of his/her respective results online at cdcaexams.org/score-certification-and-appeals. There is a fee of four hundred dollars (\$400.00), and all payments must be made using a VISA or MasterCard.

TESTING ACCOMODATIONS

The CDCA will provide reasonable accommodations for the written examination for candidates with documented disabilities. To request consideration, provide the following:

- Submit, in writing, a request stating the exact auxiliary aid or modification needed - [Contact Us](#). Requests received after the registration deadline date and retroactive requests will not be considered.
- Provide documentation of the need for the auxiliary aid or modification.
- Provide through [Contact Us](#) a copy of a letter from an appropriate healthcare professional documenting the disability. The letter must be received by the CDCA no later than 45 days prior to the date of the examination. In providing such auxiliary aids or modifications, the CDCA reserves the ultimate discretion to choose between effective auxiliary aids or modifications, and reserves the right to maintain the security of the examination.
- All information obtained regarding a candidate's disability will be kept confidential, with the following exceptions: Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification; First Aid and safety personnel at the test site may be informed if the disability might require special emergency care.

- Efforts will be made to ensure that the examination results accurately reflect the individual's aptitude or achievement level rather than reflecting the individual's impaired sensory, manual or speaking skills, except when those skills are factors the examination is intended to measure.

The CDCA has been developing and administering examinations for over 50 years. We look forward to helping you achieve your professional career goals!

Appendix A

Grading Criteria

SCORING CRITERIA: ANTERIOR CLASS III COMPOSITE FINISHED RESTORATION

Margin Integrity and Surface Finish

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

1. There is evidence of marginal excess or deficiency of more than 1 mm, including pits and voids at the cavosurface margin, or there is an open margin.
2. There is internal contamination at the interface between the restoration and the tooth.
3. The restoration is movable in the preparation.
4. There is gross enameloplasty
5. The restoration is fractured.

SCORING CRITERIA: ANTERIOR CLASS III COMPOSITE FINISHED RESTORATION

Contour, Contact and Occlusion

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

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

SCORING CRITERIA: ANTERIOR CLASS III COMPOSITE FINISHED RESTORATION

Treatment Management

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

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

SCORING CRITERIA: CLASS II AMALGAM FINISHED RESTORATION

Margin Integrity and Surface Finish

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

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

SCORING CRITERIA: CLASS II AMALGAM FINISHED RESTORATION

Contour, Contact and Occlusion

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

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

SCORING CRITERIA: CLASS II AMALGAM FINISHED RESTORATION
Treatment Management

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

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

**SCORING CRITERIA: POSTERIOR PROXIMAL OCCLUSAL COMPOSITE
FINISHED RESTORATION**
Margin Integrity and Surface Finish

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

1. There is evidence of marginal excess or deficiency of more than 1 mm, including pits and voids at the cavosurface margin and/or there is an open margin.
2. There is gross enameloplasty.
3. The restoration is movable in the preparation.
4. The restoration is fractured.

**SCORING CRITERIA: POSTERIOR PROXIMAL OCCLUSAL COMPOSITE
FINISHED RESTORATION**
Contour, Contact and Occlusion

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

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

**SCORING CRITERIA: POSTERIOR PROXIMAL OCCLUSAL COMPOSITE
FINISHED RESTORATION
Treatment Management**

TREATMENT GOALS

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

ACCEPTABLE

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

MARGINALLY SUBSTANDARD

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

CRITICAL DEFICIENCY

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