



# **ADEX DENTAL EXAM SERIES: Restorative and Periodontal Procedures**

## **2022 CANDIDATE MANUAL**

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

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# EXAMINATION AND MANUAL OVERVIEW

CDCA-WREB administers the ADEX clinical dental licensure examination. This manual has been designed to assist candidates who are challenging the restorative procedures and the optional periodontal procedure of the exam.

All candidates who take any parts of the ADEX dental examination series administered by the CDCA-WREB between January 1, 2022 and December 31, 2022 are responsible for reading and understanding the 2022 examination manual(s) published by the CDCA-WREB, any documented changes to the 2022 manual(s), and for reviewing and understanding all other material provided by the CDCA-WREB regarding the exams administered between January 1, 2022 and December 31, 2022. If any questions arise during the registration process, candidates are responsible for communicating their questions to the CDCA-WREB staff **via email** (see contact information below). Questions **MUST** be submitted in writing.

In order to be successful, candidates must review and master the guidelines provided by this manual and CDCA-WREB. Otherwise, the candidate's ability to efficiently and effectively take the ADEX dental examination may be affected and may subsequently result in dismissal from and/or failure of one or more examination procedures.

During the online registration process, candidates are required to create a unique profile that contains all relevant contact information. It is extremely important that candidates maintain a current email and physical mailing address in their online candidate profiles. This is the only way to ensure that there will be a timely receipt of important materials from the CDCA-WREB. See the *Registration and DSE OSCE Manual* for details on how to complete the registration process.

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

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

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

Please see the *Registration and DSE OSCE Manual* for step-by-step instructions on how to register for the ADEX clinical dental exam through the CDCA, as well as guidance regarding the DSE OSCE registration and content. See the *2022 ADEX Dental Exam Series: Fixed Prosthodontics and Endodontics Manual* for details regarding those procedures.



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# **The ADEX Dental Examination Series: Restorative and Periodontal Procedures**

## **I. EXAMINATION OVERVIEW**

- **Available Exam Formats**
- **Exam Parts**
- **Patient Selection Guidelines (For Patient-Based Exams)**
- **Examination Schedule Guidelines**
- **Scoring System Overview**

## **A. Available Exam Formats**

There are three basic exam formats: The Curriculum Integrated Format (CIF) is the pre- graduation format of the ADEX Dental Examination Series for dental students of record. The Curriculum Integrated Format, the Patient-Centered Curriculum Integrated Format (PC-CIF), and the Traditional Format examinations are identical in content, criteria, and scoring. The major difference between the formats is in the sequencing of examination sections.

1. Curriculum Integrated Format (CIF): examination parts are administered over the course of an eligible dental student's D3 or D4 (or final) year. Typically, the endodontics and prosthodontics procedures are administered separately, usually months or weeks apart from the restorative and periodontal procedures.
2. Patient-Centered CIF (PC-CIF): Similar to the CIF format described above, but the PC-CIF format is more individually tailored to each student's readiness and is integrated within the framework of a student's faculty-approved, treatment-planned school clinic caseload. In this format, patients leave with a definitive restoration provided by or under the supervision of the faculty, if treatment is not completed during the examination. Candidates participating in the PC-CIF format challenge all manikin and patient procedures in their home school clinic. Candidates register for all exam parts at the same time prior to challenging the manikin procedures.
3. Traditional Format: the endodontics and prosthodontics sections and the restorative and periodontal examination sections are administered in their entirety at each site over the course of two consecutive days. The Traditional Format is available several times each year. D4 (or final year) dental students as well as candidates who have already graduated from dental school are eligible for the Traditional Format.

## **B. Restorative and Periodontal Exam Parts**

The Restorative and the Periodontal Scaling Examinations may be given on a patient or on a manikin. They are conducted in a dental school clinical setting and are offered on the same day.

1. The **Restorative** Examination includes two procedures that are evaluated independently of each other: Anterior Restoration and Posterior Restoration. Evaluations are made, in each case, for acceptability of the case for the examination, 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

Candidates treating patients must have each lesion approved for treatment by the Evaluation Station Examiners prior to beginning treatment. If the 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 and approval of the candidate's lesion for the patient-based examination and proper manikin mounting for manikin-based)
- Step 2: Cavity preparation and evaluation of the preparation
- Step 3: Restoration of the tooth and evaluation of the restoration

**2. The Periodontal Scaling Examination** is not a requirement of the ADEX Dental Examination Series. However, as there are some ADEX accepting jurisdictions which do require it for dental licensure, candidates may also request to take the Periodontal Scaling Examination, if they are applying for licensure in such jurisdictions. Candidates should contact the appropriate state or other jurisdiction's board of dentistry directly to determine state-specific requirements. There is also a periodontal section in the computer-based Diagnostic Skills Examination OSCE. Candidate performance is evaluated for acceptability of the case for the examination (when treating a patient), for subgingival calculus detection, for subgingival calculus removal, for plaque and stain removal (when treating a patient) and for treatment management.

## **C. Patient Selection Guidelines (For Patient-Based Exams Only)**

### **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	
Have an Acceptable Blood Pressure Measurement:	
<ul style="list-style-type: none"><li>• 159/94 or below is acceptable without a medical clearance</li><li>• 160-179/95-109 is acceptable with a medical clearance only</li></ul>	



PATIENTS CANNOT:	
Be Dentists, dental students in their fourth (or final) year	
Have an Unacceptable Blood Pressure Measurement: <ul style="list-style-type: none"> <li>• 180/110 or above is not acceptable, even with a medical clearance</li> </ul>	
Be a Patient with general health contra-indications for treatment	
Be a woman in her first trimester of pregnancy	
Have a history of IV bisphosphonate usage (A history of oral bisphosphonate usage is permissible for the restorative examination only)	
Have a latex allergy (unless the clinic has been verified as latex-free)	
Be a 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)	
Have a history of chemotherapy for neoplasm within the last six months	
Have 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.

Medical History Form		Candidate Sequential: _____ PLACE ID LABEL HERE Test Site: _____																																																																	
Patient's name _____ Birthdate ____/____/____ Weight _____		Date Form Completed ____/____/____																																																																	
Blood Pressure _____ Date/Time Taken _____		Examiner/Confirms #1 _____ Examiner/Confirms #2 _____ Receptionist/Supervisor _____																																																																	
<b>INSTRUCTIONS TO THE PATIENT:</b> Answer the following questions as completely and accurately as possible. All information is <b>CONFIDENTIAL</b> . 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, please specify: .....																																																																			
5. Have you been hospitalized or have a serious illness (including MHA 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.																																																																			
<table border="0"> <tr> <td>A. Abnormal bleeding, bruise or history of transfusion, taking aspirin or blood thinner.</td> <td>YES NO</td> <td>G. Artificial (prosthetic) heart valves.</td> <td>YES NO</td> </tr> <tr> <td>B. Lung/respiratory condition (asthma, bronchitis, emphysema).</td> <td>YES NO</td> <td>H. Valve damage following heart transplant.</td> <td>YES NO</td> </tr> <tr> <td>C. Diabetes.</td> <td>YES NO</td> <td>I. Congestive heart failure.</td> <td>YES NO</td> </tr> <tr> <td>D. Emotional/Mental health disorder (anxiety, depression, bipolar disorder).</td> <td>YES NO</td> <td>J. Infective endocarditis (heart infection).</td> <td>YES NO</td> </tr> <tr> <td>E. Kidney/dysfunction/dysfunction.</td> <td>YES NO</td> <td>K. Heart attack (date: _____).</td> <td>YES NO</td> </tr> <tr> <td>F. Liver disease (hepatitis/alcohol/Cirrhosis).</td> <td>YES NO</td> <td>L. Heart surgery (date: _____).</td> <td>YES NO</td> </tr> <tr> <td>G. High blood pressure.</td> <td>YES NO</td> <td>M. Stroke (date: _____).</td> <td>YES NO</td> </tr> <tr> <td>H. Hip/knee/shoulder.</td> <td>YES NO</td> <td>N. Coagulation disorder (bleeding).</td> <td>YES NO</td> </tr> <tr> <td>I. HIV/AIDS.</td> <td>YES NO</td> <td>O. Coronary artery or other heart disease.</td> <td>YES NO</td> </tr> <tr> <td>J. Arthritis/Rheumatoid disease.</td> <td>YES NO</td> <td>P. Arteriosclerosis/Coronary occlusion.</td> <td>YES NO</td> </tr> <tr> <td>K. Sexually transmitted disease(s).</td> <td>YES NO</td> <td>Q. Anemia.</td> <td>YES NO</td> </tr> <tr> <td>L. Stomach ulcers.</td> <td>YES NO</td> <td>R. Implanted cardiac defibrillator.</td> <td>YES NO</td> </tr> <tr> <td>M. Thyroid disease.</td> <td>YES NO</td> <td>S. Immune suppression or deficiency.</td> <td>YES NO</td> </tr> <tr> <td>N. Tuberculosis.</td> <td>YES NO</td> <td>T. Cancer/Chemo/radiation therapy.</td> <td>YES NO</td> </tr> <tr> <td>O. Artificial/prosthetic joint replacement (knee or hip).</td> <td>YES NO</td> <td>U. Drug abuse (cocaine, methamphetamines, heroin, crack/crystal, inhalation).</td> <td>YES NO</td> </tr> <tr> <td>P. Angina/Chest pain, Shortness of breath.</td> <td>YES NO</td> <td>V. Alcohol abuse (alcohol withdrawal).</td> <td>YES NO</td> </tr> </table>				A. Abnormal bleeding, bruise or history of transfusion, taking aspirin or blood thinner.	YES NO	G. Artificial (prosthetic) heart valves.	YES NO	B. Lung/respiratory condition (asthma, bronchitis, emphysema).	YES NO	H. Valve damage following heart transplant.	YES NO	C. Diabetes.	YES NO	I. Congestive heart failure.	YES NO	D. Emotional/Mental health disorder (anxiety, depression, bipolar disorder).	YES NO	J. Infective endocarditis (heart infection).	YES NO	E. Kidney/dysfunction/dysfunction.	YES NO	K. Heart attack (date: _____).	YES NO	F. Liver disease (hepatitis/alcohol/Cirrhosis).	YES NO	L. Heart surgery (date: _____).	YES NO	G. High blood pressure.	YES NO	M. Stroke (date: _____).	YES NO	H. Hip/knee/shoulder.	YES NO	N. Coagulation disorder (bleeding).	YES NO	I. HIV/AIDS.	YES NO	O. Coronary artery or other heart disease.	YES NO	J. Arthritis/Rheumatoid disease.	YES NO	P. Arteriosclerosis/Coronary occlusion.	YES NO	K. Sexually transmitted disease(s).	YES NO	Q. Anemia.	YES NO	L. Stomach ulcers.	YES NO	R. Implanted cardiac defibrillator.	YES NO	M. Thyroid disease.	YES NO	S. Immune suppression or deficiency.	YES NO	N. Tuberculosis.	YES NO	T. Cancer/Chemo/radiation therapy.	YES NO	O. Artificial/prosthetic joint replacement (knee or hip).	YES NO	U. Drug abuse (cocaine, methamphetamines, heroin, crack/crystal, inhalation).	YES NO	P. Angina/Chest pain, Shortness of breath.	YES NO	V. Alcohol abuse (alcohol withdrawal).	YES NO
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LETTER _____		EXPLANATION FOR QUESTION 8 _____																																																																	
Turn Over →																																																																			

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**

Injectable local anesthetics may be administered to patients for the Periodontal Scaling and Restorative Dentistry Examinations. 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.

## D. Examination Schedule Guidelines

### 1. *Dates and Sites*

Specific examination dates for a participating dental school can be found on the CDCA website. Please refer to the *Registration and DSE OSCE Manual* for the CDCA's specific policies and administrative guidelines.

The CDCA administers the Restorative and Periodontal examination parts at various dental schools on specified dates as determined by the dean or other official representative of the dental school and agreed upon by the CDCA.

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:*

#### NINE HOURS:

Three procedures (anterior restorative, posterior restorative, and periodontal scaling)

#### SEVEN HOURS:

Two procedures (either both restorative procedures or one restorative procedure + periodontal scaling)

#### FOUR HOURS:

One procedure (anterior restorative procedure, posterior restorative procedure, or the periodontal scaling\*)

\*90 minutes of treatment time

### 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. If you do not meet the timeline requirements, you may be penalized due to a violation of exam standards.

## E. Scoring System Overview

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 pg. 41.

**To pass the ADEX Dental 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. Restorative Examination Content

### Anterior Restoration

Anterior (Class III) Composite Preparation	9 Criteria
Anterior (Class III) Composite Restoration	6 Criteria

### Posterior Restoration

Posterior (Class II) Amalgam Preparation	13 Criteria
Posterior (Class II) Amalgam Finished Restoration	6 Criteria
Posterior (Class II) Composite Preparation	13 Criteria
Posterior (Class II) Composite Finished Restoration	7 Criteria

### ***Restorative Clinical Examination – 100 points per procedure***

RESTORATIVE CONTENT	EXAMINATION FORMAT
<u>Anterior restoration (100 points)</u> Class III composite - cavity preparation and restoration are graded separately	Performed on a patient or on a CompeDont
<u>Posterior restoration (100 points)</u> candidate's choice of either: <ul style="list-style-type: none"><li>▪ Class II amalgam - cavity preparation and restoration</li><li>▪ Class II composite - cavity preparation and restoration</li></ul>	Preparation and Restoration are each graded by 3 examiners independently

## 2. Patient Based Periodontal Scaling Examination Content

The Patient-Based Periodontal Scaling Examination consists of four parts:

- Treatment Selection** – Penalties are assessed for those areas that do not meet the described criteria for case acceptance.
- Calculus Detection and Removal** – 90 points total with 7.5 points for each surface of subgingival calculus correctly detected and removed. (\*If there are four (4) or more confirmed calculus detection errors, the candidate will not be allowed to proceed with the exam.)
- Supragingival Plaque/Stain Removal** – 6 points total with one point for each one of the first 6 teeth selected in ascending order.
- Tissue & Treatment Management** – 4 points total for pain control and tissue management that meets the written criteria.

**Patient-Based Periodontal Scaling Clinical Examination –  
100 points**

(Optional for ADEX Status, but may be required for licensure depending on state  
licensing requirements)

PERIODONTAL SCALING CONTENT	EXAMINATION FORMAT
<i>Treatment Selection &amp; Pre-Treatment</i>  1. Case acceptance 2. Subgingival calculus detection  <i>Treatment &amp; Post-Treatment</i> 1. Subgingival calculus removal 2. Supragingival plaque/stain removal 3. Tissue and treatment management	Performed on a patient   Treatment Time: 90 minutes (after case acceptance)

**3. Manikin-Based Periodontal Scaling Examination Content**

The manikin-based periodontal scaling examination is an alternative to the patient-based examination and consists of two parts:

- a. Calculus Removal – 4 or more errors will result in failure.
- b. Soft Tissue/Hard Tissue Management – Any confirmed areas of major tissue trauma will result in failure.

**Manikin-Based Periodontal Scaling Clinical Examination –  
100 points**

(Optional for ADEX Status, but may be required for licensure depending on state  
licensing requirements)

PERIODONTAL SCALING CONTENT	EXAMINATION FORMAT
<i>Treatment &amp; Post-Treatment</i> 1. Subgingival calculus removal 2. Soft and hard tissue management	Performed on a manikin   Treatment Time: 90 minutes

#### **4. 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 or for certain procedural errors.

**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

Other penalties may be incurred during the course of the examination. The following page displays a full list of penalty points that candidates may incur.

<b>PENALTY</b>	<b>VALUE</b>
<b>PATIENT MANAGEMENT</b>	
Disregard for patient comfort, safety or welfare	100
<b>PROFESSIONAL DEMEANOR</b>	
Appearance unprofessional, unkempt, or unclean	10
Attitude rude, inconsiderate, and/or uncooperative	100
<b>INFECTION CONTROL</b>	
Violation of universal precautions (candidate): mask, eyewear, gloves, other	1
Violation of universal precautions (assistant): mask, eyewear, gloves, other	1
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	10
<b>TREATMENT MANAGEMENT</b>	
Improper management of significant history or pathology	10
Improper/incomplete record keeping	1
Improper operator/patient/position	1
Inadequate isolation	1
Improper liner placement	10
Non-diagnostic radiograph(s): 2 <sup>nd</sup> time	10
Non-diagnostic radiograph(s): 3 <sup>rd</sup> time	100
Request to remove caries or decalcification without clinical justification	15
Repeated requests (4 or more) to modify/extend approved treatment plan without clinical justification	100
Unsatisfactory completion of modifications required by examiners	10
Critical lack of judgment/diagnostic skills	100
Violation of examination standards, rules, guidelines, or time schedule	100
Temporization or failure to complete an examination procedure	100
Treatment of teeth/surfaces not approved or assigned by examiners	100
Initial preparation is not to at least ACC dimensions	10
<b>PULPAL EXPOSURES</b>	
Inappropriate request for indirect pulp cap	15
Pulp cap is inappropriately placed	15
Inappropriately managed pulpal exposure (mechanical or pathologic)	100
Unrecognized exposure	100
Unjustified mechanical exposure	100



# **The ADEX Dental Examination Series: Restorative and Periodontal 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, prophylaxis 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 Q&A Session*

Typically held in the afternoon or evening on the day preceding the first examination day at each site, a candidate Question-and-Answer session will be led by the Chief and the Clinic Floor Examiners (CFEs).. This session is only for candidates, not for candidate assistants or candidate interpreters. This meeting is designed to give candidates site-specific information that is relevant to the administration of the exam and answer any questions the candidates may have. Candidates should be familiar with all online resources and manuals before this meeting to get the most benefit from this session. This session will be virtual or in person, as coordinated between the host site and the Chief Examiner. Candidates will be informed of the time and format of the session by the site coordinator or by CDCA-WREB staff. If this meeting is held in person, candidates will receive their candidate packets. If it is held virtually, candidates will receive their packets on the exam day when they enter the clinic. The candidates' packets contain a variety of required materials each candidate will use during the exam-day process, including a **candidate ID badge**, **required forms**, and **ID labels** that are required for use on a variety of forms and materials.

**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 printout 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 exam site is your admission badge to the examination. **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 exam. However, candidate assistants may **NOT** be:

- A licensed or unlicensed dentist/dental hygienist/dental therapist
- A dental technician
- A dental student in their final year of dental school
- 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 pg. 74), which is made available to candidates at the examination site. 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.

The assistant's ID badge must be turned in with all other required examination forms and materials at the end of the examination.

- 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, dental hygienist or dental therapist
- A fourth year (or final year) dental student
- A final year dental hygiene student
- Simultaneously serving as the candidate's chairside assistant



The *Interpreter Disclosure Statement and Interpreter ID Form* will be made available to candidates during candidate check-in that takes place at the exam site. 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.

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

### 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 ADEX Dental Examination Series.

- Submission of examination records:** All required 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.
- 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 (in the Periodontal Scaling Clinical Examination procedure, all surfaces of the selected teeth may be scaled and polished at the discretion of the candidate, but only

the selected surfaces will be evaluated). 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 fees and the candidate may not be allowed to reapply for re-examination for one (1) 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
- 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 #6 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, stick your ID badge onto 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 as well as the PCA (Periodontal Case Acceptance) process for the periodontal scaling 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.)

- a. *Restorative Medical History/Case Selection Approval:* For patient-based procedures: 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. 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.

For non-patient-based procedures: once you are ready to begin, request a CFE to come and help you. The CFE will review your mounting and ensure that you are ready to proceed. Once approved, you will be given authorization to begin treatment on the typodont.

- b. *Periodontal Case Acceptance/Check-in:* For patient-based procedures: in addition to all materials reviewed by the CFE for a Restorative Medical History/Case Selection Approval, the CFE will ask you whether your periodontal scaling treatment selection has been electronically submitted and whether you have confirmation that the treatment selection has been accepted electronically. If appropriate, the CFE will give approval for local anesthesia (up to two cartridges for the first request), and then a runner will come to your cubicle and escort your patient to the Evaluation Station. All required paperwork, instruments, and materials must accompany the patient to the Evaluation Station.

For non-patient-based procedures: the CFE will review your mounting and ensure that your typodont is ready for treatment. Once approved, you will be given authorization to begin treatment on the typodont.

### **3. MODIFICATION OF PERIODONTAL TREATMENT SELECTION (patient-based exams)**

Before calling a CFE to begin the PCA (Periodontal Case Acceptance) process, if modifications to your periodontal treatment selection need to be made, or if you did not submit your treatment selection online prior to arriving to the exam site, you must visit the check-in desk and ask for the administrative representative there to help you with initial entry/making any adjustments to your treatment selection. Once a CFE begins the PCA process, NO CHANGES to the treatment selection may be made.

#### 4. HOW LONG WILL MY PATIENT/COMPEDONT BE IN THE EVALUATION STATION?

Patients/CompeDonts will be in the Evaluation Station for an **average of 30 minutes** for each visit. (Restorative Examination = minimum of 3 visits for patient-based; 2 visits for CompeDont; Periodontal Scaling Examination = minimum of 2 visits for patient-based; 1 visit for manikin-based), so candidates should consider this time with regard to their individual time management during the examination.

#### 5. 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.

#### 6. EXAMINATION TIMELINES

3 PROCEDURES (9 HOURS)		
TIME	Restorative Last	Perio Last
6:00 am	School doors will be unlocked, and candidates may enter the building	School doors will be unlocked, and candidates may enter the building
6:30 am	SET-UP PERIO/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 <i>Progress Form</i> (all notations must be verified by a CFE prior to beginning any procedure)	SET-UP PERIO/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 <i>Progress Form</i> (all notations must be verified by a CFE prior to beginning any procedure)
6:40 am	Candidate assistant and interpreter registration opens (CFEs will be available to help with and process registrations)	
8:00 am	TREATMENT TIME BEGINS <i>All Periodontal Declaration Forms must have been turned in by 8:00 am</i>	
	2 <sup>ND</sup> Lesion Approval must be completed by 3:15 pm	Any Perio Pre-Check after 3:30 pm will not have the full 90 minutes for treatment
3:45 pm		Perio Case Acceptance (Guideline) –**must have a minimum of 45 minutes treatment time
1 hr prior to finish time	Patient must be in line for Prep Check for final restorative procedure	
4:15 pm		No treatment started after 4:15 pm
5:00 pm	EXAM OVER (Restoration Checked-In for Evaluation)	EXAM OVER (Post-Treatment Checked-In for Evaluation)



2 PROCEDURES (7 HOURS)		
TIME	Restorative Last	Perio Last
	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 <i>Progress Form</i> (all notations must be verified by a CFE prior to beginning any procedure)	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 <i>Progress Form</i> (all notations must be verified by a CFE prior to beginning any procedure)
Clock Begins	TREATMENT TIME BEGINS	
1 hr 45 minutes prior to finish time	Lesion Approval for final lesion must be completed	
		Any Perio Pre-Check after 5 ½ hours will not have the full 90 minutes for treatment
1 hr 15 minutes prior to finish time		Perio Case Acceptance (Guideline) **Must have a minimum of 45 minutes to complete treatment time
1 hour prior to finish time	Patient must be in line for Preparation Check-in	
Finish Time	EXAM OVER (Restoration Checked-In for Evaluation)	EXAM OVER (Post-Treatment Checked-In for Evaluation)

1 PROCEDURE (4 HOURS)		
TIME	Restorative	Perio
	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 <i>Progress Form</i> (all notations must be verified by a CFE prior to beginning any procedure)	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 <i>Progress Form</i> (all notations must be verified by a CFE prior to beginning any procedure)
Clock Begins	TREATMENT TIME BEGINS	
1 hr 45 minutes prior to finish time	Lesion Approval must be completed	
		Any Perio Pre-Check after 2 ½ hours will not have the full 90 minutes for treatment
1 hr 15 minutes prior to finish time		Perio Case Acceptance (Guideline) **Must have a minimum of 45 minutes to complete treatment time
1 hour prior to finish time	Patient must be in line for Preparation Check-in	
Finish Time	EXAM OVER (Restoration Checked-In for Evaluation)	EXAM OVER (Post-Treatment Checked-In for Evaluation)

# **The ADEX Dental Examination Series: Restorative and Periodontal Procedures**

## **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*

- a. Patient-based procedures: 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 in the upper right-hand corner (near patient's right shoulder), must have eye protection available, and the following instruments and accompanying materials **must** travel with the patient in a closed, sealed, puncture-resistant container:

- 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 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)

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



- b. Non-patient-based procedures: Candidates must submit the following each time their procedure is evaluated:

- Cubicle card
- Progress Form
- Radiographs
- Instruments
  - Clean, unscratched # 4 or # 5 front surface mirror
  - Explorer
  - Periodontal Probe with mm or Williams markings

Reminder: A closed, sealed, puncture-resistant container 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)



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

## 2. Patient-Based Procedure: 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. Patient-Based Procedure: 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*: Accurate and Diagnostic periapical and bitewing radiographs
  - *Anterior tooth*: Accurate and Diagnostic periapical radiograph
  - 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

- Copies are acceptable for the restorative examination
  - Digital prints must be printed on high quality paper (preferably photo-grade) or acetate. 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 that has other lesions in addition to the primary lesion 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 posterior 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. Patient-Based Procedure: Case Acceptance—Treatment Selection**

### ***SHARING PATIENTS:***

- One **anterior tooth may be shared** by two candidates if the tooth has a mesial and distal lesion. Only one lesion needs to be treated. However, all lesions on the same proximal surface must be treated at the same time.
- One **posterior tooth may not be shared** by two candidates for treatment during the examination. If the tooth has a mesial and distal lesion when presented for evaluation, the candidate must treat both lesions by the end of the examination.

### ***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 pg. 30 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 one of the following:
  - A Class II Amalgam preparation and restoration
  - A Class II 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, but which includes all other 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), 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.

ONLY TWO CANDIDATE-SELECTED LESION APPROVAL ATTEMPTS PER PROCEDURE (CLASS II OR CLASS III) MAY BE SUBMITTED. CANDIDATES MAY CONTINUE TO THE SECOND PROCEDURE IF THEY HAVE NOT YET ATTEMPTED IT, AND IF TIME ALLOWS. THEY MAY RESCHEDULE THE FAILED PROCEDURE AT A FUTURE EXAM.

## Restorative Treatment Selection Requirements

Class III Composite			Class II Amalgam	Class II Composite
MUST be a <b>permanent anterior tooth</b> that meets the following requirements:			MUST be a <b>permanent posterior tooth</b> that meets the following requirements:	MUST be a <b>permanent posterior tooth</b> that meets the following requirements:
A proximal primary carious lesion that shows no signs of previous excavation and appears, radiographically or clinically, to extend to the DEJ	OR	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)	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	
Proximal contact of the tooth may be open but must be of no more than .002 inches as determined by tug back on a .002 metal matrix band. The tooth must be restored to contact.			The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth	
The approximating contact of the adjacent tooth must be natural tooth structure or a permanent restoration			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	
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			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; The 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	
Occlusion may or may not be present			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	
Lingual dovetails are acceptable			The condensed and carved amalgam surface should not be polished or altered by abrasive rotary instrumentation except for the purpose of adjusting occlusion; Proximal contact is a critical part of the evaluation, and examiners will check the contact with floss; Proximal contacts must be visually closed; Some resistance to the passage of floss is not sufficient for judging a contact to be closed; Contacts must not prevent floss from passing through; Proximal contacts that are not visibly closed or that do not permit the passage of floss are evaluated as Critical Deficiencies	Proximal contact is a critical part of the evaluation, and examiners will check the contact visually and with floss. Proximal contacts must be visually closed; Some resistance to the passage of floss is not sufficient for judging a contact to be closed; Contacts must not prevent floss from passing through; Proximal contacts that are not visibly closed or that do not permit the passage of floss are evaluated as Critical Deficiencies
Class IV lesions are not accepted. Class III lesions that may require modifications resulting in Class IV restorations are acceptable				

### **C. Case Acceptance: Administrative Flow**

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.

CASE ACCEPTANCE: For each procedure, whether it's a patient-based procedure or a manikin-based procedure, case acceptance begins at the candidate's cubicle by a CFE.

PATIENT-BASED PROCEDURES: a CFE will review the candidate's required forms for proper completion (*Patient Medical History Form*, blood pressure reading, *Patient Consent Form* and *Progress 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 then request a runner to escort the patient to the Evaluation Station, along with the required paperwork and instruments (if necessary), for approval of the candidate's treatment selection.

If the patient is acceptable for treatment and if the treatment selection made by the candidate 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. Only two attempts are allowed for approval of a treatment selection for each procedure (two attempts for the anterior restorative procedure or two attempts for the posterior restorative procedure).

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 candidate 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.

COMPEDONT PROCEDURES: the CFE will evaluate the CompeDont mounting and candidate's paperwork, including restorative treatment diagnosis, and will then check the candidate in for a simulated-patient procedure. If the treatment has been misdiagnosed by the candidate, the CFE will indicate this on the Progress Form. The candidate will then be given the opportunity to attempt another diagnosis. A second misdiagnosis will result in termination of that procedure. If this is the first restorative procedure, the candidate will be allowed to challenge the second restorative procedure. If the first, or second, diagnosis is appropriate, the candidate will then be approved by the CFE to begin treatment on the CompeDont (unless approval occurs prior to the official start of the examination).



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

### **1. Cavity Preparation – General Administrative Flow**

- For patient-based procedures: Once the patient returns from the evaluation station, if the lesion has been approved, the candidate may begin treatment. The candidates will need approval from a CFE to administer local anesthetic. Then the candidate may begin the cavity preparation. Note: if the patient returns from the evaluation station prior to the official start of the examination, the candidate may get approval from the CFE, but must wait until the exam begins to administer local anesthetic.
- For CompeDont procedures: Once the CFE has approved the candidate's CompeDont mounting and paperwork, the candidate may begin treatment as long as it is after 8:00 AM or the official start time for the examination.
- 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 with a CFE and request a runner who will escort his/her patient to the Evaluation Station for evaluation of the prepared cavity. All required paperwork, instruments and materials must accompany the patient to the Evaluation Station each time. The patient must also be wearing a clean patient napkin with a candidate ID label affixed and must have eye protection available (see pg. 26 for required instruments list details).

### **2. Preparation Guidelines**

- 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 required for all procedures (for the patient and CompeDont Examinations)
  - An isolation dam must be placed prior to starting the preparation and must be used until the restoration is completed
  - An isolation dam must be in place whenever the preparation is sent to the Evaluation Station
  - If the rubber dam becomes dislodged in transit to or from the Evaluation Station, the candidate must replace the rubber dam before rendering any further treatment
  - The isolation dam must be removed for evaluation of the finished restoration

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.

### 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 a CFE for a red dot sticker, which they should then place 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 ACC 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 the full extent of ACCEPTABLE dimensions, as determined by the ADEX 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?

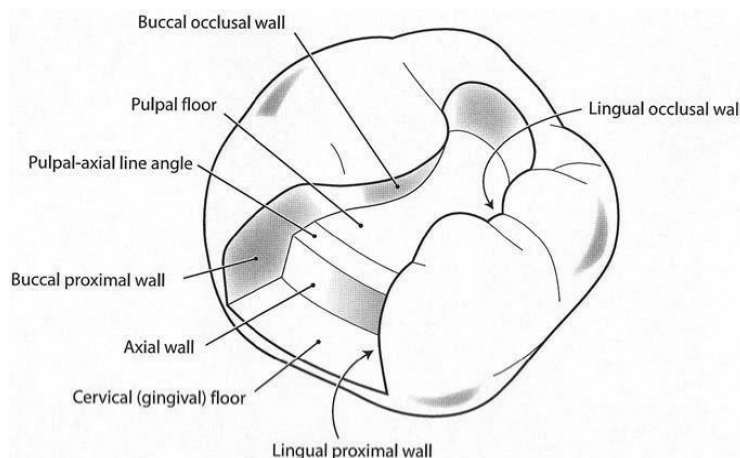
1) **Modification Request Form:** A *Modification Request Form* has numbered sections for up to four individual modification requests. Each request must be for one specific modification. For example, if a carious area involves the pulpal floor and the buccal wall, two separate requests must be made—one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

c. Terminology to be used when requesting a modification:



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 for each request.** A significant 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 for patient-based procedures 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 patient-based 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) Request a CFE to come to your cubicle and let them know you’re submitting a modification. A runner will come by to escort your patient or CompeDont, required forms, and required instruments to the Evaluation Station express chair. **Your patient or CompeDont 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 must be the final modification request. In the event of high pulp horns in a patient-based exam, it may be the first modification request as well. When you submit a request for an indirect pulp cap, you are indicating that you are done with the cavity preparation, apart from placing the indirect pulp cap.
- 2) Candidates should request a CFE to review 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 Express Chair for approval.
- 3) If the request is approved, the patient or CompeDont 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. No further preparation of the tooth is permitted. If the request for an indirect pulp cap is determined to be inappropriate, a penalty will be assessed and the patient or CompeDont will be sent directly from the express chair to the Evaluation Station for grading of the preparation.
- 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 evaluation of the preparation. 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 or CompeDont for the preparation evaluation. If it is not approved, the patient or CompeDont 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 or CompeDont 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 or CompeDont. Based on their findings, examiners will evaluate the following:
  - The pulp exposure was recognized by the candidate, is justified by the clinical findings, and judged to be treatable by direct pulp capping
  - An isolation dam was in place when the exposure occurred
  - A previous *Modification Request Form* indicates that the candidate had approval to extend the preparation

- The candidate did not exceed the dimensional limits of the approved modification request(s)
- Damage to the pulp is slight and does not preclude the possibility of successful pulp capping
- The candidate's proposed treatment is appropriate

**If the above statements are true:** a pulp cap must be placed and must be examined and approved by a CFE prior to sending the patient or CompeDont to the evaluation station for evaluation of the preparation. Once the patient or CompeDont return from the evaluation station, 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. For patient-based procedures: 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.

- 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. For patient-based examinations, all instructions must be completed and approved by a CFE before the patient is dismissed.

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 patient-based restorative procedure, the candidate will not be permitted to proceed to the second restorative procedure, if the second procedure is scheduled to be a patient-based procedure. If a pulp exposure occurs during cavity preparation for the first CompeDont restorative procedure, the candidate will be permitted to proceed to the second restorative procedure, pending that the second restorative procedure is a CompeDont procedure. The candidate must check with a CFE before beginning the second procedure.

## **E. Final Restoration and Evaluation of Restoration**

### **1. *Restoration Placement***

When the patient or CompeDont 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 or CompeDont may be sent—with all required paperwork, instruments, wearing a fresh patient napkin and candidate ID label affixed to the napkin, as well as protective eyeglasses to the Evaluation Station for evaluation of the completed restoration. If the completed restoration is evaluated as acceptable, the patient or CompeDont is returned to the candidate for dismissal procedures or for participation in another examination procedure (if the candidate is performing multiple procedures).

The Class II amalgam restoration must be sufficiently set to allow a check of the occlusion.

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.

**For a patient-based 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.

**For a CompeDont procedure:** the CFE bringing the CompeDont back to the candidate will also bring an *Instructions to Candidate form* with additional instructions that the candidate must review with a CFE.

## **F. Restorative Examination Check-Out Procedures**

### **1. If the periodontal procedure is your final procedure of the exam day**

Candidates should consolidate all required Restorative Examination paperwork and materials into the provided white envelope and set the envelope aside while completing the periodontal scaling examination.

### **2. If NOT attempting the periodontal scaling procedure**

Once the candidate has dismissed their patient, as approved by the CFE, candidates who are only attempting 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. For CompeDont procedures:**

- Completed *Progress Form(s)* and all paperwork received during the exam (ie: ITC forms, ERF forms, Modification Request Forms, Follow-up Forms, radiographs— if printed, etc.)
- Photo ID badge for candidate assistant (paper badge only; discard the plastic badge holder)
- Cubicle cards (2)
- Place properly labeled CompeDont in the provided box

#### **b. For patient-based procedures, 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 (ie: ITC forms, ERF forms, Modification Request Forms, Follow-up Forms, radiographs— if printed, etc.)
- Photo ID badge for candidate assistant (paper badge only; discard the plastic badge holder)
- *Patient Consent Form(s)*
- *Medical History Form(s)*
- Cubicle cards (2)

# **The ADEX Dental Examination Series: Restorative and Periodontal Procedures**

## **IV. 2021 ADEX CRITERIA FOR RESTORATIVE PROCEDURES**

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



# PREPARATION: ANTERIOR COMPOSITE

## ADEX 2022

Tooth #: \_\_\_\_\_

M	D	F	L
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### CRITICAL ERRORS

Wrong tooth/surface treated	No	Yes
Unrecognized exposure	No	Yes

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

### 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 Clearance

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.

**INTERNAL FORM****Axial Walls**

ACC	MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends $\leq 1.5$ mm in depth from the DEJ. MAX LATERALS & MAND INCISORS: The depth of the axial wall extends $\leq 1.25$ mm in depth from the cavosurface margin.
SUB	MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends $> 1.5$ mm but $\leq 2.5$ mm in depth from the DEJ. MAX LATERALS & MAND INCISORS: The depth of the axial wall extends $> 1.25$ mm but $\leq 2.0$ mm in depth from the cavosurface margin.
DEF	MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends $> 2.5$ mm in depth from the DEJ. MAX LATERALS & MAND INCISORS: The depth of the axial wall extends $> 2.0$ mm beyond the cavosurface margin.

**Internal Retention**

ACC	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 tactilely and visually present.
SUB	When used, retention is excessive and undermines enamel, or jeopardizes the incisal angle, or encroaches on the pulp.

**Caries/Remaining Material**

ACC	All carious tooth structure 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.

**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: ANTERIOR COMPOSITE

## ADEX 2022

Tooth #: \_\_\_\_\_

M	D	F	L
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### CRITICAL ERRORS

The restoration is debonded and/or movable in the preparation ....	No	Yes
The restoration is fractured .....	No	Yes

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

### MARGIN INTEGRITY AND SURFACE FINISH

#### Margin Excess/Deficiency

ACC	A. No marginal deficiency. B. Marginal excess $\leq 0.5$ 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 $\leq 0.5$ 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 $\leq 1.0$ 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

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

## 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.

# PREPARATION: POSTERIOR AMALGAM

## ADEX 2022

Tooth #: \_\_\_\_\_

MO	DO	MOD
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CRITICAL ERRORS		
Wrong tooth/surface treated	No	Yes
Unrecognized exposure	No	Yes

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 $\leq 1.5$ mm on either one or both proximal walls.
SUB	A. Proximal clearance at the height of contour is $> 1.5$ mm but $\leq 3.0$ 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. B. The walls of the proximal box are not visually open.

#### Gingival Clearance

ACC	The gingival clearance is visually open but $\leq 2.0$ mm.
SUB	A. The gingival clearance is $> 2.0$ mm but $\leq 3.0$ mm.
DEF	A. The gingival clearance is $> 3.0$ mm. B. Gingival contact is not visually open.

#### Outline Shape/Continuity/Extension

ACC	The outline form includes all carious and non-coalesced fissures, and is smooth, rounded, and flowing.
SUB	The outline form is inappropriately over-extended so that it compromises the remaining marginal ridge and/or cusp(s).
DEF	The outline form is over-extended so that it compromises, undermines, and leaves unsupported the remaining marginal ridge to the extent that the pulpal-occlusal wall is unsupported by dentin, or the width of the marginal ridge is $< 1.0$ mm.

#### Isthmus

ACC	The isthmus may be between 1.0 mm - 2.0 mm in width but is $\leq 1/3$ the intercuspal width.
SUB	A. The isthmus is $> 1/3$ but $\leq 1/2$ the intercuspal width.
DEF	A. The isthmus is $> 1/2$ the intercuspal width. B. The isthmus is $< 1.0$ mm.

#### Cavosurface Margin

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

#### 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. B. The cavosurface margin does not terminate in sound natural tooth structure.
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 $\leq 1.5$ mm.
SUB	A. The axial wall extends beyond the DEJ $> 1.5$ mm but $\leq 2.5$ 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 $\leq 1.5$ mm.
SUB	A. The pulpal floor extends beyond the DEJ $> 1.5$ mm but $\leq 2.5$ 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.

# RESTORATION: *POSTERIOR AMALGAM*

## ADEX 2022

Tooth #: \_\_\_\_\_

MO

DO

MOD

### CRITICAL ERRORS

The restoration is fractured.....

No

Yes

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

### MARGIN INTEGRITY AND SURFACE FINISH

#### Margin Excess/Deficiency

ACC	A. No marginal deficiency B. Marginal excess $\leq 0.5$ 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 $\leq 0.5$ mm, which can include pits and/or voids at the cavosurface margin. B. EXCESS: Any marginal excess is detectable visually or with the tine of an explorer, and the discrepancy is $> 0.5$ mm but $\leq 1.0$ mm, which can include pits and/or voids at the cavosurface margin.
DEF	A. There is evidence of marginal deficiency of $> 0.5$ mm which includes pits and voids at the cavosurface margin, and/or there is an open margin. B. There is a marginal excess 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 demonstrates 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.

## 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.
DEF	There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

## 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.



# PREPARATION: *POSTERIOR COMPOSITE*

## ADEX 2022

Tooth #: \_\_\_\_\_

MO

DO

MOD

### CRITICAL ERRORS

Wrong Tooth/Surface Treated	No	Yes
Unrecognized Exposure	No	Yes

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

### EXTERNAL OUTLINE FORM

#### Proximal Clearance

ACC	Proximal contact is either closed or visibly open, and, at the height of contour, proximal clearance may extend $\leq 1.0$ mm beyond either one or both proximal walls.
SUB	Proximal clearance at the height of contour extends $> 1.0$ mm but $\leq 2.5$ mm beyond either one or both proximal walls.
DEF	Proximal clearance at the height of contour extends $> 2.5$ mm beyond either one or both proximal walls.

#### Gingival Clearance

ACC	The gingival clearance is visually open but $\leq 1.0$ mm.
SUB	A. The gingival clearance is $> 1.0$ mm but $\leq 2.0$ mm.
DEF	A. The gingival clearance is $> 2.0$ mm. B. The gingival contact is not visually open.

#### Outline Shape/Continuity/Extension

ACC	The outline form may be sharp and irregular.
SUB	A. The outline form is inappropriately over-extended, compromising the remaining marginal ridge and/or cusp(s).
DEF	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 $\leq 0.5$ mm.

#### Isthmus

ACC	The isthmus may be between 1.0 mm - 2.0 mm in width but $\leq 1/3$ the intercuspal width.
SUB	The isthmus is $> 1/3$ the intercuspal width but $\leq 1/2$ the intercuspal width.
DEF	The isthmus is $> 1/2$ the intercuspal width.

#### Cavosurface Margin

ACC	The external cavosurface margin meets the enamel at $90^\circ$ ; The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth.
SUB	The proximal cavosurface margin deviates from $90^\circ$ and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

#### Sound Marginal Tooth Structure

ACC	The cavosurface margin terminates in sound tooth structure. 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.

INTERNAL FORM	
Axial Walls	
ACC	The depth of the axial wall extends beyond the DEJ $\leq 1.5$ mm.
SUB	A. The axial wall extends beyond the DEJ $> 1.5$ mm but $\leq 2.5$ 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 is $\geq 0.5$ mm but $\leq 3.0$ mm in all areas; there may be remaining enamel.
SUB	A. The pulpal floor depth is $> 3.0$ mm but $\leq 4.0$ mm from the cavosurface margin.
DEF	A. The pulpal floor is $> 4.0$ mm from the cavosurface margin. 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. 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*

## ADEX 2022

Tooth #: \_\_\_\_\_

MO

DO

MOD

### CRITICAL ERRORS

The restoration is fractured.....

No

Yes

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

### MARGIN INTEGRITY AND SURFACE FINISH

#### Margin Excess/Deficiency

ACC	A. No marginal deficiency B. Marginal excess $\leq 0.5$ 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 $\leq 0.5$ 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 $\leq 1.0$ 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.

## TREATMENT MANAGEMENT

## Adjacent Tooth Damage

ACC	Any minimal damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
DEF	There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.

## 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.

# **The ADEX Dental Examination Series: Restorative and Periodontal Procedures**

## **V. PERIODONTAL SCALING EXAMINATION**

- Patient-Based Procedure Overview
- Patient-Based Treatment Goals
- Patient-Based Treatment Selection Requirements
- Patient-Based Instruments
- Patient-Based Radiographs & Local Anesthesia
- Patient-Based Pre-Treatment Procedures
- Patient-Based Post-Treatment Evaluation
- Manikin-Based Procedure Overview
- Manikin-Based Instruments
- Manikin-Based PPE
- Manikin-Based Evaluation and Grading Rubric

## **A. Patient-Based Procedure: Periodontal Scaling Procedure Overview**

Within a 90-minute time period, candidates perform basic periodontal scaling procedures for patients who require relatively uncomplicated, non-surgical periodontal scaling treatment, as would be commonly encountered in a general dental practice. Candidates must present a case with subgingival calculus and select twelve tooth surfaces with subgingival calculus from within that case. Next, candidates must remove the subgingival calculus, as well as supragingival calculus and stain from the selected teeth. The evaluation components for the periodontal scaling procedure are:

### **PRE-TREATMENT EVALUATION:**

- **Case Acceptance** (diagnosis and treatment planning) includes treatment selection (teeth and surfaces for treatment), proper completion of all required forms, and the assessment that the patient is healthy enough to undergo the required treatment
- **Calculus detection** includes the ability to accurately detect and record the presence of subgingival calculus

### **POST-TREATMENT EVALUATION:**

- **Calculus removal** includes the ability to remove subgingival calculus, supragingival calculus, plaque, and stain
- **Treatment management** includes the ability to perform the required procedures comfortably and safely without undue damage to teeth and soft tissues

**During the course of the exam, if any problems arise, candidates should immediately notify a CFE (Clinic Floor Examiner)**

## **B. Patient-Based Procedure: Treatment Goals**

**REMOVE SUBGINGIVAL CALCULUS** from all selected surfaces of the selected teeth. At the conclusion of treatment, subgingival surfaces of the assigned teeth must be smooth with no deposits detectable with an #11/12 explorer.

**REMOVE SUPRAGINGIVAL CALCULUS, PLAQUE, AND STAIN** from all coronal surfaces of the assigned teeth so that all surfaces are visually clean when air-dried and tactilely smooth upon examination with an #11/12 explorer.

## C. Patient-Based Procedure: Treatment Selection Requirements

### 1. *Treatment Selection Guidelines*

The candidate must select teeth and surfaces for treatment in the Periodontal Scaling Examination using the following guidelines:

- **Teeth:** There must be at least six, but not more than eight permanent teeth selected, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth surface within a 2.0 mm distance. Each of the selected teeth must have at least one surface of subgingival calculus selected for removal. The teeth selected for treatment should be entered electronically at least 48 hours prior to the day of the examination by going to their online candidate profile. Candidates may enter their teeth selections onsite if they are unable to do so 48-hours prior to the exam. Note that waiting to enter the teeth selection onsite will use your examination time.
- **Calculus:** There must be **12 surfaces of explorer-detectable subgingival calculus** identified on the selected teeth, and no more than four surfaces may be on the incisors. Three (3) of the 12 identified surfaces of calculus must be on interproximal surfaces of posterior teeth.
  - Explorer detectable subgingival calculus is defined as a distinct deposit of calculus that can be felt with an explorer as it passes over the calculus. Qualified deposits may exhibit such characteristics as:
    - A definite “jump” or “bump” with the rough surface characteristic of calculus felt by the explorer
    - Ledges or ring formations
    - Spiny or nodular formations
  - Qualified deposits must be at least partially apical to the gingival margin and may occur with or without contiguous or associated supra-gingival deposits.

### 2. *Treatment Exclusions*

- Retained primary teeth may not be included in the treatment selection
- Teeth with full-banded orthodontics, implants, fixed appliances which are banded, bonded, or splinted—either for orthodontic or periodontal reasons—may not be included in the treatment selection



### 3. ***Treatment Selection Worksheet***

A *Treatment Selection Worksheet* (available in your online candidate profile) should be used to identify and document a selection of teeth that meet the criteria. Proper completion of the *Treatment Selection Worksheet*:

1. Selected teeth must be listed in ascending order.
2. Mark the appropriate letter for the surface in the box next to the number of the tooth selected for treatment.
3. If subgingival calculus is present on the line angles of the tooth, it must be marked on the interproximal surface, (e.g., a deposit on the distofacial line angle would be marked on the distal surface).

Until 48 hours prior to the examination, candidates may enter their treatment selections online through their candidate profiles. The treatment selection may also be entered or changed on the day of the examination.

The *Treatment Selection Worksheet* is for the candidate's use only. It is not sent to the Evaluation Station for patient evaluation. Prior to the start of the examination on exam day, a candidate may, however, take the *Treatment Selection Worksheet* to the check-in desk if a change to his/her treatment selection needs to be made.

## D. **Patient-Based Procedure: Instruments**

### 1. ***Authorized Instruments***

Instruments as well as procedures and materials used by the candidate are the choice of the candidate, provided that all of the following are true:

- a. The instruments are currently accepted and taught by accredited dental schools
- b. The candidate has been trained in the use of the instruments
- c. Ultrasonic instruments are acceptable, but may or may not be supplied by the exam site
- d. The instruments are not otherwise prohibited in this manual or by the exam site

### 2. ***Unauthorized Instruments***

- The use of disclosing solution is prohibited
- Air abrasion polishing devices are prohibited

### 3. ***Required Instruments for Evaluation***

In addition to the required paperwork, each time a patient visits the Evaluation Station (total of two times for this procedure), the following instruments must accompany the patient in a closed, sealed, puncture-resistant container:

- Clean, unscratched, non-disposable # 4 or # 5 front surface mirror
- Periodontal probe with millimeter or Williams markings (1-2-3—5—7-8-10)
- Periodontal #11/12 explorer
- 2X2 gauze sponges
- Air/water syringe tip



The above list applies to candidates taking the examinations at sites where instruments are not provided directly to the Evaluation Station by the host site (school). At some host sites, instruments are provided by the school directly to the Evaluation Station, so candidates do not need to send instruments with their patients. Upon completion of the registration process, candidates should contact the host site to determine whether or not the host school is providing instruments or if they must bring their own. Candidates should also contact the host school to determine their sterilization availability.

Candidate performance will not be evaluated in the Evaluation Station without the proper instruments.

## **E. Patient-Based Procedure: Radiographs & Local Anesthesia**

### **1. Required Radiographs**

Radiographs for the Periodontal Scaling Examination Section must meet the following criteria:

- A diagnostic panoramic radiograph or full-mouth radiographic series exposed within the last three years
- Indication of the exposure date, patient's name, and right and/or left side ("R" and/or "L") must be visible on the radiograph
- If a full-mouth series is presented, films must be mounted according to ADA procedures
- A candidate ID label must be affixed to each x-ray mount or digital print submitted; the label must not obscure any portion of the images, and it may be placed in the form of a folded over tab at the edge of the mount, if necessary.
- Copies are acceptable
- Digital images or prints are permitted; candidates from outside the host school need to submit digital prints since the school will not upload images from outside the facility; Digital prints must be printed on high quality paper (preferably photo-grade) or acetate. 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/or left sides
- Remove or mask the school name from all radiographs (for candidate anonymity)
- Images may be displayed on monitors if they are available from the school's database

**Radiographs must be taken for diagnostic purpose only. Radiographs that have errors such as minor cone cutting, not showing all of a third molar, or a slightly off-center panoramic film will not result in point deduction. Radiographic technique is not graded.**

## 2. **Local Anesthesia**

The anesthetic record section of the *Progress Form* must be completed prior to requesting a CFE to begin the Case Acceptance procedure. 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 percent used)
- Vasoconstrictor (type and concentration)
- Quantity (volume)

If the patient has previously been given an anesthetic on the same day, the candidate must note that on the *Progress Form*. Candidates may provide local anesthesia for periodontal scaling patients prior to sending their patients to the Evaluation Station for the Pre-Treatment Evaluation only after approval is granted by a CFE.

Initially, a maximum of 2 cartridges may be approved by a CFE

If additional anesthetic is needed at any point in the examination, the candidate must receive permission from a CFE prior to administering any anesthetic

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 the Post-Treatment Evaluation.

## F. **Patient-Based Procedure: Pre-Treatment Procedures**

### 1. **PCA (Periodontal Case Acceptance)**

Once the treatment selection has been made, and the candidate is prepared to send his/her patient to the Evaluation Station for pre-treatment evaluation, a CFE should be requested to begin the PCA process. The CFE will check for the proper completion of all required forms, review the patient's blood pressure recording and medical history, and review that the correct radiographs are present and have the proper labeling and exposure date. If a treatment selection has been accepted, and if all of the above requirements are met, the CFE will approve the case.

### 2. **Pre-Treatment Evaluation**

- a. CFE CLEARANCE: When a CFE has determined that the candidate has labeled and properly completed all required forms, that the required radiographs are properly labeled and were exposed within 3 years for the full mouth or panoramic series, and that the patient's blood pressure reading and health history findings are within examination guidelines, the CFE will allow the candidate to send the patient to the Evaluation Station for Pre-Treatment Evaluation.

- b. **CHECK-IN:** A CFE will then request a runner to escort their patient to the check-in desk, where the patient will be checked-in to an operatory in the Evaluation Station (if no operatories are available, patients will be placed in the waiting room and will be escorted in the order in which they were checked-in).

*For each visit a patient makes to the Evaluation Station,  
he/she must be wearing the following:*

- **Clean napkin**
- **Candidate ID label**
- **Protective eyewear (patient may carry eyewear instead of wearing it)**

*The following items must also be submitted consistent with asepsis protocols and will always be carried by the patient while in transit to and from the Evaluation Station:*

- **Cubicle card**
- **Progress Form**
- **Patient Medical History Form**
- **Patient Consent Form**
- **Instruments** (clean, undamaged # 4 or # 5 mouth mirror, 11/12 explorer, periodontal probe with millimeter or Williams markings, air/water syringe tip, 2X2 gauze sponges)

- c. **PAPERWORK EVALUATION:** In the Evaluation Station, the examiners will check for the diagnostic quality of the radiographs submitted, that the patient requirements for the examination are met, and they will check for explorer detectable calculus on the 12 selected surfaces. Three examiners will evaluate the required forms, Medical History and radiographs. If there are correctable paperwork errors the patient may be returned to the candidate and the same case may be re-submitted with the errors corrected.
- d. **QUALIFYING CALCULUS EVALUATION:** Three examiners will then independently evaluate the patient for the presence of subgingival calculus on each of the 12 surfaces selected by the candidate for treatment. Corroborated findings that subgingival calculus is not present on four or more of the selected surfaces constitutes a critically deficient error by the candidate in calculus detection and results in termination of the exam. Back-up patients are NOT authorized for the periodontal scaling examination (the candidate may proceed to a restorative procedure if either of the restorative procedures has not been performed yet and if there is sufficient time remaining in the examination).

**Pre-Treatment Evaluation may take 30 minutes or longer, depending on how many patients are being seen at that time in the Evaluation Station**

- e. **PATIENT RETURN:** Following the completion of the pre-treatment evaluation, a CFE will bring the patient back to the candidate and notify the candidate that treatment may begin. The candidate will be allowed 90 minutes for treatment, unless there are less than 90 minutes remaining in the examination time. A start and finish time for treatment will be recorded on the candidate's *Progress Form*, and the candidate's patient must be checked-in to the Evaluation Station prior to the recorded finish time. If the candidate finishes the treatment early, the candidate's patient may be submitted to the Evaluation Station for the post-treatment evaluation.

NOTE: A minimum of 45 minutes prior to the end of the examination day must be available in order to proceed with the Periodontal Scaling Examination.

### **G. Patient-Based Procedure: Post-Treatment Evaluation**

By the stated finish time on the *Progress Form*, the candidate should have completed the subgingival calculus removal on the 12 selected surfaces and should also have removed all supragingival calculus, plaque, and stain from the entire crown of each of the assigned teeth. The same patient submission process as the pre-treatment evaluation should be used for the post-treatment evaluation. A CFE should first be requested and notified that the treatment has been completed, then a runner will escort the patient to the check-in desk and the Evaluation Station. Candidates should take note that all required materials and instruments must be submitted to the Evaluation Station or the candidate's patient will be returned and a penalty will be assessed.

**If treatment is not completed by the stated finish time, and the patient is not in line to check-in to the Evaluation Station, the examination will be terminated**

Once all post-treatment evaluations have been completed, and the patient is returned from the Evaluation Station, the candidate may request a CFE to approve dismissal of his/her patient. Once the patient has been dismissed, the candidate must clean the clinic area in accordance with the CDC infection control procedures.

## H. Patient-Based Procedure: 2022 ADEX Periodontal Scaling Examination Criteria

### QUALIFIED PATIENT SUBMISSION GUIDELINES SUMMARY

1. The *Patient Consent Form*, *Medical History Form*, and *Progress Form* are complete, accurate and current.
2. Both systolic and diastolic blood pressure are less than or equal to 159/94, or systolic and diastolic blood pressure are between 160/95 and 179/109 **with** a written medical clearance from a physician authorizing treatment during the examination.
3. Radiographs are of diagnostic quality and reflect the current clinical condition of the mouth. Panoramic or Full Mouth Series Radiographs have been exposed within the past three years. Radiographs are properly mounted and labeled with exposure date and patient's name.
4. The Tooth and Calculus location portion on the Treatment Selection Worksheet is properly completed indicating:
  - Six to eight teeth selected, each with at least one surface of calculus charted
  - At least three posteriors (molars, premolars), including at least one molar, in the selection. All posterior teeth must have at least one approximating tooth within 2 mm distance.
  - Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of **interproximal** calculus on molars/premolars
  - At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)

### ADHERES TO CRITERIA

1. The *Patient Consent Form* is correct and is signed by patient.
2. The *Medical History Form* is complete, includes candidate initials and patient signature or has no inaccuracies that endanger the patient or change the treatment.
3. The *Progress Form* is accurate and is complete.
4. Blood pressure meets *Satisfactory* criteria.
5. Radiographs are submitted and are of diagnostic quality.

### MARGINALLY SUBSTANDARD

1. *Medical History Form* has inaccuracies that do not endanger the patient but do change the treatment or require further explanation by candidate. The candidate submits an incomplete or incorrect *Periodontal Progress Form* for the second time.
2. Radiographs are of poor diagnostic quality and/or do not meet all of the criteria to be considered Satisfactory.

\* Records and patient are sent back to the candidate with an *Instructions to Candidate Form* requesting corrections. \*

### CRITICAL DEFICIENCY

1. The *Medical History Form* has inaccuracies or indicates the presence of conditions that **do** endanger the patient, candidate and/or examiners (in this situation, the Periodontal Scaling Examination will be stopped). The candidate submits an incomplete and/or incorrect *Patient Consent Form* or *Medical History Form* for the second time.
2. The patient's systolic and/or diastolic blood pressure is between 160/95 and 179/109 **without** a written medical clearance from a physician authorizing treatment, or blood pressure is 180/110 or greater even with a written medical clearance from a physician authorizing treatment.
3. Radiographs are of unacceptable diagnostic quality and/or are missing and not available on request. (In this situation, the Periodontal Scaling Examination will be stopped).

## **TREATMENT AND TISSUE MANAGEMENT**

1. The patient has adequate anesthesia for pain control, is comfortable and demonstrates no evidence of distress or pain.
2. Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft or hard tissue trauma occurs as a result of the scaling and polishing procedures

## **ADHERES TO CRITERIA**

1. There is slight soft tissue trauma that is consistent with the procedure.

## **MARGINALLY SUBSTANDARD**

1. There is inadequate anesthesia for pain control. (The patient is in obvious distress or pain.)
2. There is minor soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include, but is not limited to, abrasions, lacerations or ultrasonic burns.
3. There is minor hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment.

## **CRITICAL DEFICIENCY**

1. There is major damage to the soft and/or hard tissue that is inconsistent with the procedure and pre-existing condition. This damage may include, but is not limited to, such trauma as:
  - Amputated papillae
  - Exposure of the alveolar process
  - A laceration or damage that requires suturing and/or periodontal packing
  - One or more ultrasonic burns that require follow up treatment
  - A broken instrument tip in the sulcus or soft tissue
  - Root surface abrasions that require additional definitive treatment

## **I. Manikin-Based Procedure: Examination Overview**

The Dental Manikin Periodontal Scaling Examination evaluates the candidate's ability to remove calculus on 12 surfaces in one quadrant of a typodont. Candidates will be assigned a typodont and the surfaces to be treated will be found on a candidate *Progress Form*. Each candidate will have ninety (90) minutes to complete this examination. At the conclusion of treatment, subgingival surfaces of the assigned teeth must be smooth with no deposits detectable with an #11/12 explorer and with no major soft or hard tissue damage present.

## **J. Manikin-Based Procedure: Instruments, Materials, and Techniques**

Ultrasonics may be used for calculus removal; however, it will be the exam site's decision whether they can be used in their facility. Instruments do not need to be sterilized for this examination, unless otherwise specified by the exam site. As always, it is the candidate's responsibility to check with the exam site to determine their specific requirements. Once the examination has begun, all CDC infection control guidelines must be followed.

The use of any instruments, materials, solvents, or techniques that are not widely accepted as appropriate for patient care and taught in CODA-Accredited Dental Schools is not allowed and will result in termination of the exam.

## **K. Manikin-Based Procedure: PPE**

Appropriate PPE is required for this exam which includes gloves, masks, gowns and eye protection

## **L. Manikin-Based Procedure: Evaluations**

Evaluations are made in a "triple blind" manner. Three examiners will independently evaluate each presentation of candidate performance and enter their evaluations electronically. No examiner will see the evaluations of another, and examiners are prohibited from discussing their evaluations during the examination. Examiners are randomly assigned, and evaluations are made according to defined criteria. Candidates' performance is electronically scored. At least two of three examiners must note the same result to achieve a validated performance for each criterion. Typodonts may be evaluated on site the day of the exam or at a grading session held at the CDCA-WREB Office. Scores are released within 3 weeks.

### **GRADING RUBRIC**

<b>Criterion</b>	<b>Pass</b>	<b>Fail</b>
<b>Calculus Removal</b>	0-3 errors	4+ errors
<b>Major Soft Tissue/Hard Tissue Damage</b>	None Present	Present

# The ADEX Dental Examination Series: Restorative and Periodontal Procedures

## VI. 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
  - Periodontal Treatment Selection Worksheet
  - Electronic Treatment Selection Entry
  - Periodontal Declaration 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 patient-based 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 cubicle *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**

This form is titled "Patient Consent, Disclosure, and Assumption of Responsibility (Page Two)". It includes a "Candidate Sequential" label at the top right with a box for "PLACE ID LABEL HERE" and a "Test Site" box. The main body of the form contains several sections:
 

- Patient Consent, Disclosure, and Assumption of Responsibility:** A statement where the candidate authorizes the individual listed below to perform the following dental procedure(s) during the administration by the testing agency CDCA of a dental licensing examination (the "examination").
- Procedure Selection:** Two columns of checkboxes for "Posterior Amalgam Prep and Restoration", "Posterior Composite Prep and Restoration", "Anterior Composite Prep and Restoration", and "Periodontal Scaling".
- Acknowledgment:** A section where the candidate understands 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:** A statement that 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:** A statement that 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:** A statement that 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:** A statement that 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.

## 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.


This form is titled "INTERPRETER DISCLOSURE STATEMENT AND INTERPRETER ID FORM". It includes a "CDCA WREB" logo and a box for "Interpreter Photo". The main body of the form contains several sections:
 

- ATTENTION:** A note stating that if you will be using the services of an interpreter during the CDCA-WREB Patient Treatment Clinical Examination, 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. Both forms must be presented in our sealed form, in the CDCA-WREB Chief Examiner on the day of the examination or before the interpreter is permitted on the clinic floor.
- Interpreter Information:** Fields for "I, Candidate ID: [ ] and Candidate Sequential: [ ] at Test Site: [ ]", "A Time Just: [ ] (interpreter name)", and "who is serving as an interpreter for my patient during the CDCA-WREB examination on: [ ]".
- Interpreter Qualifications:** A section where the interpreter is not a faculty member, dentist, dental hygienist, or dental therapist (licensed or unlicensed), fourth (final) year dental student or final year dental hygiene student, simultaneously serving as a candidate assistant, and is at least 18 years of age.
- Interpreter Statement:** A statement where the interpreter affirms that they will wear scrubs and the photo identification badge at all times while working on this examination and that they understand that they are responsible for any actions and behavior of the interpreter that may violate the examination policy of the CDCA-WREB Patient Treatment Clinical Examination.
- Interpreter Signature:** A line for the interpreter's signature and a box for the date.
- Authorized Interpreter ID Card:** A section titled "Below is the authorized interpreter ID card." with fields for "Your Candidate's #", "Interpreter Name", "Date", "Site", "Interpreter Address", and "Interpreter Phone Number".

### 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, one 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.

 <b>DENTAL EXAMINATION ASSISTANT CERTIFICATION</b>	Candidate Sequential: <b>PLACE ID LABEL HERE</b> Test Site: _____	Place Assistant Photograph here
--	---	--

**Candidate Agreement for the Utilization of a Chairside Assistant during the ADEX Restorative/Periodontal Clinical Examination in Dentistry.**

**ATTENTION:** If you are using a chairside assistant during the ADEX Patient Treatment/Clinical Examinations you must complete this agreement. Attach a photograph of your assistant in the box designated areas on this form. This form must be prospectively by the Chief Examiner the day of the examination, otherwise, you will not be permitted to utilize a chairside assistant.

I, Candidate ID: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	And Candidate Sequential #: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>	At Test Site: _____
---	--	---------------------

I, Affirm that, Assistant Name: _____	Assistant Phone #: _____
---------------------------------------	--------------------------

**We list as a chair-side assistant for the examination date below.**

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

I affirm that said chair side assistant is not a certified dental hygienist or dental therapist (corrected or uncorrected), health (first aid or certified), dental technician, an interpreter for any condition during this exam, nor any certified assistant employing any medical duty procedure.

I affirm that the chair side assistant will remain properly attired and in proper identification throughout all of times while assisting on.

I, "do/stand that, an irresponsible to try and all actions and behaviors of the chair side assistant, that may violate the examination policy of the AP/ X Examination

If the chair-side assistant I affirm that I will maintain the anonymity of all candidates and examiners that I may encounter.

I, "do/stand that as a chair-side assistant, I am not to enter the scoring area at any time prior to, during and following the published times of the examination.

I, "do/stand that failure to comply with any of the aforementioned articles will result in the candidate's dismissal from and failure of the exam. Additional penalties may also include restrictions on the candidate's ability to sit for future exams.

By signing below, I acknowledge that all attractions will be reported to the State Board of Dental.


This agreement (with the attached print of the exam station) will be held by the Chief Examiner on-site and will be sent to the CDCOA-WREB office when the examination is complete.


  

Candidate's Signature: _____	Date: _____
Assistant's Signature: _____	Date: _____


---

<b>Authorized Chairside Assistant:</b>  <div style="text-align: center;">  </div>	<table style="width: 100%;"> <tr> <td style="text-align: center;"> <b>CDCOA-WREB</b>  <small>Candidate Registration Number</small>  <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div> </td> </tr> <tr> <td> <small>Chairside Assistant Name</small>            _____   <small>Date</small>            _____   <small>Signature</small>            _____         </td> </tr> </table>	<b>CDCOA-WREB</b> <small>Candidate Registration Number</small> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div>	<small>Chairside Assistant Name</small> _____  <small>Date</small> _____  <small>Signature</small> _____
<b>CDCOA-WREB</b> <small>Candidate Registration Number</small> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px auto;"></div>			
<small>Chairside Assistant Name</small> _____  <small>Date</small> _____  <small>Signature</small> _____			



#### 4. Patient Based Procedures: Medical History Form

Each patient must have a completed *Medical History Form*, which can be downloaded from your online candidate profile. A copy will also be provided with exam materials on the day of the examination. 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 pgs. 8-9 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.

LETTER	EXPLANATION FOR QUESTION # (continued)
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <h1 style="text-align: center;">Medical History Form</h1> </div> <div style="width: 45%; text-align: right;"> <p>_____, YES NO</p> <p>_____, YES NO</p> </div> </div>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p><b>Patient's name:</b> _____</p> <p><b>Birth Date:</b> _____ <b>Weight:</b> _____</p> </div> <div style="width: 45%; text-align: right;"> <p><b>Date Form Completed:</b> _____</p> </div> </div>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p><b>Blood Pressure:</b> _____ <b>Date/Time Taken:</b> _____</p> <p><small>Health History/History of Conditions</small></p> </div> <div style="width: 45%; text-align: right;"> <p><b>Interpretation, Interpretation or Variation, Patient's Disease, YES NO</b></p> <p><b>n (pathologic acid), Anemia (pernicious), Herpesplex</b></p> </div> </div>	
<p><b>INSTRUCTIONS TO THE PATIENT:</b></p> <p>Answer the following questions as completely and accurately as possible. All information is <b>CONFIDENTIAL</b>. Please circle "yes" or "no" to <b>ALL</b> questions, and write in your answers as appropriate.</p>	
<p>1. Are you under the care of a physician at this time? _____ YES NO</p> <p>If yes, for what condition? _____</p>	
<p>2. The name and address of my physician is: _____</p>	
<p>3. Your last physical examination was on _____ YES NO</p>	
<p>4. Has a physician treated you in the past six months? _____ YES NO</p> <p>If yes, for what condition? _____</p>	
<p>5. Have you been hospitalized or have a serious illness (including MRSA infection) within the last five years? _____ YES NO</p> <p>If yes, please specify: _____</p>	
<p>6. Are you allergic or have any adverse reaction to any medicines, drug, local anesthetic, LATEX or other substances? _____ YES NO</p> <p>If yes, please specify: _____</p>	
<p>7. Do you now or have you ever smoked cigarettes or used tobacco products? _____ YES NO</p> <p>If yes, please specify: Number of packs/day _____ Number of years _____</p>	
<p>8. Do you have or have you had any of the following diseases/problems? Please explain "YES" answers on the back.</p>	
<p>A. Abnormal Bleeding, Bruise or history of transfusion, taking aspirin or blood thinner</p>	<p>YES NO Q. Alcohol/drug/heart valve _____ YES NO</p>
<p>B. Lung/respiratory condition (asthma, bronchitis, emphysema)</p>	<p>YES NO R. Valve damage/heart valve transplant _____ YES NO</p>
<p>C. Diabetes</p>	<p>YES NO S. Congenital heart disease _____ YES NO</p>
<p>D. Emotional/Neurological health disorder (anxiety, depression, bipolar disorder)</p>	<p>YES NO T. Infective endocarditis (heart infection) _____ YES NO</p>
<p>E. Fungal/yeast/sexual/oral/mucous</p>	<p>YES NO U. Heart attack _____ Date _____ YES NO</p>
<p>F. Liver disease (hepatitis/AIDS/Cirrhosis)</p>	<p>YES NO V. Heart surgery _____ Date _____ YES NO</p>
<p>G. High blood pressure</p>	<p>YES NO W. Stroke _____ YES NO</p>
<p>H. HIV/AIDS</p>	<p>YES NO X. Congestive heart failure _____ YES NO</p>
<p>I. HIV, Hepatitis, or other heart disease</p>	<p>YES NO Y. Coronary artery or other heart disease _____ YES NO</p>
<p>J. Kidney/renal disease</p>	<p>YES NO Z. Arteriosclerosis/Coronary occlusion _____ YES NO</p>
<p>K. Sexually Transmitted Disease(s)</p>	<p>YES NO AA. Recreational _____ YES NO</p>
<p>L. Stomach ulcers</p>	<p>YES NO BB. Implanted cardiac device/defibrillator _____ YES NO</p>
<p>M. Thyroid disease</p>	<p>YES NO CC. Immune suppressor or deficiency _____ YES NO</p>
<p>N. Tuberculosis</p>	<p>YES NO DD. Cancer/Chemo/radiation therapy _____ YES NO</p>
<p>O. Anti-arhythmic drug (pacemaker, ICD or ICD) _____ Date _____</p>	<p>YES NO EE. Drug abuse (cocaine, methamphetamine, alcohol, crack) or drug rehabilitation _____ YES NO</p>
<p>P. Angina/Heart pain, Shortness of breath</p>	<p>YES NO FF. Alcohol/drug (alcohol or tuberculosis) _____ YES NO</p>
<p><b>LETTER</b> <b>EXPLANATION FOR QUESTION #</b></p>	

## 5. Patient-Based Procedure: Periodontal Treatment Selection Worksheet

This form is available to candidates intending to challenge the Periodontal Scaling procedure and can be downloaded from the candidate's online profile. Prior to the examination day, candidates may use this worksheet to help them in their treatment selection preparation. This form is for candidate use only, and it will NOT be sent to the Evaluation Station. Once this form is completed, the information on it must be transferred to the software system (see #6 below).

For a case to be considered Acceptable, the following criteria must be met: (also see pgs. 54-55 for additional guidelines)

- Six to eight teeth selected, each with at least one surface of calculus charted
- At least three posteriors (molars, premolars), including at least one molar, in the selection
- All posterior teeth must have at least one approximating tooth within a 2.0 mm distance
- Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of **interproximal** calculus on molars/premolars
- At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)

**Periodontal Treatment Selection Worksheet**

Candidate Sequential: \_\_\_\_\_  
PLACE ID LABEL HERE  
Test Site: \_\_\_\_\_

At least 48 hours before the first day of the examination, all information on this form must be entered into your online candidate profile via the "Place Teeth Entry" link. If you do not complete this task, you will have to enter your teeth selection onsite at the exam. It is the candidate's responsibility to accurately transfer the information from this worksheet.

Each time the patient is sent to the Evaluation Station, the Periodontal Progress Form, Medical History Form, Patient Consent Form, and radiographs must accompany the patient.

The assigning examiner will insert your finish time on the Periodontal Progress Form.

The assigning examiner will also grant permission to administer the anesthetic solution.

**Subgingival Calculus Detection**

In the large boxes to the left, enter the number of the 6 to 8 teeth in the larger box and indicate in the smaller adjacent box the surface on that tooth where the calculus is located that you have selected for removal (M = Mesial, F = Facial, D = Distal, L = Lingual). Twelve surfaces must be indicated. If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed. For example: 

3	M
3	D

- At least three of the selected teeth must be molars and/or premolars including one molar
- All posterior teeth must have at least one approximating tooth within 2 mm distance
- Record the tooth numbers in ascending order using the 1 to 32 system
- Each tooth selected must have at least one surface of calculus indicated for removal
- No more than 4 surfaces may be selected on incisors

At least 3 surfaces must be on interproximal surfaces of molars and/or premolars.

**Plaque/Stain Removal**

Enter the numbers of the first 6 separate teeth (from the list of teeth above selected for Subgingival Calculus Detection). These teeth will be evaluated for the removal of plaque, stain, and supragingival calculus on the crowns of the teeth.

## 6. Patient-Based Procedure: Electronic Treatment Selection Entry

Until 48 hours prior to the start of the first day of the exam, candidates may enter their treatment selections online through their candidate profiles. If you do not enter your teeth selection prior to 48 hours prior to the start of the first day of the exam, or if changes need to be made on the day of the exam, you may approach the check-in desk to make such changes/entries.

Once the CFE has approved the case for submission to the Evaluation Station, no changes may be made to the treatment selection.

# Forms to Complete During the Examination

## 1. Progress Forms

### a. Restorative Progress Form

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 is in contact at initial submission.

The image shows two forms: 'POSTERIOR RESTORATION Progress Form' and 'ANTERIOR RESTORATION Progress Form'. Both forms have a top section for 'Candidate Sequential' and 'Cubicle' numbers, and a 'PLACE ID LABEL HERE' area. The 'ANTERIOR' form includes a 'Lesion Approval' section with a 'To Be Evaluated?' checkbox and a 'To Be Evaluated?' checkbox. It also has a 'Candidate Circle Tooth Number and Check Type of Restoration' section with a grid for tooth numbers (1-16) and restoration types (Direct, Indirect, Cast, etc.). The 'POSTERIOR' form has a similar grid but with different restoration types. Both forms have a 'CFE PROCESS NOTES' section with checkboxes for 'Indirect Pulp Cap', 'Exposure', 'Mid-diagnosis #1', and 'Mid-diagnosis #2'. There is also a 'PRE-TREATMENT MEDICATION' section with checkboxes for 'Pain Reliever', 'Antibiotic', and 'Antifungal'.

### b. Patient-Based Procedure: Periodontal Progress Form

The image shows the 'PERIODONTAL PROGRESS FORM'. It has a top section for 'Candidate Sequential' and 'Cubicle' numbers, and a 'PLACE ID LABEL HERE' area. The form includes sections for 'Radiographs' (1st and 2nd Radiographic Submission), 'Pretreatment Medication' (if required), 'Anesthetic Record' (if a local anesthetic were to be used on this patient you would provide), and 'CFE PROCESS NOTES'. The 'Anesthetic Record' section has checkboxes for 'Yes' and 'No' and a 'Finish Time' field. The 'CFE PROCESS NOTES' section has checkboxes for 'Indirect Pulp Cap', 'Exposure', 'Mid-diagnosis #1', and 'Mid-diagnosis #2'. There is also a 'PRE-TREATMENT MEDICATION' section with checkboxes for 'Pain Reliever', 'Antibiotic', and 'Antifungal'.

The *Periodontal Progress Form* is used to track the candidate advancement through the periodontal scaling procedure. A candidate ID label should be placed in the top right-hand corner of the form, and the anesthetic record must be completed prior to requesting a CFE to begin the Periodontal Case Acceptance (PCA) procedure, even if no anesthetic will be used. Candidates should take careful note of the finish time that will appear at the bottom of this form when the patient returns from the Evaluation Station after the pre-treatment evaluation.

## 2. Modification Request Form

The **Modification Request Form** is used to request permission to deviate from an "Acceptable" level restorative preparation. It includes fields for Candidate Sequential #, Cubicle #, Restorative type (Amalgam Prep or Composite Prep), Tooth #, Surface, and a certification statement. The form contains four sections for Modification Request #1 through #4, each with fields for What, Where, How Much, Why, and a decision (No Request, Granted, Not Granted) with corresponding checkboxes. A document field is also present for each request. The form is a white copy stapled to the back of the progress 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.

The **Instruction to Candidate Form** is used to provide written instructions to candidates. It includes fields for Candidate Sequential #, Cubicle #, Examiner 1, Examiner 2, and Authorized by CFE to continue. The form contains a list of instructions for the candidate to follow, such as Place Liner, Adjust/check occlusion location, Modify procedures as follows, Damage to adjacent tooth, Polish, Recontour, Adjacent, Unrecognized Exposure, Remove Restoration and place temporary/interim, Place temporary/interim restoration, Complete Follow-Up Form, Advise patient of need for further treatment, Replace rubber dam, Provide missing instrument, Provide missing card, Provide missing paperwork, Provide missing radiograph(s), Non-diagnostic radiographs, Administer additional local anesthesia, Proceed with indirect pulp cap and return patient, Repair or replace the pulp cap, Patient requested bathroom break, Other, and General Comments. The form is a white copy stapled to the back of the progress form.

**Instruction to Candidate 102 - 109-1810**

SEE CLINIC FLOOR EXAMINER BEFORE PROCEEDING

Procedure: Anterior: 3082-9314  
Tooth/Surface: 7 M  
Operator:

**Candidate Signature, Acknowledgment of Receipt:**

Authorized by CFE to continue: \_\_\_\_\_

Reason(s) for ITC:

Anterior Lesion Does Not Meet Examination Requirements

Lesion Details:

Tooth: 7  
Surface: M  
Approach: Facial

Reason(s) lesion was not approved:  
The wrong radiograph is presented for the treatment requested

Candidate must complete the following:

**CFE Signature:** \_\_\_\_\_  
Instructions to candidate and treatment have been completed.

ITC 102 - 100-1610 Anterior: 3082-9314 T - mslmmp: 15.22.29/29/2017

#### 4. Check-out Form

<b>Dental Candidate Check-out Form</b>	
<p>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.</p> <p style="text-align: center;"><i>Your Treatment Selection Worksheet will remain with you.</i></p> <p>CFE's INITIALS: <input style="width: 100px; height: 20px;" type="text"/></p> <ul style="list-style-type: none"><li><input type="checkbox"/> 1. Identification Badge (also include your assistant's and/or interpreter's badge, if applicable; discard the plastic holders with potentially infectious waste)</li><li><input type="checkbox"/> 2. Patient Treatment Consent Form (signed by patient) (candidate must sign at the end of the exam)</li><li><input type="checkbox"/> 3. Medical History Form for each clinical patient</li><li><input type="checkbox"/> 4. All Progress Forms<ul style="list-style-type: none"><li>a. Anterior (with pre-operative radiographs)</li><li>b. Posterior (with pre-operative radiographs)</li><li>c. Periodontal Scaling</li></ul></li><li><input type="checkbox"/> 5. 2 Cubicle cards</li><li><input type="checkbox"/> 6. Post-operative radiographs (Any post-operative radiographs of teeth restored during the examination must be submitted, clearly marked for identification)</li><li>7. Full mouth radiograph<ul style="list-style-type: none"><li><input type="checkbox"/> Returned to the candidate</li><li><input type="checkbox"/> Retained by the testing agency</li></ul></li><li><input type="checkbox"/> 8. White Envelope</li></ul>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Candidate Sequential: _____</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;"><b>PLACE ID LABEL HERE</b></div> <div style="border: 1px solid black; padding: 2px;">Test Site: _____</div> <div style="border: 1px solid black; padding: 2px;">Cubicle #: <input style="width: 40px;" type="text"/></div>

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)



## Patient Consent, Disclosure, and Assumption of Responsibility

Candidate Sequential:\_\_\_\_\_  
Candidate ID:\_\_\_\_\_  
**PLACE ID LABEL HERE**  
Test Site:\_\_\_\_\_

Cubicle #

I authorize the individual listed below (the “candidate”) to perform the following dental procedure(s) during the administration by the testing agency CDCA-WREB of an ADEX dental licensing examination (the “examination”):

- |   |  |
|---|--|
| <input type="checkbox"/> Posterior Amalgam Prep and Restoration   | <input type="checkbox"/> Anterior Composite Prep and Restoration |
| <input type="checkbox"/> Posterior Composite Prep and Restoration | <input type="checkbox"/> 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.



Candidate Sequential:\_\_\_\_\_  
Candidate ID:\_\_\_\_\_  
**PLACE ID LABEL HERE**  
Test Site:\_\_\_\_\_

Cubicle #

***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-WREB, 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-WREB 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 4<sup>th</sup> 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 / Candidate ID #

\_\_\_\_\_  
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



# INTERPRETER DISCLOSURE STATEMENT AND INTERPRETER ID FORM

*Interpreter  
Photo*

**ATTENTION:** If you will be using the services of an interpreter during the CDCA-WREB 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-WREB Chief Examiner on the day of the examination before the interpreter is permitted on the clinic floor.

I, 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-WREB examination on ☒☒

is not a faculty member, dentist, dental hygienist, or dental therapist (licensed or unlicensed), fourth (final) year dental student or final year dental hygiene student, simultaneously serving as a candidate assistant, 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 CDCA-WREB ADEX Examinations.

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 CDCA-WREB office 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.

Cut Here

AUTHORIZED INTERPRETER

Your Candidate's #

*Place  
Photo Here*

\_\_\_\_\_  
*Interpreter Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Site*

The CDCA-WREB  
1304 Concourse Dr., Suite 100  
Linthicum, MD 21090  
301.533.3085

*Please print all information clearly in ink.*

\_\_\_\_\_  
*Interpreter Name*

\_\_\_\_\_  
*Interpreter Address*

\_\_\_\_\_  
*Interpreter Phone Number*

This badge must be worn during the entire ADEX Examination. Interpreters without a badge will not be permitted on the examination floor.

This badge must be turned in with the photo attached at the end of the examination to the desk coordinator.



**DENTAL EXAMINATION  
ASSISTANT CERTIFICATION**

Candidate Sequential: \_\_\_\_\_

**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

Place  
Assistant  
Photograph  
here

**Candidate Agreement for the Utilization of a Chairside Assistant during the  
ADEX Restorative/Periodontal Clinical Examination in Dentistry.**

**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 Phone #: \_\_\_\_\_

Will act as a chair-side 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 chair-side assistant is not a dentist, dental hygienist, or dental therapist (licensed or unlicensed), fourth (final) year dental student, dental technician, an interpreter for any candidate during this exam, or any dental assistant employing expanded duty functions.

I affirm that the chair-side 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 chair-side assistant, that may violate the examination policy of the ADEX Examination.

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

I understand that as a chair-side 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.

This agreement (with the attached photo of the assistant) will be held by the Chief Examiner on-site and will be sent to the CDCA-WREB office when the examination is complete.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized Chairside Assistant**

Place  
Assistant  
Photograph  
here

**CDCA-WREB**

Candidate Sequential Number

--	--	--

Chairside Assistant Name

Date

Site



# Medical History Form

Candidate Sequential: \_\_\_\_\_  
**PLACE ID LABEL HERE**  
 Test Site: \_\_\_\_\_

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

Cubicle #:

Patient's name \_\_\_\_\_ Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight \_\_\_\_\_

Examiner Confirms ☐ ☐ ☐ ☐ ☐  
 BP Taken Day of Exam

Blood Pressure \_\_\_\_\_ Date/Time Taken \_\_\_\_\_

Examiner Confirms ☐ ☐ ☐ ☐ ☐  
 Radiographs Appropriate

Required – Must Be Taken Day of Examination

Examiner Number

## 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.

- Are you under the care of a physician at this time? ..... **YES NO**  
 If yes, for what condition? \_\_\_\_\_
- The name and address of my physician is: \_\_\_\_\_
- Your last physical examination was on \_\_\_\_\_
- Has a physician treated you in the past six months? ..... **YES NO**  
 If yes, for what condition? \_\_\_\_\_
- Have you been hospitalized or have a serious illness (including MRSA infection) within the last five years? ..... **YES NO**  
 If yes, please specify: \_\_\_\_\_
- Are you allergic or had any adverse reaction to any medicines, drugs, local anesthetics, LATEX or other substances? .... **YES NO**  
 If yes, please specify: \_\_\_\_\_
- 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: \_\_\_\_\_
- Do you have or have you had any of the following diseases/problems? Please explain "YES" answers on the back.

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

LETTER	EXPLANATION FOR QUESTION 8

LETTER	EXPLANATION FOR QUESTION 8 (Continued)

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

OTHER CONDITION	EXPLANATION

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)

MEDICATION/DOSAGE	REASON PRESCRIBED
1.	
2.	
3.	
4.	
5.	

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 Sequential:_____ Candidate ID:_____ <b>PLACE ID LABEL HERE</b> Test Site:_____
---

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

(Added at end of exam)

**Candidate Sequential:\_\_\_\_\_**  
**Candidate ID:\_\_\_\_\_**  
**PLACE ID LABEL HERE**  
**Test Site:\_\_\_\_\_**

- Each time the patient is sent to the Evaluation Station, the Periodontal Progress Form, Medical History Form, Patient Consent Form, and radiographs must accompany the patient
- The assigning examiner will insert your finish time on the Periodontal Progress Form
- The assigning examiner will also grant permission to administer the anesthetic solution

[illegible]

In the large boxes to the left. Enter the number of the 6 to 8 teeth in the larger box and indicate in the smaller adjacent box the surface on that tooth where the calculus is located that you have selected for removal (M = Mesial, F = Facial, D = Distal, L = Lingual). Twelve surfaces must be indicated. If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed. For example:

3 M then 3 D

- At least 3 surfaces must be on interproximal surfaces of molars and/or premolars.**


Enter the numbers of the first 6 separate teeth (from the list of teeth above selected for Subgingival Calculus Detection). These teeth will be evaluated for the removal of plaque, stain, and supragingival calculus on the crowns of the teeth.

Express Chair Request

Red dot indicates "to be evaluated"

Green dot indicates evaluated; does not mean "go" or "approved"

ANTERIOR

RESTORATION

Progress Form

Candidate Sequential: \_\_\_\_\_

PLACE ID LABEL HERE

Test Site: \_\_\_\_\_

# of Modification Request Forms:

1

2

3

4

5

Lesion Approval

Patient's Name: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_

Cubicle #:

If this patient is being "shared," please list other candidate's sequential # here: \_\_\_\_\_

Candidate: Circle Tooth Number and Check Type of Restoration

D

M

6

7

8

9

10

11

27

26

25

24

23

22

ACCESS: Lingual    Facial

Replacing Existing Restoration?    ☐ Yes    ☐ No

Attach radiographs to the top of this page

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 <input type="checkbox"/> No <input type="checkbox"/>
Anesthetic and Dose:	
Approval for Initial Anesthetic Examiner #:	<div></div> <div></div> <div></div> <div></div> <div></div>
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<div></div> <div></div> <div></div> <div></div> <div></div>
For this Procedure: Quantity of Anesthetic (cc) Actually Used	

PRE-TREATMENT MEDICATION (if required)

Medication(s) (Brand/Generic Name)	
Dosage/When Taken	

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

Exposure

Cariou: ☐    Mechanical: ☐

Checked by CFE

Misdiagnosis #1

CFE

CFE

Misdiagnosis #2

CFE

CFE

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.

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**CANDIDATE'S NOTES and COMMENTS TO EXAMINER, CONT'D**  
**(Not Modification Requests):**

**Candidate: Number each comment**

**CFE: Place your examiner number, initials, and time noted after each comment**

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.



Express Chair Request

Red dot indicates "to be evaluated"

Green dot indicates evaluated; does not mean "go" or "approved"

POSTERIOR

RESTORATION

Progress Form

Candidate Sequential: \_\_\_\_\_

PLACE ID LABEL HERE

Test Site: \_\_\_\_\_

# of Modification Request Forms:

1

2

3

4

5

Lesion Approval

Patient's Name: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_

Cubicle #:

If this patient is being "shared," please list other candidate's sequential # here: \_\_\_\_\_

Candidate: Circle Tooth Number & Check Restoration Type

123451213141516

32313029282120191817

Posterior Amalgam

MO

DO

MOD

Posterior Composite

MO

DO

MOD

Added Surfaces

Examiner #



Candidate initials affirming the contact is closed upon initial submission

: Attach radiographs to the top of this page :

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 <input type="checkbox"/> No <input type="checkbox"/>
Anesthetic and Dose:	
Approval for Initial Anesthetic Examiner #:	<div></div>
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<div></div>
For this Procedure Quantity of Anesthetic (cc)Actually used	

PRE-TREATMENT MEDICATION (if required)

Medication(s) (Brand/Generic Name)	
Dosage/When Taken	

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

Exposure

Carious:

Mechanical:

Checked by CFE

Misdiagnosis #1

CFE

CFE

Misdiagnosis #2

CFE

CFE

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'S NOTES and COMMENTS TO EXAMINER, CONT'D**  
**(Not Modification Requests):**

**Candidate: Number each comment**

**CFE: Place your examiner number, initials, and time noted after each comment**

This image shows a single sheet of bright yellow paper. It features horizontal ruling lines spaced evenly across its surface, typical of notebook paper. The lines are thin and dark, contrasting with the vibrant yellow background. There are no margins, text, or other markings on the page.

# PERIODONTAL PROGRESS FORM

Candidate Sequential: \_\_\_\_\_

**PLACE ID LABEL HERE**

Test Site: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Cubicle #: \_\_\_\_\_

Assistant's Name: \_\_\_\_\_

If this patient is being "shared," please list other Candidate Sequential # here: \_\_\_\_\_

<b>Radiographs</b>	
1st Radiographic Submission Examiner #:	
2nd Radiographic Submission (if required) Examiner #:	

<b>Pretreatment Medication (if required)</b>	
Medication(s) (Brand/Generic Name):	
Dosage/When Taken:	

<b>Anesthetic Record</b>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anesthetic and Dose:	
Approval for Initial Anesthetic Examiner #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
For this Procedure - Quantity of Anesthesia (cc) Actually Used:	

## CFE PROCESS NOTES:

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

**Finish Time:**

\_\_\_\_\_

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.

# MODIFICATION REQUEST FORM

Cubicle #:

--	--	--	--

Candidate Sequential: \_\_\_\_\_

PLACE ID LABEL HERE

Test Site: \_\_\_\_\_

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

## 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: \_\_\_\_\_

No Request ☐

Granted ☐

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Not Granted ☐

--	--	--	--	--

--	--	--	--	--

Document: \_\_\_\_\_

## Modification Request #2

What: \_\_\_\_\_

Where: \_\_\_\_\_

How Much: \_\_\_\_\_

Why: \_\_\_\_\_

No Request ☐

Granted ☐

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Not Granted ☐

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--	--	--	--	--

Document: \_\_\_\_\_

## Modification Request #3

What: \_\_\_\_\_

Where: \_\_\_\_\_

How Much: \_\_\_\_\_

Why: \_\_\_\_\_

No Request ☐

Granted ☐

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Not Granted ☐

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--	--	--	--	--

Document: \_\_\_\_\_

## Modification Request #4

What: \_\_\_\_\_

Where: \_\_\_\_\_

How Much: \_\_\_\_\_

Why: \_\_\_\_\_

No Request ☐

Granted ☐

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Not Granted ☐

--	--	--	--	--

--	--	--	--	--

Document: \_\_\_\_\_

# Instruction to Candidate

Candidate: You must see a CFE ***before*** proceeding

Candidate Sequential #:

Cubicle #:

## Procedure:

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

Tooth #  
(if applicable)

Examiner 1:

Examiner 2:

Authorized by  
CFE to continue:

- ☐ 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

General Comments:  
(Examiner Use Only)

Candidate: Place an ID label below and enter your initials to confirm that you understand

Candidate Sequential: \_\_\_\_\_  
Candidate ID: **PLACE ID LABEL HERE**  
Test Site: \_\_\_\_\_

Initials:

# Dental Candidate Check-out Form

Candidate Sequential:\_\_\_\_\_

Candidate ID: \_\_\_\_\_  
**PLACE ID LABEL HERE**

Test Site:\_\_\_\_\_

Cubicle #:

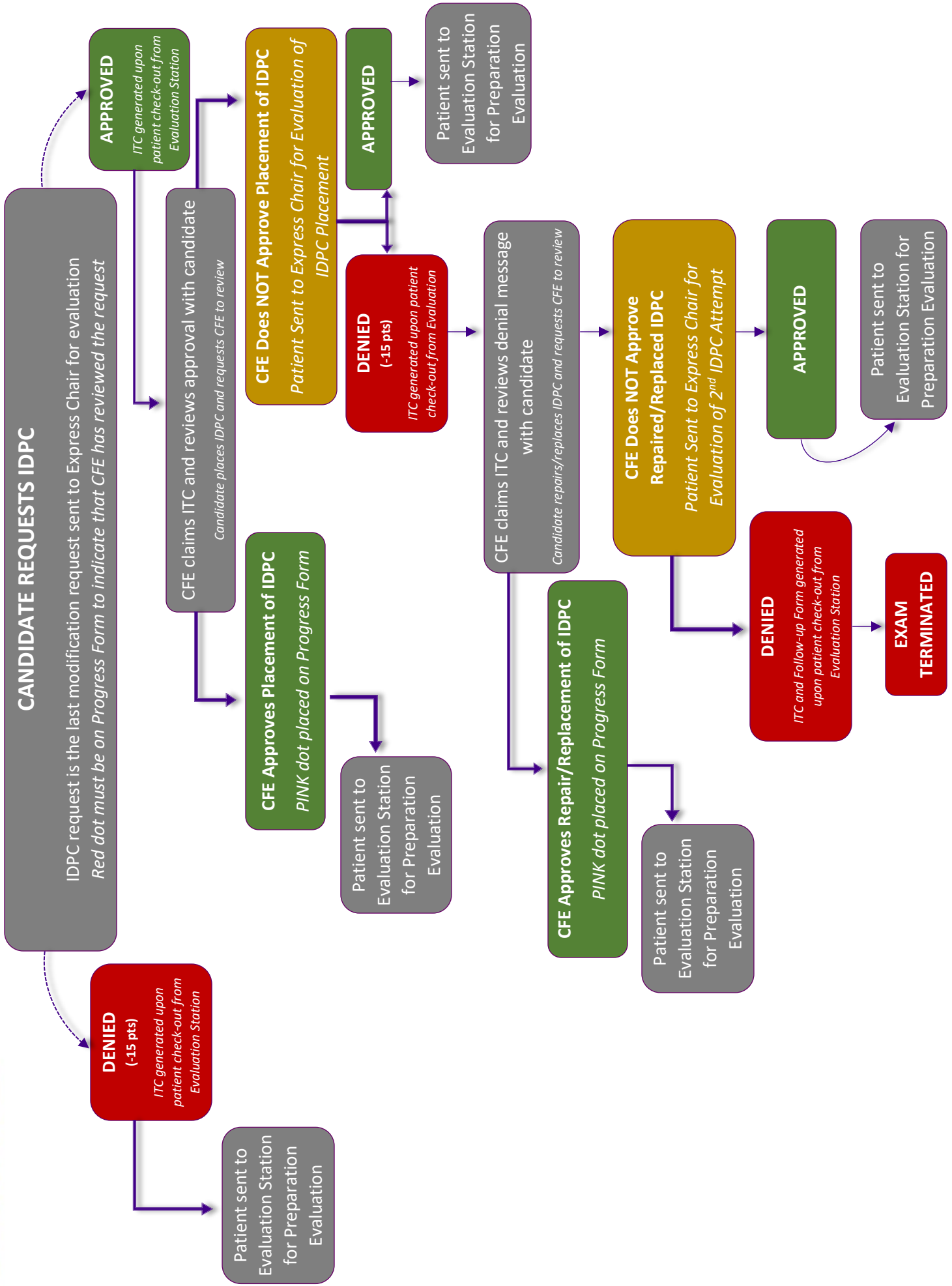
When you have completed the examination, turn in the following materials to the CFE **in the order listed below**. Once the CFE has verified that all materials have been returned, you will place the following documents inside your white candidate envelope. This will conclude the examination.

*Your Treatment Selection Worksheet will remain with you.*

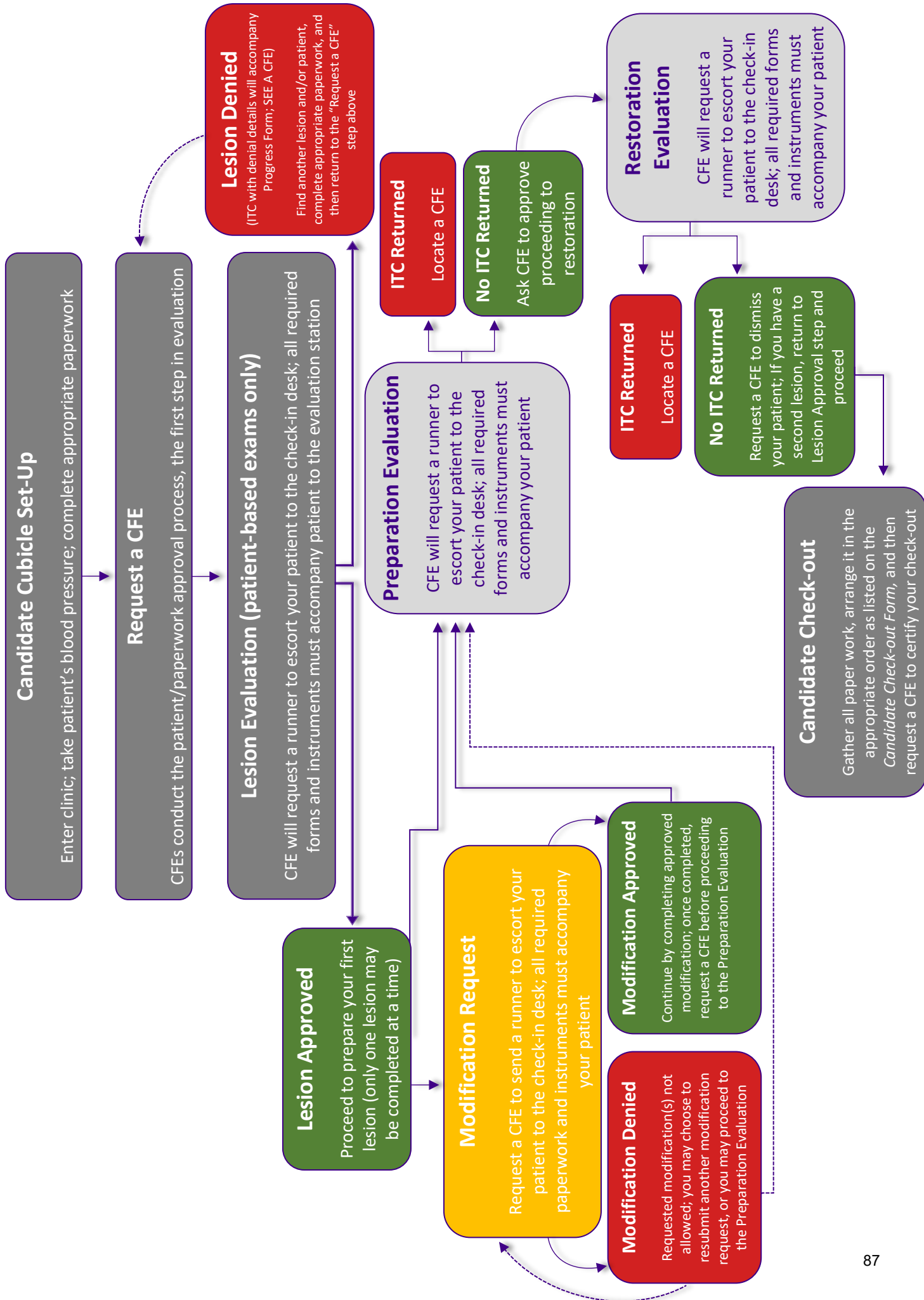
CFE's INITIALS:

- ☐ 1. 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. 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

# INDIRECT PULP CAP REQUEST FLOW CHART



# RESTORATIVE EXAM FLOW CHART





# PERIODONTAL EXAM FLOW CHART

