



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

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

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

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

All candidates who take any parts of the CDCA-WREB Dental Therapy Exam are responsible for reading and understanding the manual(s) published by CDCA-WREB, and for reviewing and understanding all other material provided by CDCA-WREB. If, while reviewing any exam related materials, questions regarding administrative procedures arise, it is the candidate's responsibility to resolve those questions by contacting the CDCA-WREB office **via the "CONTACT US" tab on our website**. Questions **MUST** be submitted in writing.

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

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

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 therapy student's final year. Typically, the manikin procedures are administered separately, usually months or weeks apart from the restorative 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 manikin section and the restorative examination are administered in their entirety at each site over the course of two consecutive days. The Traditional Format is available several times each year.

B. Restorative Exam Parts

The Restorative Examination 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

PATIENT MUST:
Be 18 years of age or older
Have an Acceptable Blood Pressure Measurement: <ul style="list-style-type: none">• 159/94 or below is acceptable without a medical clearance• 160-179/95-109 is acceptable with a medical clearance only

PATIENTS CANNOT:
Be Dentists, dental students in their fourth (or final) year
Have an Unacceptable Blood Pressure Measurement: <ul style="list-style-type: none">• 180/110 or above is not acceptable, even with a medical clearance
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.

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

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

Medical History Form

Candidate Sequential: _____
PLACE ID LABEL HERE
Test Site: _____
Put in this space. If you do not have an ID label, write in the corresponding number from your CFE and on the label sheet. Circle it.

Patient's name _____ Date Form Completed _____
Birthdate: ____/____/____ Weight _____

Examiner/Confirms

BP Taken Day of Exam

Examiner/Confirms

Repeating BP/Supervision

Signature

Blood Pressure _____ Date/Time Taken _____

INSTRUCTIONS TO THE PATIENT:

Answer the following questions as completely and accurately as possible. All information is CONFIDENTIAL. Please circle "yes" or "no" to all questions, and write in your answers as appropriate.

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

2. The name and address of my physician is:

3. Your last physical examination was on:

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

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

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

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

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

A. Abnormal bleeding, stroke or history of	YES NO	G. Artificial/metallic heart valves	YES NO
anastomosis, taking aspirin or blood thinner		date:	
B. Lung/respiratory condition (asthma,	YES NO	H. Valve damage following heart transplant	YES NO
chronic cough, emphysema)		date:	
C. Diabetes	YES NO	I. Congenital heart disease	YES NO
D. Endocrine (thyroid, diabetes, prostate, breast,	YES NO	J. Infective endocarditis (heart infection)	YES NO
dependence, bipolar disorder)		date:	
E. Epilepsy/Seizures/Convulsions	YES NO	K. Heart attack	YES NO
F. Liver disease (hepatitis, alcohol, cirrhosis)	YES NO	L. Heart surgery	YES NO
G. High blood pressure	YES NO	M. Stroke	YES NO
H. HIV positive/AIDS	YES NO	N. Congestive heart failure	YES NO
I. HIV, Acquired Immune Deficiency	YES NO	O. Coronary artery or other heart disease	YES NO
J. Kidney/renal disease	YES NO	P. Aortic aneurysm/Coronary or aortic	YES NO
K. Sexually Transmitted Disease(s)	YES NO	Q. Pacemaker	YES NO
L. Stomach ulcers	YES NO	R. Implanted cardio-defibrillator	YES NO
M. Thyroid disease	YES NO	S. Immune suppression or deficiency	YES NO
N. Tuberculosis	YES NO	T. Cancer/Chemotherapy/radiation	YES NO
O. Artificial/prosthetic joint replacement	YES NO	U. Drug abuse (cocaine, methamphetamine,	YES NO
bone or hip)	YES NO	date:	
P. Angina/Chest pain, shortness of breath	YES NO	V. Alcohol abuse (alcohol in hospital)	YES NO

LETTER

EXPLANATION FOR QUESTION

Turn Over →

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-WREB's specific policies and administrative guidelines.

CDCA-WREB 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 CDCA-WREB.

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), CDCA-WREB will make every attempt to contact candidates with updated information.

2. Time Allotment on Exam Day:

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 CDCA-WREB'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 Dental Therapy Examination, you must score 75 or higher on all procedures. State statutes have set 75 as the minimum passing score and the CDCA-WREB 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
<p><u>Anterior restoration (100 points)</u> Class III composite - cavity preparation and restoration are graded separately</p> <p><u>Posterior restoration (100 points)</u> candidate's choice of either:</p> <ul style="list-style-type: none">▪ Class II amalgam - cavity preparation and restoration▪ Class II composite - cavity preparation and restoration	<p>Performed on a patient or on a CompeDont</p> <p>Preparation and Restoration are each graded by 3 examiners independently</p>

3. 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.

PENALTY	VALUE
PATIENT MANAGEMENT	
Disregard for patient comfort, safety or welfare	100
PROFESSIONAL DEMEANOR	
Appearance unprofessional, unkempt, or unclean	10
Attitude rude, inconsiderate, and/or uncooperative	100
INFECTION CONTROL	
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
TREATMENT MANAGEMENT	
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 nd time	10
Non-diagnostic radiograph(s): 3 rd 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
PULPAL EXPOSURES	
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

Restorative 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-WREB 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-WREB 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.

- a. **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.
- b. **Registered/assigned procedures:** Only the treatment and/or procedures for which a candidate has registered, paid for, and been assigned to on the specified examination date may be performed (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.

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3. **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.

4. **COMMUNICATION FROM EXAMINERS**

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

5. EXAMINATION TIMELINES

2 PROCEDURES (7 HOURS)		1 PROCEDURE (4 HOURS)	
TIME	Restorative	TIME	Restorative
	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	Clock Begins	TREATMENT TIME BEGINS
1 hr 45 minutes prior to finish time	Lesion Approval for final lesion must be completed	1 hr 45 minutes prior to finish time	Lesion Approval must be completed
1 hr 15 minutes prior to finish time		1 hr 15 minutes prior to finish time	
1 hour prior to finish time	Patient must be in line for Preparation Check-in	1 hour prior to finish time	Patient must be in line for Preparation Check-in
Finish Time	EXAM OVER (Restoration Checked-In for Evaluation)	Finish Time	EXAM OVER (Restoration Checked-In for Evaluation)

The ADEX Dental Examination Series: Restorative 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 permanent anterior tooth that meets the following requirements:			MUST be a permanent posterior tooth that meets the following requirements:	MUST be a permanent posterior tooth 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	
			The tooth must be in contact with a sound enamel surface or a permanently restored surface of an adjacent tooth	
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.		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		
		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		
The approximating contact of the adjacent tooth must be natural tooth structure or a permanent restoration			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	
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				
Occlusion may or may not be present				
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-WREB/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?

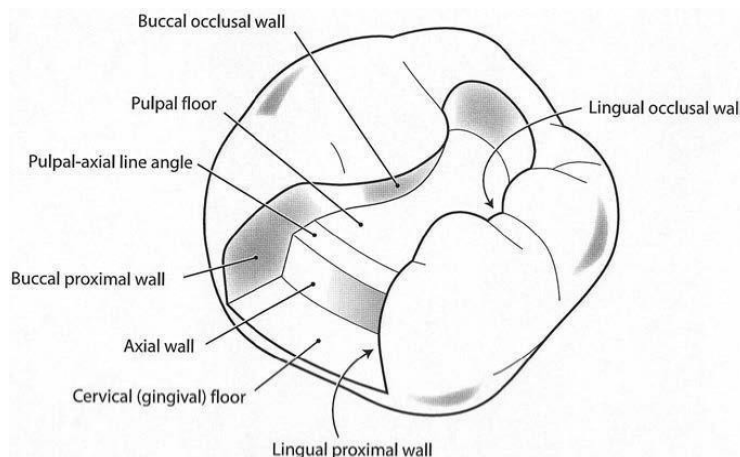
1) *Modification Request Form*: A *Modification Request Form* has numbered sections for up to four individual modification requests. Each request must be for one specific modification. For example, if a carious area involves the pulpal floor and the buccal wall, two separate requests must be made—one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

Once the candidate has dismissed their patient, as approved by the CFE, candidates 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)

Restorative Procedures

IV. 2022 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*

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 ≤ 1.5 mm in depth from the DEJ. MAX LATERALS & MAND INCISORS: The depth of the axial wall extends ≤ 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 ≤ 2.5 mm in depth from the DEJ. MAX LATERALS & MAND INCISORS: The depth of the axial wall extends > 1.25 mm but ≤ 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*

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 ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.
SUB	A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin. B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. There is flash with contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.
DEF	A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the teeth. B. There is a margin excess (excluding bonding agent or unfilled resin) of > 1.0 mm.
Adjacent Tooth Structure	
ACC	There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration. (Enameloplasty)
DEF	There is gross enameloplasty resulting in the exposure of dentin.
CONTOUR, CONTACT, AND OCCLUSION	
Interproximal Contact	
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but may demonstrate little resistance to dental floss.
DEF	A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.
Centric/Excursive Contacts	
ACC	When checked with articulating ribbon paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
SUB	When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.
DEF	There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

TREATMENT MANAGEMENT

Adjacent Tooth Damage

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*

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 ≤ 1.5 mm on either one or both proximal walls.
SUB	A. Proximal clearance at the height of contour is > 1.5 mm but ≤ 3.0 mm on either one or both proximal walls.
DEF	A. Proximal clearance at the height of contour is > 3.0 mm on either one or both proximal walls. B. The walls of the proximal box are not visually open.
Gingival Clearance	
ACC	The gingival clearance is visually open but ≤ 2.0 mm.
SUB	A. The gingival clearance is > 2.0 mm but ≤ 3.0 mm.
DEF	A. The gingival clearance is > 3.0 mm. 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° but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).
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 ≤ 1.5 mm.
SUB	A. The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.
DEF	A. The axial wall extends beyond the DEJ > 2.5 mm. B. The axial wall is entirely in enamel.
Pulpal Floor	
ACC	The pulpal floor depth extends beyond the DEJ ≤ 1.5 mm.
SUB	A. The pulpal floor extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.
DEF	A. The pulpal floor extends beyond the DEJ > 2.5 mm. B. The pulpal floor is entirely in enamel.
Caries/Remaining Material	
ACC	All caries and/or previous restorative material are removed.
DEF	A. Caries has not been accessed and/or remains in the preparation. B. Previous restorative material remains in the preparation.
Retention	
ACC	Retention, when used, is well defined, in dentin, and does not undermine enamel.
SUB	Retention, when used, undermines the enamel or may compromise the tooth or restoration.
DEF	Retention, when used, grossly compromises the tooth or restoration.
Proximal Box Walls	
ACC	The walls of the proximal box are parallel, but appropriate internal retention is present.
SUB	The walls of the proximal box diverge occlusally which is likely to jeopardize the longevity of the tooth or restoration.
DEF	The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration.
TREATMENT MANAGEMENT	
Adjacent Tooth Damage	
ACC	Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
SUB	Damage to adjacent tooth/teeth requires re-contouring that changes the shape and/or contour and/or contact.
DEF	There is gross damage to adjacent tooth/teeth which requires a restoration.
Soft Tissue Damage	
ACC	The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

RESTORATION: *POSTERIOR AMALGAM*

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 ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.
SUB	A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin. B. EXCESS: Any marginal excess is detectable visually or with the tine of an explorer, and the discrepancy is > 0.5 mm but ≤ 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*

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 ≤ 1.0 mm beyond either one or both proximal walls.
SUB	Proximal clearance at the height of contour extends > 1.0 mm but ≤ 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 ≤ 1.0 mm.
SUB	A. The gingival clearance is > 1.0 mm but ≤ 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 ≤ 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° ; The gingival floor is flat, smooth, and perpendicular to the long axis of the tooth.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

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 ≤ 1.5 mm.
SUB	A. The axial wall extends beyond the DEJ > 1.5 mm but ≤ 2.5 mm.
DEF	A. The axial wall extends beyond the DEJ > 2.5 mm. B. The axial wall is entirely in enamel.
Pulpal Floor	
ACC	The pulpal floor depth is ≥ 0.5 mm but ≤ 3.0 mm in all areas; there may be remaining enamel.
SUB	A. The pulpal floor depth is > 3.0 mm but ≤ 4.0 mm from the cavosurface margin.
DEF	A. The pulpal floor is > 4.0 mm from the cavosurface margin. 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*

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 ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.
SUB	A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin. B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. There is flash with contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.
DEF	A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth. B. There is a marginal excess (excluding bonding agent or unfilled resin) of > 1.0 mm.

Adjacent Tooth Structure

ACC	There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.
DEF	There is gross enameloplasty resulting in the exposure of dentin.

Bonding

ACC	The restoration is bonded to the prepared tooth structure.
DEF	The restoration is debonded and/or movable in the preparation.

CONTOUR, CONTACT, AND OCCLUSION

Interproximal Contact

ACC	Interproximal contact is visually closed, and the contact appears adequate in size, shape, or position, but may demonstrate little resistance to dental floss.
DEF	A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.

Centric/Excursive Contacts

ACC	When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
SUB	When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.
DEF	There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

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.

Restorative 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)
 - 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

Patient Consent, Disclosure, and Assumption of Responsibility (Page Two)

Candidate Sequential: _____
PLACE ID LABEL HERE

Cubicle # _____

Patient Consent, Disclosure, and Assumption of Responsibility

I authorize the individual listed below (the "candidate") to perform the following dental procedure(s) during the administration by the testing agency CDCA of a dental licensing examination (the "examination"):

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

Acknowledgment
I understand the following:

- the candidate is not a licensed dentist and the State Board has not yet determined whether the candidate has the requisite skills to obtain 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.

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.

CDCA WREB 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. Both the ID form below. Both forms must be presented in our shared form in the CDCA-WREB Chief Examiner's day of the examination or before the interpreter is permitted on the clinic floor.

I, Candidate ID: _____ and Candidate Sequential: _____ at Test Site: _____
At Time: _____ (Interpreter Name: _____)
who is serving as an interpreter for my patient during the CDCA-WREB examination on: _____

I am not a faculty member, dental assistant, dental hygienist, or dental therapist (licensed or unlicensed), fourth (third) year dental student or first year dental hygiene student, simultaneously serving as a candidate assistant, and I am at least 18 years of age.
I affirm that the interpreter will wear scrubs/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 so 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.
Or, where no color and when completed, bring both sets of this form back to the Chief Examiner.

ALL INFORMATION HERE IS YOUR PROPERTY

Your Candidate # _____

Interpreter Name _____
Date _____
Site _____

The CDCA-WREB
1556 Concourse Dr., Suite 130
Lawrence, KS 66044
(785) 843-5000

Please print all information clearly in ink.




Interpreter Name _____
Interpreter Address _____
Interpreter Phone Number _____

This document is the property of CDCA-WREB and must be returned to the office of the Chief Examiner when the examination is completed.

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.

 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 designated space 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: _____ I affirm that Assistant Name: _____ / As Start Phone #: _____ We 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 certified dental hygienist or dental therapist; cannot or will not perform: health (audit your oral status), dental technician on independent for any condition during this exam; or any central records employing expanded duty functions.		
I affirm that the chair side assistant will wear proper attire and has photo identification image of all items 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 CDCA-WREB 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 implies will result in the candidate's suspension from and failure of the examination. Additional penalties may also include restrictions on the candidate's ability to sit for future examinations.		
By signing below, I acknowledge that all infractions will be reported to the State Board of Dental Examiners.		
The 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: _____		
<hr/>		
Authorized Chairside Assistant <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> Place Assistant Photograph here </div> <div>  Chair side Assistant Name: _____ Title: _____ ID #: _____ </div> </div> <div style="text-align: right;">  </div>		

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 QUESTIONS (Continued)																																																																	
<div style="display: flex; justify-content: space-between;"> <div> Medical History Form Patient's name: _____ Birthdate: ____/____/____ Weight: _____ Date Form Completed: ____/____/____ Blood Pressure: _____ Date/Time Taken: _____ (Patient's Name/Date/Time) 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. </div> <div> Candidate Sequential: _____ PLACE ID LABEL HERE Test Site: _____ Place in this space a photograph of your assistant while the completing medical history form. Attach the photo to the back of this form. </div> </div>																																																																			
1. Are you under the care of a physician at this time? _____ YES NO If yes, for what condition? _____		2. The name and address of my physician is: _____ 3. Your last physical examination was on: _____ 4. Has a physician treated you in the past six months? _____ YES NO If yes, for what condition? _____																																																																	
5. Have you been hospitalized or have a serious illness (including MRSA infection) within the last five years? _____ YES NO If yes, please specify: _____		6. Are you allergic or had any adverse reaction to any medicines, drugs, local anesthetic, 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, fainting 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. Congenital heart disease</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. Fetal loss/Stillborn/Conception</td> <td>YES NO</td> <td>K. Heart attack</td> <td>YES NO</td> </tr> <tr> <td>F. Liver disease (hepatitis/steatosis/cirrhosis)</td> <td>YES NO</td> <td>L. Heart surgery</td> <td>YES NO</td> </tr> <tr> <td>G. High blood pressure</td> <td>YES NO</td> <td>M. Stroke</td> <td>YES NO</td> </tr> <tr> <td>H. HIV positive/AIDS</td> <td>YES NO</td> <td>N. Cognitive heart failure</td> <td>YES NO</td> </tr> <tr> <td>I. HIV positive/AIDS</td> <td>YES NO</td> <td>O. Coronary artery or other heart disease</td> <td>YES NO</td> </tr> <tr> <td>J. Kidney/renal 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. Pacemaker</td> <td>YES NO</td> </tr> <tr> <td>L. Stomach ulcers</td> <td>YES NO</td> <td>R. Implanted cardio-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 (the malignant disease)</td> <td>YES NO</td> </tr> <tr> <td>O. Artificial/prosthetic joint replacement</td> <td>YES NO</td> <td>U. Drug abuse (cocaine, methamphetamine, heroin, crack) or drug rehabilitation</td> <td>YES NO</td> </tr> <tr> <td>P. Angina/heart pain/shortness of breath</td> <td>YES NO</td> <td>V. Alcohol abuse (alcohol in last 30 days)</td> <td>YES NO</td> </tr> </table>				A. Abnormal bleeding, bruise or history of transfusion, fainting 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. Congenital heart disease	YES NO	D. Emotional/mental health disorder (anxiety, depression, bipolar disorder)	YES NO	J. Infective endocarditis (heart infection)	YES NO	E. Fetal loss/Stillborn/Conception	YES NO	K. Heart attack	YES NO	F. Liver disease (hepatitis/steatosis/cirrhosis)	YES NO	L. Heart surgery	YES NO	G. High blood pressure	YES NO	M. Stroke	YES NO	H. HIV positive/AIDS	YES NO	N. Cognitive heart failure	YES NO	I. HIV positive/AIDS	YES NO	O. Coronary artery or other heart disease	YES NO	J. Kidney/renal disease	YES NO	P. Arteriosclerosis/Coronary occlusion	YES NO	K. Sexually Transmitted Disease(s)	YES NO	Q. Pacemaker	YES NO	L. Stomach ulcers	YES NO	R. Implanted cardio-defibrillator	YES NO	M. Thyroid disease	YES NO	S. Immune suppression or deficiency	YES NO	N. Tuberculosis	YES NO	T. Cancer (the malignant disease)	YES NO	O. Artificial/prosthetic joint replacement	YES NO	U. Drug abuse (cocaine, methamphetamine, heroin, crack) or drug rehabilitation	YES NO	P. Angina/heart pain/shortness of breath	YES NO	V. Alcohol abuse (alcohol in last 30 days)	YES NO
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Turn Over →																																																																			

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 displays two dental progress forms side-by-side. The top form is the 'ANTERIOR RESTORATION Progress Form' and the bottom form is the 'POSTERIOR RESTORATION Progress Form'. Both forms have a yellow header section for 'Candidate Sequential' and 'Cubicle' numbers, and a 'Candidate ID LABEL HERE' area. The main body of the forms is white with orange borders. The 'ANTERIOR' form includes a 'Lesion Approval' section with a 'Patient's Name' field and a 'Tooth' selection grid. The 'POSTERIOR' form includes a 'Lesion Approval' section with a 'Patient's Name' field and a 'Tooth' selection grid. Both forms have an 'ANESTHETIC RECORD' section with fields for 'Anesthetic', 'Time', 'Amount', 'Site', and 'Notes'. The 'CFE Process Notes' section includes 'Indirect Pulp Cap', 'Exposure', 'Mid-diagnosis #1', and 'Mid-diagnosis #2'. The 'PRE-TREATMENT MEDICATION (if required)' section includes 'Medication' and 'Dose/Time' fields. The forms also include a 'Cubicle' field and a 'Candidate Sequential' field.

2. Modification Request Form

The form is titled "MODIFICATION REQUEST FORM". It includes a section for "Candidate Sequential" and "PLACE ID LABEL HERE". Below this, there are fields for "Tooth #:" and "Surface:". A "Restorative" section has checkboxes for "Amalgam Prep" and "Composite Prep". A statement reads: "I certify that I have prepared the tooth to at least acceptable dimensions and all preexisting restorative material, if present, has been removed." Below this is a "Candidate Initials:" field with boxes for "Time:" and "CFE:". There are four "Modification Request" sections, each with "Where:", "How Much:", "Why:", and "Document:" fields. Each section has "No Request", "Granted", and "Not Granted" checkboxes with corresponding boxes for recording the number of requests. A note at the bottom says "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 form is titled "Instruction to Candidate". It includes fields for "Candidate Sequential #:" and "Cubicle #:". A note says "Candidate: You must see a CFE *before* proceeding". Below this are fields for "Examiner 1:" and "Examiner 2:". A section "Authorized by CFE to continue:" has checkboxes for various procedures: 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 cubicle 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. A "Reason(s) for (ITC):" section lists "Anterior Lesion Does Not Meet Examination Requirements" and "Lesion Details: Tooth: 7, Surface: M, Approach: Facial". It states "Reason(s) lesion was not approved: The wrong radiograph is presented for the treatment requested." and "Candidate must complete the following:". A "CFE Signature:" field is at the bottom with the note "Instructions to candidate and treatment have been completed." The footer includes "ITC 100 - 100-1610 Axis: 3092-6514" and "T -ed: 15.22 29/09/2017".

4. Check-out Form

Dental Candidate Check-out Form	
<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"><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)<input type="checkbox"/> 2. Patient Treatment Consent Form (signed by patient) (candidate must sign at the end of the exam)<input type="checkbox"/> 3. Medical History Form for each clinical patient<input type="checkbox"/> 4. All Progress Forms<ul style="list-style-type: none">a. Anterior (with pre-operative radiographs)b. Posterior (with pre-operative radiographs)c. Periodontal Scaling<input type="checkbox"/> 5. 2 Cubicle cards<input type="checkbox"/> 6. Post-operative radiographs (Any post-operative radiographs of teeth restored during the examination must be submitted, clearly marked for identification)<input type="checkbox"/> 7. Full mouth radiograph<ul style="list-style-type: none"><input type="checkbox"/> Returned to the candidate<input type="checkbox"/> Retained by the testing agency<input type="checkbox"/> 8. White Envelope	<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;">PLACE ID LABEL HERE</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-WREB administrative representative will check inside the envelope to ensure that all required materials are present. If so, the CDCA-WREB administrator will initial in each block. Upon completion, the CDCA-WREB 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”):

☐ Posterior Amalgam Prep and Restoration

☐ Anterior Composite Prep and Restoration

☐ Posterior Composite Prep and Restoration

☐ Periodontal Scaling

Acknowledgment

I understand the following:

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

Disclosure of Risks

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

Adequacy of Treatment

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

Authorization of Disclosure of Medical Information

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

Medical Condition and Medications

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

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 4th or final year of dental school, or a dental hygiene student in the final year of school.

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

Candidate: Printed Name / CandidateID #

Candidate Signature

Date

Patient: Printed Name / Date of Birth

Patient Signature / Date

Patient Street Address

Patient City / State / Zip Code

Patient Phone Number / E-mail Address



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 TheCDCA-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 #

Interpreter Name

Date

Site

*Place
Photo Here*

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: _____
 Candidate ID: _____
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.

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

LETTER	EXPLANATION FOR QUESTION 8

Turn Over →

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 multiplemyeloma?.....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 phonenumber.

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:_____ PLACE ID LABEL HERE Test Site:_____

CANDIDATE SIGNATURE: _____

(Added at end of exam)

Candidate Sequential: _____

PLACE ID LABEL HERE

Test Site: _____

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

Candidate Sequential: _____
PLACE ID LABEL HERE
 Test Site: _____


Cubicle #:

Lesion Approval

Patient's Name: _____

Assistant's Name: _____

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

Candidate: Circle Tooth Number & Check Restoration Type										
1	2	3	4	5		12	13	14	15	16
32	31	30	29	28		21	20	19	18	17
Posterior Amalgam MO <input type="checkbox"/> DO <input type="checkbox"/> MOD <input type="checkbox"/>										
Posterior Composite MO <input type="checkbox"/> DO <input type="checkbox"/> MOD <input type="checkbox"/>										
Added Surfaces _____										
Candidate initials affirming the contact is closed upon initial submission					<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block; margin-right: 10px;"></div> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="margin-top: 5px; font-size: small;">Examiner #</div>					
: 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 #:	
Additional Anesthesia - Anesthetic and Dose:	
Approval for Additional Anesthetic Examiner #:	
For this Procedure Quantity of Anesthetic (cc) Actually used	

PRE-TREATMENT MEDICATION (if required)

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

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 CFCE

Misdiagnosis #2

CFE CFCE

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.

(Not Modification Requests):

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

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 ☐

--	--	--	--	--

Not Granted ☐

--	--	--	--	--

--	--	--	--	--

Document: _____

Modification Request #2

What: _____

Where: _____

How Much: _____

Why: _____

No Request ☐

Granted ☐

--	--	--	--	--

Not Granted ☐

--	--	--	--	--

--	--	--	--	--

Document: _____

Modification Request #3

What: _____

Where: _____

How Much: _____

Why: _____

No Request ☐

Granted ☐

--	--	--	--	--

Not Granted ☐

--	--	--	--	--

--	--	--	--	--

Document: _____

Modification Request #4

What: _____

Where: _____

How Much: _____

Why: _____

No Request ☐

Granted ☐

--	--	--	--	--

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

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

Initials:

--

[Type here]

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

CANDIDATE REQUESTS IDPC

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

DENIED
(-15 pts)

ITC generated upon
patient check-out from
Evaluation Station

Patient sent to
Evaluation Station
for Preparation
Evaluation

APPROVED

ITC generated upon
patient check-out from
Evaluation Station

CFE claims ITC and reviews approval with candidate

Candidate places IDPC and requests CFE to review

CFE Approves Placement of IDPC

PINK dot placed on Progress Form

Patient sent to
Evaluation Station
for Preparation
Evaluation

CFE Does NOT Approve Placement of IDPC

Patient Sent to Express Chair for Evaluation of
IDPC Placement

DENIED
(-15 pts)

ITC generated upon patient
check-out from Evaluation

APPROVED

Patient sent to
Evaluation Station
for Preparation
Evaluation

CFE claims ITC and reviews denial message
with candidate

Candidate repairs/replaces IDPC and requests CFE to review

CFE Approves Repair/Replacement of IDPC

PINK dot placed on Progress Form

Patient sent to
Evaluation Station
for Preparation
Evaluation

**CFE Does NOT Approve
Repaired/Replaced IDPC**

Patient Sent to Express Chair for
Evaluation of 2nd IDPC Attempt

DENIED

ITC and Follow-up Form generated
upon patient check-out from
Evaluation Station

**EXAM
TERMINATED**

APPROVED

Patient sent to
Evaluation Station for
Preparation Evaluation

RESTORATIVE EXAM FLOW CHART

Candidate Cubicle Set-Up

Enter clinic; take patient's blood pressure; complete appropriate paperwork

Request a CFE

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

Lesion Evaluation (patient-based exams only)

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

Lesion Approved

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

Lesion Denied

(ITC with denial details will accompany Progress Form; SEE A CFE)

Find another lesion and/or patient, complete appropriate paperwork, and then return to the "Request a CFE" step above

Modification Request

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

Modification Denied

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

Modification Approved

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

Preparation Evaluation

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

ITC Returned

Locate a CFE

No ITC Returned

Ask CFE to approve proceeding to restoration

Restoration Evaluation

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

ITC Returned

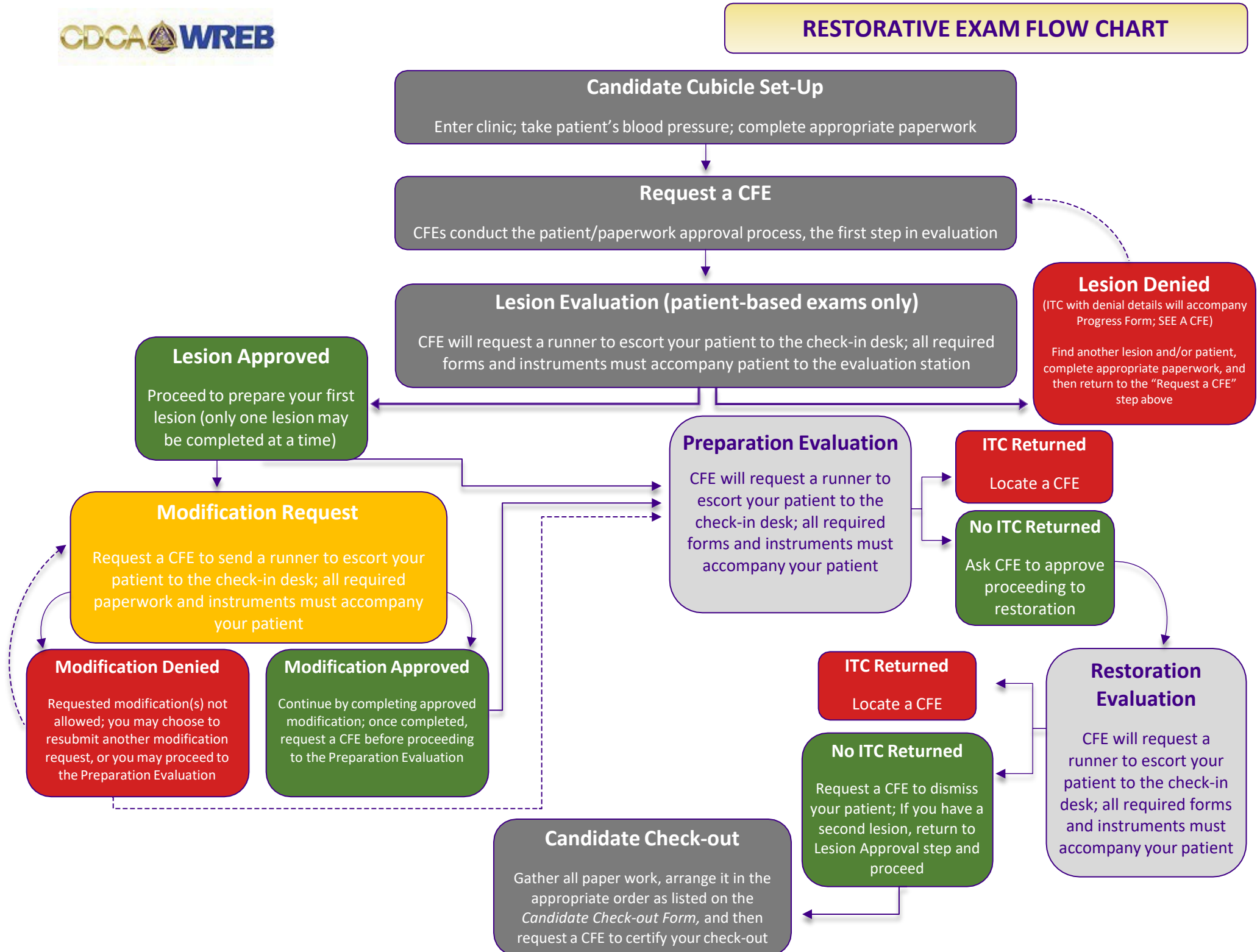
Locate a CFE

No ITC Returned

Request a CFE to dismiss your patient; If you have a second lesion, return to Lesion Approval step and proceed

Candidate Check-out

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



PERIODONTAL EXAM FLOW CHART

