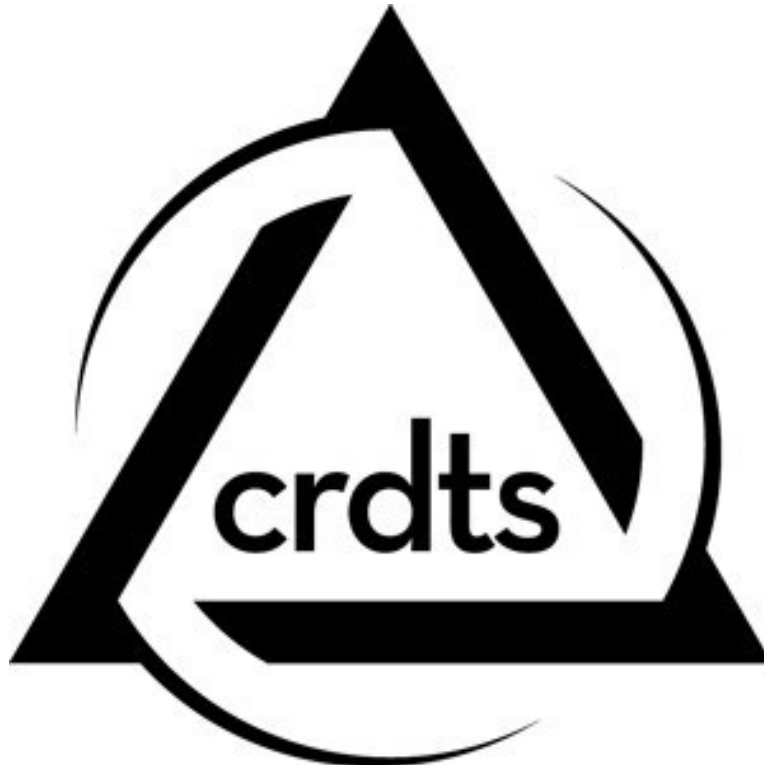


DENTAL EXAMINATION PERIODONTAL CANDIDATE MANUAL

Class of 2022



A National Dental Examination

As administered by:

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Please read this candidate manual prior to attending the candidate orientation and bring it with you to the orientation and the examination.

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CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

PART IV: PERIODONTAL PATIENT BASED EXAMINATION - 100 POINTS

CONTENT	FORMAT
1. Treatment Selection – Patient selection 2. Oral Assessment 3. Probing Depth Measurements/Gingival Recession 4. Calculus Detection 5. Subgingival Calculus Removal 6. Supragingival Deposit Removal 7. Tissue and Treatment Management	- Performed on a Patient

PART IV: PERIODONTAL SIMULATED PATIENT EXAMINATION - 100 POINTS

CONTENT	FORMAT
1. Extra/Intra Oral Assessment OSCE 2. Calculus detection 3. Probing Depth Measurements 4. Subgingival Calculus Removal 5. Tissue and Treatment Management	- Written Exam - Performed on a Simulated Patient

SCORING SYSTEM

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model. The examination is conjunctive in that its content is divided into separate Parts containing related skill sets and competence must be demonstrated in each one of the Parts. A compensatory scoring system is used within each Part to compute the final score for each Part, as explained below.

Only State Boards of Dentistry are legally authorized to determine standards of competence for licensure in their respective jurisdictions. However, in developing the examination, CRDTS has recommended a score of 75 to be a demonstration of sufficient competence; and participating State Boards of Dentistry have agreed to accept that standard. In order to achieve “CRDTS status” and be eligible for licensure in a participating state, candidates must achieve a score of 75 or more in each Part of the examination.

Each examination score is based on 100 points. **If all sections of an examination are not taken, a score of “0” will be recorded for that specific examination.**

SCORING SYSTEM FOR PART IV PERIODONTAL PATIENT BASED AND SIMULATED PATIENT PROCEDURES

In Part IV, a rating is assigned for each criterion in every procedure by three different examiners evaluating independently. Based on the level at which a criterion is rated by at least two of the three examiners, points may be awarded to the candidate. In any instance that none of the three examiners’ ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of *critically deficient* by two or more of the examiners, **no points are awarded for that procedure or for the**

Examination Part, even though other criteria within that procedure may have been rated as satisfactory. A description of Part IV and the number of criteria that are evaluated for the procedures in Part IV appear below:

PART IV: PERIODONTAL PATIENT BASED EXAMINATION – 100 Points

1. Intra/Extra Oral Assessment – 2 Points
 - 2 points awarded for correct indication of any notable items
2. Calculus Detection-8 Points
 - 4 items
 - 2.0 points awarded for each surface of correctly identified calculus
3. Periodontal Measurements/Gingival Recession– 12 Points
 - 12 probing depths evaluated on two teeth
 - 0.75 points for each correctly measured probing depth
 - 4 gingival recession measurements taken on facial and lingual aspects of two teeth
 - 0.75 points for each correctly measured area of gingival recession
4. Scaling/Subgingival Calculus Removal – 66 Points
 - 12 subgingival surfaces
 - 5.5 points awarded for each of the 12 required surfaces that are acceptably debrided of subgingival calculus
5. Supragingival Deposit Removal – 12 Points
 - Evaluation of all teeth chosen for evaluation; max of 6 errors
 - 2 points awarded for each of the teeth that are free of all supragingival accretions

PART IV: PERIODONTAL SIMULATED PATIENT EXAMINATION – 100 Points

1. Extra-Intra Oral Assessment Written OSCE exam – 16 points
 - Presented to candidates via a CRDTS computer tablet
 - Candidates will have 15 minutes to answer 16 questions appropriately
2. Calculus Detection-12 points
 - 12 items
 - 1 point awarded for each surface of correctly identified calculus
3. Periodontal Measurements– 12 points
 - 12 probing depths evaluated on two teeth
 - 1.0 points for each correctly measured probing depth
4. Scaling/Subgingival Calculus Removal – 60 points
 - 12 subgingival surfaces
 - 5 points awarded for each of the 12 required surfaces that are acceptably debrided of subgingival calculus

To compute the score for each individual procedure, the number of points the candidate has earned for each criterion is totaled, divided by the maximum number of possible points for that procedure and the results are multiplied by 100. This computation converts scores for each procedure to a basis of 100 points. Any penalties that may have been assessed during the treatment process are deducted **after** the total score for the Examination Part has been converted to a basis of 100 points.

PENALTY DEDUCTIONS

Throughout the examination, not only clinical performance will be evaluated, but also the candidate's professional demeanor will be evaluated by Clinic Floor Examiners. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination

standards, as defined within this manual, or for certain procedural errors as described below:

Any of the following may result in a deduction of points from the score of the entire examination Part or dismissal from the exam in any of the clinical procedures:

1. Violation of universal precautions or infection control; gross asepsis; operating area is grossly unclean, unsanitary or offensive in appearance; failure to dispose of potentially infectious material and clean the operatory after individual examinations
2. Poor Professional Demeanor – unkept, unclean, or unprofessional appearance; inconsiderate or uncooperative with other candidates, examiners or testing site personnel
3. Poor Patient Management--disregard for patient welfare or comfort; inadequate anesthesia*
4. Improper management of significant history or pathosis*
5. Improper Operator/Patient/Manikin position
6. Improper record keeping
7. Improper treatment selection*

Periodontal Treatment Selection Penalty Points*

- a. Penalty points are assessed for Treatment Selections that do not meet the described criteria
 - b. 7 penalty points for 1st rejection
 - c. 7 penalty points for 2nd rejection
 - d. No additional penalty points deducted for subsequent rejections but an acceptable Treatment Selection must be submitted within the allotted time limits
8. Administration of anesthesia before approval of Medical History by Clinic Floor examiners*
 9. Corroborated errors for Tissue Management on all Periodontal procedures – Penalty points are assessed for any unwarranted areas of tissue trauma caused by the candidate to extra/intra oral tissues resulting in injury to the patient which are inconsistent with the procedures performed.
 - a. 5 points for each area
 - b. **Critical Error**: A tissue trauma critical error, resulting in failure of the examination, will be assessed if any of the following exist:
 - i. Damage to 3 or more areas of gingival tissue, lips or oral mucosa located anywhere within or near the Treatment Selection
 - ii. An amputated papillae
 - iii. An exposure of the alveolar process
 - iv. A laceration or damage that requires suturing or perio packing
 - v. An unreported broken instrument tip found in the sulcus

The following infractions will result in a loss of **all** points for the entire examination Part:

1. Violation of Examination Standards, Rules or Guidelines
2. Treatment of teeth or surfaces other than those approved or assigned by examiners

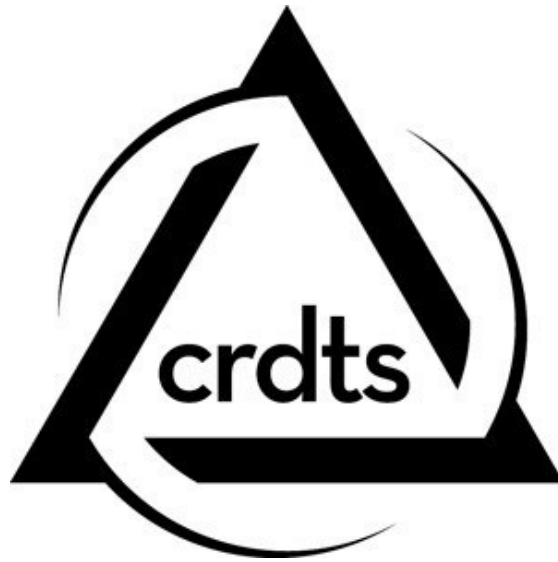
The penalties or deficiencies listed above do not imply limitations, since obviously some procedures will be classified as unsatisfactory for other reasons, or for a **combination** of several deficiencies. Corroborated errors for the treatment management criteria for each Periodontal procedure – Patient- based and simulated patient will be deducted as penalty points from the part total.

*** - Patient-based penalties only**

Professional Conduct – All substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, or use of unwarranted assistance during the course of the

examination shall automatically result in failure of the entire examination by any candidate. In addition, there will be no refund of examination fees and that candidate cannot apply for re-examination for one full year from the time of the infraction. Any of the following will result in failure of the entire examination:

- a. Falsification or intentional misrepresentation of application requirements
- b. Cheating (Candidate will be dismissed immediately)
- c. Any candidate demonstrating complete disregard for the oral structures, welfare of the patient and/or complete lack of skill and dexterity to perform the required clinical procedures
- d. Misappropriation of equipment (theft)
- e. Receiving unwarranted assistance
- f. Alteration of examination records and/or radiographs



**PERIODONTAL
PATIENT-BASED
PROCEDURES**

PART IV: PERIODONTAL EXAMINATION – 100 Points

PATIENT-BASED CONTENT

The Periodontal Examination is a stand-alone examination that will be administered on the same day as the Restorative Examination. The Periodontal Examination consists of six sections, as follows:

PART IV: PERIODONTAL EXAMINATION

Patient Selection & Calculus Detection
Oral Assessment
Subgingival Calculus Detection/Removal
Supragingival Deposit Removal
Probing Depth Measurements/Gingival
Recession Tissue and Treatment Management

GENERAL REQUIREMENTS

1. **Patient Selection:** For patient-based procedures, candidates must furnish their own patients. Patient selection and management is an important part of the examination and should be completed independently, without the help or assistance of faculty or colleagues.
It is imperative that all assigned procedures be completed; incomplete procedures cannot be evaluated. Therefore, another consideration in patient selection is the cooperative attitude of the patient. Avoid selecting patients who are apprehensive, hypersensitive, have physical limitations or cannot remain until the examination is completed. Candidates must advise their patients of the time required to participate in this examination and ascertain that their patient is available for the entire day.
2. **Patient Management: Significant Medical History and Pathosis:** The candidate and assisting auxiliary must behave in an ethical and proper manner towards all patients. Patients shall be treated with proper concern for their safety and comfort. The candidate shall accurately complete the appropriate medical history form and establish a diagnosis and treatment plan as required for each selected patient. The patient's health status must be acceptable for clinical treatment and the lengthy examination process. Misinformation or missing information that would endanger the patient, candidate, auxiliary personnel, or examiners is considered cause for appropriate action including dismissal from the examination.
3. **Patient Acceptability Requirements - General & Medical History:** A medical history form must be completed for all clinical patients who are present for the examination. This form may be completed prior to the examination date; however, a medical history that reflects the patient's current health must be presented to the examiners at the time of patient check-in. All positive responses must be explored by the candidate with the patient and adequately explained on the Medical History.

A screening blood pressure reading should be taken when the patient is selected and must be retaken the day of the examination. In addition, on the day of the examination the candidate must also update all medications, pills or drugs both prescription and non-prescription consumed within the last 24 hours.

If a patient requires antibiotic premedication, it must be documented on the Progress Folder before patient check-in. If conditions indicate an alteration in treatment procedures or a need to consult the patient's physician, the candidate must obtain the necessary written clearance before the patient is accepted. To be accepted for treatment, patients must meet all of the following criteria:

- a. Minimum patient age is 16 years.
- b. No patient may be a dentist, dental hygienist, dental student or dental hygiene student.
- c. Have a blood pressure reading of 159/94 or below to proceed without medical clearance. Patients with a blood pressure reading between 160/95 and 179/109 will be accepted only with **written clearance** from the patient's physician. Patients with a blood pressure reading greater than 180/110 will not be accepted for this examination even if a consult from a physician authorizes treatment.
- d. Candidates who are sharing a patient with a need for antibiotic prophylaxis must treat the patient the same clinical day. Treatment of the same patient on subsequent clinical days will not be permitted.
- e. No heart attack, stroke or cardiac surgery within the past six months.
- f. Any cardiac or organ transplant requires a physician's consultation.
- g. No active tuberculosis. A patient who has tested positive for TB, or is being treated for TB, but does not have the clinical symptoms is acceptable.
- h. No chemotherapy treatment within the last 6 months.
- i. No history of taking IV **bisphosphonate medications** for the Periodontal Examination. Generally no history of taking IV administered bisphosphonate medications for the Restorative Examination (with the exception that taking the approved annual IV dosage for osteoporosis is acceptable). Patients currently taking or who have a history of taking orally administered bisphosphonates may sit for both Restorative and Periodontal procedures, however, it is recommended that the diagnosing physician be consulted concerning any risk factors associated with the patient's condition.
- j. No active incidence of bisphosphonate osteonecrosis of the jaw (BON), also known as osteochemonecrosis or, osteonecrosis of the jaw – ONJ
- k. No condition or medication/drug history that might be adversely affected by the length or nature of the examination procedures.
- l. Patients with latex sensitivity must have a sticker placed on the top left-hand corner of the Progress Form for that procedure. Contact a CFE for the appropriate sticker.
- m. Any item on the Medical History with a "YES" response could require a Medical Clearance from a licensed physician if the explanation section indicates the possibility of a significant systemic condition that could affect the patient's suitability for elective dental treatment during the examination.

Candidates must follow the 2014 American Heart Association **antibiotic premedication** recommendations when treating patients at potential risk of infective endocarditis following dental treatment. A Medical Consult may be indicated to determine the patient's potential risk of infective endocarditis.

Additionally, candidates must follow 2015 AAOS (American Association of Orthopedic Surgeons) recommendations when treating patients with joint replacements/concerns unless the physician provides a consultation note indicating premedication is not needed.

Medical clearance, if necessary, must include:

- A legible statement from a physician written within 30 days of the examination clearly stating the medical concern.
- A positive statement of how the patient should be managed.
- The practitioner's name, address and phone number

The Medical History and any physician's statement will be reviewed by a Clinic Floor Examiner for the Restorative Clinical Examination and Periodontal Clinical Examination and must accompany the patient when the treatment procedure is submitted for evaluation. If the patient sits for more than one candidate, a copy of the Medical History and Consent Form must be available for each procedure and records.

4. **Treatment Consent:** A Consent Form (Consent for Performance of Dental Procedures) is provided by CRDTS and must be completed for each clinical patient. Patients under the age of legal consent for the state in which the examination is being given must have the Consent Form signed by the parent or guardian. Only the candidate **number** should be recorded on the Consent Form; the candidate's name may be added after the examination is completed and **before** the packet is turned in.
5. **Anesthetic Record:** An anesthetic record is included in the candidate's Progress Form. Candidates are not allowed to administer anesthesia until authorization has been received and a Clinic Floor examiner has reviewed the medical history and approved anesthesia. **At the time of the starting check for each clinical procedure requiring anesthesia, either restorative or periodontal, the anesthetic information - must be indicated on the record.** The record requires information as follows: The Type(s) of Injection pertains to the specific block and/or infiltration administered, including non-injectable subgingival anesthetics. The Anesthetic(s) relates to the brand name used. The Vasoconstrictor, if present, must specify the type and concentration. The Quantity is specific to volume. If more than two carpules (approximately 3.4 cc.) of local anesthetic are needed during any clinical procedure, the candidate must request approval from the Clinic Floor Examiner who will document and initial the request. This protocol must be followed for each subsequent carpule. An aspirating syringe and proper aspirating technique must be used for the administration of local anesthesia. Please be sure to complete the quantity actually administered prior to submitting patient to the evaluation area.
6. **Premedication Record:** A record must be noted for every patient who requires premedication prior to or during the course of the examination. For each patient treatment procedure, there is a place on the Health History Form to record the type of medication administered and the dosage. In addition to premedication, ***all medications taken within the last 24 hours***—both prescribed and over-the-counter—must be recorded.
7. **Analgesia:** The administration of inhalation analgesia or parenteral sedation is not permitted for any clinical procedures.
8. **Radiographs:** The radiographs, which are appropriate for each part of the examination, must demonstrate sufficient contrast to clearly reveal the extent of caries and other pathoses. Initial submission of radiographs (film or digital prints) of poor quality will result in a request for a new radiograph. If a subsequent required retake radiograph is not of diagnostic quality there will be a point deduction. If a third radiograph is not of diagnostic quality, the examination is stopped. Additional radiographs may be required by the examiner during the course of the examination. The radiographic films or digital views used in the examination may be collected at the end of the examination (either separately or on a disk) and become the property of the testing agency. Lack of, or alteration of radiographs or digital prints will result in failure of the examination.
Post-operative radiographs or digital prints are not routinely required. However, a post-operative radiograph may be requested at any time at the discretion of the examiners in the Evaluation Station or a Clinic Floor Examiner. Any radiographs requested by a candidate after the start of a procedure must be approved and documented by the Chief Examiner.

9. **Digital Radiography:** Candidates may present these images on premium quality photo paper or a monitor view, if available. Candidates are required to check with the site to determine availability, upload and presentation requirements for monitor views. The school will provide a disk of all exam images at the completion of the exam.

As a back-up, it is suggested that candidates have printed copies of the digital images available. If images are printed, the following requirements apply:

- a. The films/images must be of diagnostic quality and unaltered. Enhancements that do not alter the data in the file of the original radiographic exposure are acceptable. Any alterations to the original file data would be considered fraudulent.
 - b. For restorative procedures, periapicals and bite-wings must be non-distorted images printed on premium quality photo paper. If possible, more than one image may be placed on the sheet of photo paper.
 - c. A complete mouth series of digital radiographs must be printed on 8½" x 11" premium quality photo paper.
 - d. A regional school must verify the unaltered authenticity of the image(s) with an official seal on the photo paper of the radiographs. Incoming practitioners who are not associated with a dental school must submit a signed, dated statement on the back of or with their radiographs attesting that the images are unaltered. Example: "I hereby attest that this reproduction of digital radiographs is a copy of the original, unaltered exposure, and I agree that any subsequent evidence to the contrary will constitute a violation of CRDTS' examination guidelines".
 - e. The patient's name, the date of exposure and the candidate's ID number must be written on the page.
10. **Communications from Examiners:** Clinic Floor Examiners are available to help facilitate the examination process. If you have any questions about any part of exam, ***please do not hesitate*** to confer with a Clinic Floor Examiner.
- Candidates may receive written instructions ("Instructions to the Candidate" form) from the Restorative Examiners to modify their treatment. If so, the candidate must immediately summon a Clinic Floor Examiner prior to carrying out any of the instructions. Candidates should not make the assumption that they have failed. The procedure may be acceptable even though modification is indicated. Conversely, candidates who receive no instructions to modify procedures may not necessarily assume their performance is totally satisfactory or will result in a passing grade. It is possible to have a deficient preparation which cannot be modified for the purposes of the examination. Such a preparation, while deficient in terms of CRDTS evaluation criteria, may still support a finished restoration without seriously jeopardizing the immediate prognosis of the treatment. In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether a candidate has passed or failed a specific Examination.

11. **Infection Control:** Candidates must follow all infection control guidelines required by the state where the examination is taking place and must follow the CDC's *Guidelines for Infection Control in Dental Health-Care Settings – 2003* (CDC MMWR: December 19, 2003, Vol. 52, No. RR-17.)
(www.cdc.gov/oralhealth/infectioncontrol/guidelines)

The current recommended infection control procedures as published by the CDC must be followed for the Endodontics, Fixed Prosthodontics, Periodontal and Restorative Examinations. These procedures must begin with the initial setting up of the unit, continue throughout the examinations and include the final cleanup of the operatory. It is the candidate's responsibility to assure that both the candidate and his/her auxiliary fully comply with these procedures. Failure to comply will result in loss of points and any violation that could lead to direct patient harm will result in termination of the examination and loss of all points.

PART IV PERIODONTAL PROCEDURES

Requirements Specific to the Patient Based Part IV: Periodontal Examination

1. **Patient Selection** - Patients must meet the eligibility requirements listed above. It is imperative that all assigned procedures be completed as incomplete procedures cannot be evaluated. Therefore, another consideration in patient selection is the cooperative attitude of the patient. Avoid selecting patients who are apprehensive, hypersensitive, or cannot remain until the examination is completed. Candidates must ascertain that their patient is available for the entire day. Waiting times to enter the evaluation station for Patient Check-in and time for examiners to complete their Final Evaluations must be taken in account. Candidates must inform their patients appropriately and confirm they understand that they must stay until their evaluation is complete. Patients must also be advised that they will not receive a complete oral prophylaxis during the exam.
2. **Disclosing Solution:** The use of disclosing solution by candidates and examiners is prohibited.
3. **Periodontal Instruments:** Instruments required for the periodontal examination are a new unscratched, untinted front-surface, non-disposable, #4 or #5 mouth mirror (mouth mirrors that are clouded, tinted, or unclear will be rejected), a periodontal probe with 1 mm increments, 2x2 gauze and a #11/12 explorer. These instruments must be provided by the candidate and the candidate's performance will not be evaluated without the proper instruments. Sonic/ultrasonic instruments are permissible for scaling, but they must be furnished by the candidate along with appropriate connection mechanisms. Air-abrasive polishers are NOT permissible.
4. **Pre-Op Radiographs:** Patients for the Periodontal Examination must have complete mouth radiographs with four bitewings, horizontal or vertical; the series must reflect the current clinical condition of the mouth. The bitewings are acceptable if they have been exposed within six months and the complete mouth series within 3 years—provided they still reflect current clinical conditions. Whether horizontal or vertical, bitewing images must extend 2 mm beyond the distal of the second molar and record at least 2 mm of the crest of the alveolar bone for the posterior teeth, excluding third molars, unless they are erupted and included in the treatment selection. If an erupted 3rd molar is in the treatment selection, it must meet the molar requirements outlined above. If a 3rd molar cannot be displayed on a standard radiograph, a panoramic radiograph may be submitted to supplement the full mouth series. The radiographs must be of diagnostic quality and should be mounted/presented according to ADA procedures whether conventional or digital and the mounts marked "R" and "L" to represent patient's right and left side. They must be properly identified with the candidate's number, the patient's first name, and the date of exposure. The candidate may keep the radiographs at the end of the examination.
5. **Treatment Selections:** The treatment selection process is a global approach that incorporates various patient assessment skills such as medical history management and calculus detection. Penalty points are deducted from the final score if the criteria are not met in one or more of these areas. In order to be accepted, the Treatment Selection must fulfill all of the criteria. If the selection is acceptable, the examiners will record on the Progress Folder the approved Treatment Selection for the Periodontal Procedures, and they will make an assignment for Periodontal Measurements.
 - a. **Documents - Treatment Selection Screening Worksheet** - This worksheet should be copied and used PRIOR to the exam to screen patients to determine if the patient selected meets the CRDTS criteria for patient acceptability. It is provided in the Application Packet, Manual or online. Candidates are responsible for independently (without the help of faculty and/or colleagues) selecting their treatment selection. The candidate's copy of their completed Treatment Selection Screening Worksheet should be kept for use during the examination, as the Treatment Selection

Submission form will not be returned to the candidate.

Periodontal Treatment Selection Submission Form – On the day of the examination the information on the Treatment Selection Screening Worksheet must be accurately transferred to the Periodontal Treatment Selection Submission Form. This form will be distributed in the candidate's Examination Packet upon check-in. The tooth numbers **ONLY** and qualifying pocket depths for the candidate's Treatment Selection can then be transferred from their Worksheet onto the Submission form and submitted at Patient Check-in. The candidate should be sure that their Treatment Selection paperwork is congruent with the patient's condition on the day of the exam. All tooth numbers in the primary quadrant/selection must be listed in ascending order with any appropriate notations regarding partially erupted 3rd molars, implants or deciduous teeth present.

- b. CFE's will determine the acceptability of the Medical History, Treatment Consent and date of radiographs. Periodontal Examiners will determine the acceptability of the teeth, calculus and qualifying probing depths. The candidate has the option to submit an alternate Treatment Selection the same patient at the time the initial Treatment Selection is submitted. Candidates wishing to submit an alternate Treatment Selection will complete the lower section of the Treatment Selection Submission Form according to the instructions.
 - c. **Unacceptable Treatment Selections** - If the Treatment Selection/Alternate Treatment Selection is **not** acceptable, the examiners will make no attempt to alter the selection; the patient will be rejected and the appropriate penalties will be assessed (-7 for 1st rejection & -7 for 2nd rejection). The candidate has the option to resubmit the same patient, or to submit a new patient. In either case, a new Treatment Selection Submission *Form* will need to be submitted, along with appropriate pre-op radiographs if a new patient is presented. After the second rejection, no further penalty points will be deducted and the candidate may continue to submit additional Treatment Selections; the appropriate deadlines previously outlined will apply.
6. The procedures, instruments and materials used are the choice of the candidate, as long as they are currently accepted and taught by accredited dental schools and the candidate has been trained in their use. It is the responsibility of the candidate to provide the instruments used in this examination and listed in this Manual unless such instruments are furnished by the school.
 7. During the Periodontal Examination, a Clinic Floor Examiner (CFE) is responsible for checking the candidate's identification badge and to proctor the adherence to infection control protocols and proper patient management. If any problems arise during the examination, the candidate should immediately notify a CFE. The CFE is also present to aid in any emergencies which may occur.
 8. Once the Periodontal Examination has begun, the patient may be seated and the blood pressure taken, the records reviewed for accuracy and completeness.
 9. The CFE will review the Medical History, Treatment Consent, and date of the radiographs. If approved, anesthesia may be administered if necessary for patient comfort during check-in. **Anesthesia cannot be administered prior to the 8:00 start time.**
 10. Once the CFE has reviewed the Medical History, Treatment Consent and date of the radiographs, the patient should be signed up for assignment evaluation. (A sign-up sheet will be placed near the evaluation station and the candidate assistant will place the 3-digit ID number on the sign-up sheet.) Patients will be evaluated for assignment in the order in which they are checked in. Patients must take the required forms and instruments with them to the Evaluation Station. Only the patient or an examiner assistant may carry

the tray to the Evaluation Station. The following items must be presented on the instrument tray for assignment & final evaluation:

- a. Completed Medical History
- b. Completed Periodontal Progress Form
- c. Completed Periodontal Treatment Submission Form
- d. Radiographs (conventional or printed digital, if utilized)
- e. Instruments (no scalers or curets):
 - (1) clear mirror
 - (2) #11/12 explorer (must be sharp)
 - (3) periodontal probe with 1mm markings
 - (4) air/water tip for the syringe
 - (5) 2 x 2 gauzes

Note: The instruments must be placed on the tray and covered with the napkin, fluid resistant side down. The Progress Form, Medical History Form, and any radiographs must be placed on top or underneath so forms are not contaminated.

11. Patient Check-in

The periodontal examiners will evaluate **patient acceptability** to determine:

- Oral and systemic condition acceptable for treatment
- Qualifying deposits in submitted Treatment Selection
- Treatment assignment for periodontal measurements
- Confirmation that Treatment Selection meets criteria
- Diagnostic Pre-Op Radiographs meet criteria

If the candidate's first Treatment Selection is not acceptable a seven-point penalty will be assessed. The candidate may present another patient or resubmit the same patient with a revised Treatment Selection. If a second Treatment Selection is unacceptable, another seven-point penalty will be assessed and the candidate may continue to submit additional Treatment Selections without further penalties. If an acceptable Treatment Selection is not presented according to the established deadlines at the end of the day, the candidate may not continue the examination, resulting in an automatic failure.

12. Evaluation: Patient Assessment & Prophylaxis

The candidate's assistant will escort the patient, wearing a clean napkin, to the evaluation station waiting area for the Final Evaluation as soon as the treatment is completed. A sign-up form will be posted near the evaluation station and patients will be seen in order of their arrival. The patient must bring the Progress Folder with the **anesthetic dosage documentation** completed, the medical history/consent form, the required instruments, protective eyewear and any conventional/printed digital pre-op radiographs.

Examiner assistants will escort patients into the examiner station in the order of sign-up. If all examiner stations are full, patients may be seated in a waiting area until they are called for evaluation. When the evaluation is complete, the patient will be returned to the reception area. Candidates should inform the patient that they have received incomplete treatment and advise them of the necessity and availability of services to obtain further treatment.

Once the patient has been submitted to the Evaluation Station for Final Evaluation the candidate may clean the clinic area following accepted infection control procedures.

PERIODONTAL PATIENT-BASED EXAMINATION CRITERIA

TREATMENT SELECTION: The treatment selection fulfills or exceeds 100% of the examination criteria as follows:

Teeth:

UTILIZING ONE QUADRANT AND UP TO 4 ADDITIONAL TEETH, THE CANDIDATE MUST SUBMIT A TREATMENT SELECTION THAT MEETS THE FOLLOWING CRITERIA:

- The quadrant must have a minimum of 6 teeth including at least one molar. All teeth in the primary quadrant must be included in the treatment selection presented.
- The 1-4 additional teeth, if needed, must be contained within one quadrant
- Partially erupted third molars, implants and retained deciduous teeth may be present in the quadrant submitted for treatment, however, they cannot count as required teeth or qualifying calculus surfaces. These teeth must be listed on the Treatment Selection Submission form with a notation indicating their presence.
- Third molars in the occlusal plane must be presented and considered in the treatment selection assignment and listed on the Treatment Selection Submission form. Examiners are discouraged from selecting those surfaces unless necessary to approve the treatment selection.

Probing Depths:

There must be two probing depths of 5 mm or more, each on a separate tooth among the teeth selected for treatment; it is recommended that probing depths greater than 6 mm not be included in the treatment selection. However, the patient will not be rejected if probing depths are greater than 6 mm. Although the two probing depths of 5 mm or more must be on teeth within the treatment selection, it is not required that the root surfaces of those teeth have subgingival calculus that is marked as one of the surfaces selected for treatment.

Calculus Detection - Subgingival Calculus:

Calculus must meet the definition of a qualifying deposit as described to be accepted. Calculus that does not meet the definition of a qualifying deposit will be denied. Consequently, candidates are encouraged to submit a Treatment Selection that exceeds the minimum requirements.

- At least 12 surfaces of qualifying subgingival calculus
 - At least 8 of the 12 qualifying surfaces must be on non-incisor teeth (posteriors and canines)
 - At least 3 of the 8 posterior qualifying surfaces must be on molar(s).
 - There is no requirement for any of the 12 surfaces to be on anterior teeth (i.e.: canines and/or incisors) but if chosen, no more than 4 of the 12 surfaces can be on incisors.

Qualifying Calculus: explorer-detectable subgingival calculus is defined as a distinct deposit of calculus which one can feel with a #11/12 explorer as it passes over the calculus. Qualified deposits **must be apical to the gingival margin** and may occur with or without associated supragingival deposits. Qualified deposits may exhibit such characteristics as:

- a **definite** “jump” or “bump” felt by the explorer, with the rough surface characteristic of calculus
- ledges or ring formations
- spiny or nodular formations

The candidate is responsible for treating ALL surfaces of all teeth in the treatment selection.

Treatment Selection Prohibitions: Candidates must **NOT** present a Treatment Selection with:

- Class III furcations or mobility

- Orthodontic brackets, which includes patients with bonded retainers, in the areas selected for treatment

The following may be present in the **quadrant** presented for treatment, however, they cannot count as required teeth or qualifying calculus surfaces.

- Implants
- Partially erupted 3rd molars
- Retained deciduous tooth

CRDTS strongly discourages the submission of a Treatment Selection which includes any of the following:

- gross caries
- faulty restorations
- more than 20 surfaces in the treatment selection
- extensive full or partial veneer crowns
- multiple probing depths in excess of 6 mm (if submitted they may be selected for evaluation)

Periodontal scaling can only be performed for the approved quadrants presented in the treatment selection. It is acceptable but not required, for candidates to treat the remainder of the secondary quadrant. Scaling in unassigned quadrants will be a critical error resulting in failure in the examination.

PERFORMANCE REQUIREMENTS: FINAL EVALUATION

The following criteria will be used by examiners to evaluate candidate performance.

EXTRA/INTRA ORAL ASSESSMENT

Extra/Intra Oral findings are correctly noted on Progress Form

If Intra/Extraoral findings are not correctly noted, a two-point penalty will be assessed

Any atypical finding requiring follow-up or monitoring are correctly noted on the Progress Form OR the box for Within Normal Limits (WNL) is checked.

The purpose of this part of the examination is to evaluate the level of a candidate's competency in performing an extra/intraoral assessment as part of gathering and documenting baseline data about the patient's oral health status. The candidate is expected to determine whether conditions are within normal limits or atypical. Atypical findings must be briefly described including the location and a presumptive diagnosis.

CALCULUS DETECTION

The examiners will assign 4 surfaces within the submitted Treatment Selection. The candidate must correctly indicate the presence or absence of subgingival calculus on the 4 assigned surfaces. The candidate must record a Y or N (Yes or No) below each surface assigned.

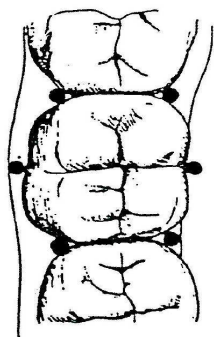
PERIODONTAL MEASUREMENTS/GINGIVAL RECESSION

Periodontal Measurements

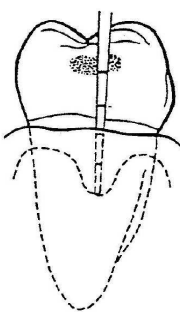
The candidate must chart the depth of the gingival sulcus within **one millimeter** on six aspects of 2 assigned teeth. The examiners will assign two (2) teeth; one posterior tooth and one anterior tooth from the teeth submitted in the candidate's Treatment Selection. The candidate must record the depth of each sulcus to the nearest millimeter on six aspects only (ME, E, DF, ML, L, DL) of each assigned tooth.

Interproximally, the probe must be positioned with the shank against the contact point and the tip angled slightly into the col so it is directly beneath the contact area. If a tooth has no contact, the probe should be placed at the midpoint of the proximal surface and the same measurement recorded for both facial

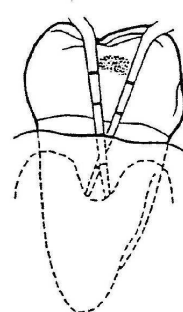
and lingual aspects. The facial and lingual measurements should be made at the midpoint of the tooth (See illustration below). Record every measurement for the assigned teeth to the nearest millimeter. The following illustrations depict the proper placement of the probe, from the occlusal and interproximal perspectives:



**Probe Positions
from Occlusal**



**Probing When
No Contact**



**Interproximal
Angulation**

Gingival Recession

Gingival recession is defined as the visible apical migration of the gingival margin, which exposes the cemento-enamel junction and root surface. On the **same teeth** assigned for probing, the candidate must measure the amount of gingival recession **at the point of the greatest recession on the facial and lingual surfaces**. The facial and lingual surfaces are defined as any point on those surfaces between the mesial and distal line angles of the tooth.

Measurements must be taken from the CEJ or the margin of a restoration, whichever is most apical, to the margin of the gingiva. The measurement should be rounded to the nearest millimeter and recorded in the boxes provided on the Progress Sheet. When erosion, abrasion or abfraction is present, it shall be measured from the point of greatest recession to the coronal edge of the lesion. The candidate's findings must be accurate within 1 mm. If there is no recession present and you record a measurement of 1mm, an error will be recorded.

CALCULUS/SUPRAGINGIVAL DEPOSIT REMOVAL & TISSUE MANAGEMENT

The candidate must complete a thorough scaling and calculus/plaque/stain removal on all teeth in the Treatment Selection.

Scaling/Subgingival Calculus Removal

The assigned subgingival surfaces must be smooth, with none of the selected deposits detectable with an 11/12 explorer. Air may be used to deflect the tissue to locate areas for tactile confirmation. All subgingival surfaces in the treatment selection must be scaled but only the selected surfaces will be evaluated.

Supragingival Deposit Removal

The candidate must effectively remove all supragingival deposits (hard and soft) and extrinsic stains from **all the coronal surfaces** of the treatment selection teeth submitted so that all non-decalcified surfaces are:

- (a) Visually clean and smooth.
- (b) Tactilely smooth upon examination with an 11/12 explorer
- (c) Free of all supragingival accretions.

Disclosing solution must not be utilized by candidates or by the examiners; and air-powered polishing is prohibited.

Tissue Management

Soft tissue adjacent to all teeth in the selected Treatment Selection and surrounding areas will be evaluated. In addition, trauma to the lips or oral mucosa will be considered tissue trauma (see Glossary). The candidate must effectively utilize sonic/ultrasonic or hand instruments, polishing cups, and dental floss so that no unwarranted soft tissue trauma (abrasions, lacerations or ultrasonic burns) occurs as a result of the prophylaxis procedure. Acceptable performance will have been demonstrated if 100 of all tissue surfaces exhibit no unusual mechanical damage and tissues are well managed.

PERIODONTAL EXAMINATION PROGRESS SHEET

ANESTHETIC RECORD

Has the patient previously received anesthetic the same day for another procedure?
 Yes Dose: _____ Time: _____ No

Type(s) of Injection:
(Infiltration/Block/Non-injectable subging gel)

Location:

Anesthetic(s):
(Brand/Generic Name)

Vasoconstrictor:
(Concentration)

Quantity of Anesthetic:
(cc Expected to Use)

Quantity Actually Used *(cc)*

Examiner Initials
(Additional Anesthetic)

Patient's Name _____

Assistant's Name _____

MEDICAL HISTORY,
 LEGAL CONSENT APPROVED

TREATMENT SELECTION
 EVALUATION:

CFE ID # _____

# 1	# 2	# 3
-----	-----	-----

Resubmission: 1 2 3

TREATMENT SELECTION REJECTED



EX ID # _____ / _____

INTRA/EXTRA-ORAL
 ASSESSMENT:

Please note any atypical findings that require follow up or monitoring on the back of this Progress Form.

PERIODONTAL TREATMENT SELECTION ASSIGNMENTS

TO BE COMPLETED BY EXAMINERS

EXAMINER INSTRUCTIONS:

ACCEPT TREAT SELECT
 ASSIGNED: Ex # _____

Circle Quadrant(s) Selected: Max Right Max Left Mand Right Mand Left

ADDITIONAL TEETH FOR
 SCALING/ROOT PLANING AND
 SUPRAGINGIVAL DEPOSIT REMOVAL:

--	--	--	--

Pre-Op Tissue Scale

0	1	2	3	4	5
Poor Tissue Cond			Good Tissue Cond		

Periodontal Measurements:

Final examiner assigns 2 TEETH for
 Probing Depths & Gingival Recession:

Anterior

#	mm	Recession
DF		
F		
MF		
DL		
L		
ML		

Posterior

#	mm	Recession
DF		
F		
MF		
DL		
L		
ML		

Candidates: Measure and record the depth of each sulcus on six aspects & the F/L recession for the two assigned teeth

Note measurements in the shaded boxes ONLY

ANY BOX LEFT BLANK WILL BE RECORDED AS AN ERROR

Calculus Detection: Final examiner assigns 4 SURFACES

Candidates: Explore assigned surfaces and indicate the presence of subgingival calculus by recording a Y or N in the shaded boxes. ****Complete prior to scaling****

Final Evaluation: Send your patient to the examiner station with an instrument tray containing the radiographic survey, Health History, mirror, #11/12 explorer, a metal periodontal probe with 1 mm markings, 2x2 gauze, an air/water syringe (if removable) & this Progress Form.

FINAL EVALUATION:

--	--	--

EXTRA/INTRA ORAL ASSESSMENT

Describe any atypical findings that require follow up or review next recall appointment:

WNL

OR

Follow up/Monitor

Location: _____

BRIEF Description: _____

History: _____

Follow up/Monitor

Location: _____

BRIEF Description: _____

History: _____

Follow up/Monitor

Location: _____

BRIEF Description: _____

History: _____

NOTES and COMMENTS: _____

PERIODONTAL TREATMENT SELECTION SCREENING WORKSHEET

This worksheet is provided to assist you with selecting periodontal patients that meet the examination criteria. It may be copied as needed. Select one quadrant and up to 4 additional teeth. The quadrant must have one permanent molar and a minimum of six natural teeth. The 1-4 additional teeth, if needed, must be contained within one quadrant. At least 12 surfaces of qualifying subgingival calculus must be present in the Treatment Selection presented. **At least 8 of the 12** qualifying surfaces must be on non-incisor teeth (posteriors and canines). **At least 3 of the 8 posterior** qualifying surfaces must be on permanent molar(s). There is no requirement for any of the 12 surfaces to be on anterior teeth (i.e.: canines and/or incisors) but if chosen, no more than 4 of the 12 surfaces can be on incisors. Chart all explorer-detectable calculus within the treatment selection.

Record the tooth numbers and type (*see below*) of the selected teeth **in ascending order** and record its location, M, F, D, L on the grid below. If subgingival calculus is on the line angle of the tooth, it must be marked on the nearest interproximal surface.

On two separate teeth among the teeth selected for treatment, identify a surface with a probing depth measurement of 5 mm or more. Record the tooth numbers and surfaces in the boxes as instructed below.

PROBING DEPTH QUALIFICATION:
Select 2 separate teeth within the treatment selection that have probing depths of 5 mm or more. Enter the tooth numbers in the large boxes below and mark the surfaces where the depths are located in the smaller boxes to the right.
(M = mesial, F = facial, D = distal, L = lingual)

Record Tooth #'s and Calculus in the spaces provided.

Tooth #/Surface

23	M
----	---

Tooth #/Surface

19	D
----	---

Treatment Selection Prohibitions:

- ◆ Class III furcations or mobility
- ◆ Orthodontic brackets, which includes patients with bonded retainers, in the areas selected for treatment

The following may be present in the **quadrant** presented for treatment, however, they cannot count as required teeth or qualifying calculus surfaces. If there is a partially erupted 3rd molar, implant or deciduous tooth in the quadrant submitted for treatment, place a **P** = **partially erupted 3rd**, **I** = **implant** or **D** = **deciduous** in the space below each tooth number.

- ◆ Implants
- ◆ Partially erupted 3rd molars (as required teeth or calculus,
- ◆ Retained deciduous tooth

M	<input type="radio"/>	#	17
F	<input type="radio"/>		PE
D	<input type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	18
F	<input type="radio"/>		
D	<input checked="" type="radio"/>		
L	<input checked="" type="radio"/>		
M	<input checked="" type="radio"/>	#	19
F	<input type="radio"/>		
D	<input checked="" type="radio"/>		
L	<input type="radio"/>		
M	<input type="radio"/>	#	K
F	<input type="radio"/>		D
D	<input type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	21
F	<input type="radio"/>		
D	<input checked="" type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	22
F	<input checked="" type="radio"/>		
D	<input type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	23
F	<input type="radio"/>		
D	<input checked="" type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	24
F	<input type="radio"/>		
D	<input checked="" type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	28
F	<input type="radio"/>		
D	<input checked="" type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	29
F	<input type="radio"/>		
D	<input type="radio"/>		
L	<input type="radio"/>		
M	<input checked="" type="radio"/>	#	30
F	<input type="radio"/>		
D	<input checked="" type="radio"/>		
L	<input type="radio"/>		
M	<input type="radio"/>	#	
F	<input type="radio"/>		
D	<input type="radio"/>		
L	<input type="radio"/>		

Test Site #

Candidate #

ID#

PERIODONTAL TREATMENT SELECTION SUBMISSION FORM

1. Record the tooth numbers of the *select quadrant of teeth and up to 4 additional teeth in ascending order* on the grid below. Do not list *unerupted 3rd* molars. If there is a partially erupted 3rd molar, implant or deciduous tooth in the quadrant submitted for treatment, place a **P = partially erupted 3rd**, **I = implant or D = deciduous** in the smaller box. These items cannot count as required teeth or qualifying calculus surfaces but may be present in the treatment selection.

Record Tooth #'s & type in the spaces provided. (*P = partially erupted 3rd, I = implant or D = deciduous*)

#	#	#	#	#	#	#	#	#	#	#	#	#	#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POCKET DEPTH QUALIFICATION:

1. Select 2 separate teeth within the treatment selection that have probing depths of 5 mm or more. Enter the tooth numbers in the large boxes below and mark the surfaces where the probing depths are located in the smaller boxes to the right. (*M = mesial, F = facial, D = distal, L = lingual*)

Tooth #/ Surface

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Tooth #/ Surface

<input type="text"/>	<input type="text"/>
----------------------	----------------------

*** ALTERNATE SUBMISSION ***

Record Tooth #'s & type in the spaces provided. (*P = partially erupted 3rd, I = implant or D = deciduous*)

#	#	#	#	#	#	#	#	#	#	#	#	#	#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

POCKET DEPTH QUALIFICATION:

(*M = mesial, F = facial, D = distal, L = lingual*)

Tooth #/ Surface

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Tooth #/ Surface

<input type="text"/>	<input type="text"/>
----------------------	----------------------

INSTRUCTIONS:

- Use blue or black INK to complete this form
- Have patient complete this form PRIOR to the exam
- Bring this completed form with you to the exam

CANDIDATE NUMBER

CRDTS PATIENT HEALTH HISTORY SCREENING FORM

Patient name: _____

Birthdate: _____	Weight: _____	Pre-exam Screening Blood Pressure _____/_____ _____	* Day of Exam Blood Pressure _____/_____ _____
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INSTRUCTIONS TO PATIENT: Please answer the following questions as completely and accurately as possible.
All information is CONFIDENTIAL.

1. Physician's name: _____ Physician's Phone: (_____) _____
2. Date of last physical examination: _____
3. Are you under the care of a physician at the present time, or have you been treated by a physician/PA in the last six months?
If YES, please specify: _____ YES NO
4. Are you allergic or had any adverse reactions to any medicines, drugs, local anesthetics, or other substances? YES NO
If YES, please identify: _____
5. Do you have a known allergy or sensitivity to Latex? YES NO
6. Are you receiving or have you ever received/taken INTRAVENOUS Bisphosphonates? YES NO
*i.e. Have you taken any of the following drugs INTRAVENOUSLY for the treatment of Osteoporosis or cancer?
Clodronate (Bonefos®, Clasteon®, or Ostac®), Pamidronate (Aredia®), Zoledronic acid (Zometa® or Aclasta®),
Neridromate (Nerixia®), or Reclast®. This list of IV Bisphosphonate medications should not be considered complete
as new drugs are continually being developed.*
7. Do you have or have you had any of the following diseases/conditions?

<table style="width: 100%; border-collapse: collapse;"> <tr><td>A. Cardiac/Organ Transplant</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>B. Osteocraneonecrosis of the jaw</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>C. Tuberculosis (active/currently)</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>D. Heart Attack</td><td>YES</td><td>NO</td><td>If YES Date: _____</td></tr> <tr><td>E. Heart Surgery (including stents)</td><td>YES</td><td>NO</td><td>If YES Date: _____</td></tr> <tr><td>F. Stroke</td><td>YES</td><td>NO</td><td>If YES Date: _____</td></tr> <tr><td>G. Chemotherapy</td><td>YES</td><td>NO</td><td>If YES Date: _____</td></tr> <tr><td>H. Pregnant (currently pregnant)</td><td>YES</td><td>NO</td><td>If YES Due Date: _____</td></tr> <tr><td>I. Artificial /Damaged Heart Valve(s)</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>J. History of Infective Endocarditis</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>K. Congenital Heart Conditions</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>L. Joint Replacement</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>M. Immune Suppression/HIV/AIDS</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>N. Heart Condition (including pacemaker)</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>O. Asthma/Lung/Breathing Disorder</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>P. Bleeding Disorder</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>Q. Cancer</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>R. Diabetes</td><td>YES</td><td>NO</td><td>If YES Type: _____</td></tr> <tr><td>S. Epilepsy/Seizures</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>T. Hepatitis</td><td>YES</td><td>NO</td><td>If YES Type: _____</td></tr> <tr><td>U. High Blood Pressure</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>V. Kidney/Renal Disease</td><td>YES</td><td>NO</td><td></td></tr> <tr><td>W. Do you have any disease or condition not listed above that we should know about?</td><td>YES</td><td>NO</td><td></td></tr> </table> <p>If YES, please specify: _____ _____</p>	A. Cardiac/Organ Transplant	YES	NO		B. Osteocraneonecrosis of the jaw	YES	NO		C. Tuberculosis (active/currently)	YES	NO		D. Heart Attack	YES	NO	If YES Date: _____	E. Heart Surgery (including stents)	YES	NO	If YES Date: _____	F. Stroke	YES	NO	If YES Date: _____	G. Chemotherapy	YES	NO	If YES Date: _____	H. Pregnant (currently pregnant)	YES	NO	If YES Due Date: _____	I. Artificial /Damaged Heart Valve(s)	YES	NO		J. History of Infective Endocarditis	YES	NO		K. Congenital Heart Conditions	YES	NO		L. Joint Replacement	YES	NO		M. Immune Suppression/HIV/AIDS	YES	NO		N. Heart Condition (including pacemaker)	YES	NO		O. Asthma/Lung/Breathing Disorder	YES	NO		P. Bleeding Disorder	YES	NO		Q. Cancer	YES	NO		R. Diabetes	YES	NO	If YES Type: _____	S. Epilepsy/Seizures	YES	NO		T. Hepatitis	YES	NO	If YES Type: _____	U. High Blood Pressure	YES	NO		V. Kidney/Renal Disease	YES	NO		W. Do you have any disease or condition not listed above that we should know about?	YES	NO		<p style="text-align: center;">Please explain any YES answers here</p> <p>Question # _____ Explanation: _____ _____</p> <p>Question # _____ Explanation: _____ _____</p> <p>Question # _____ Explanation: _____ _____</p> <p style="text-align: center;">If more space is needed, please use the back of this form.</p>
A. Cardiac/Organ Transplant	YES	NO																																																																																											
B. Osteocraneonecrosis of the jaw	YES	NO																																																																																											
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W. Do you have any disease or condition not listed above that we should know about?	YES	NO																																																																																											

***Please list ALL medications/drugs, dose and time taken: prescription, over the counter, non-prescription, recreational, that you have taken in the last 24 hours:**

Any item on the medical history with a YES response may require a medical clearance letter if the explanation section indicates the possibility of a significant systemic condition that could adversely affect the patient's suitability to take part in the examination.

Securely attach any medical clearance letters to this form.

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: _____
(Parent or Guardian if patient is a minor)

DATE SIGNED: _____

If needed, additional information:

****All items marked with an asterisk must be completed the DAY OF THE EXAMINATION***

Candidate
Number

Exam Site _____

Central Regional Dental Testing Service, Inc.

TREATMENT CONSENT FORM

DENTAL EXAMINATION

Fill in the Candidate name below **after** the examination is over and **before** you turn in your packet.

I, _____, authorize Candidate # _____, Candidate Name
(added later) _____, a dental examinee and whomever the dental examinee may designate as
an assistant or assistants, to perform upon myself the following dental procedure(s):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Amalgam Preparation and Restoration

Composite Preparation and Restoration

Periodontal Treatment (Scaling, Supragingival Deposit Removal, Periodontal Measurements)

I understand that the dental examinee may not be a licensed dentist. I further understand that such procedure(s) will be performed by the examinee as part of an examination conducted to determine the qualification of the dental examinee for licensure. 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 examiners.

The nature and purpose of the dental procedure(s) as well as the risks and possible complications have been explained to me. My questions with regard to the dental procedure(s) have been answered. I acknowledge that no guarantee or warranty has been made as to the results to be obtained. I understand that the treatment provided during the examination does not necessarily fulfill all my oral health needs or represent my entire treatment plan, and that further restorative and/or periodontal treatment may be necessary. I have been informed of the availability of services to complete treatment.

I understand that if I am taking certain medications (as indicated on the Medical History form) that are associated with chronic conditions following dental treatment, I may not be accepted as a patient for this examination. Patients who are taking oral bisphosphonate medications may be at risk for oral osteochemonecrosis of the jaws after dental treatment or as a result of dental infections.

I consent to the taking of appropriate radiographs (X-Rays) and dental examinations.

I consent to having CRDTS examiners or school personnel take photographs of my teeth and gums for use in future examiner calibration provided my name is not in any way associated with these photographs.

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

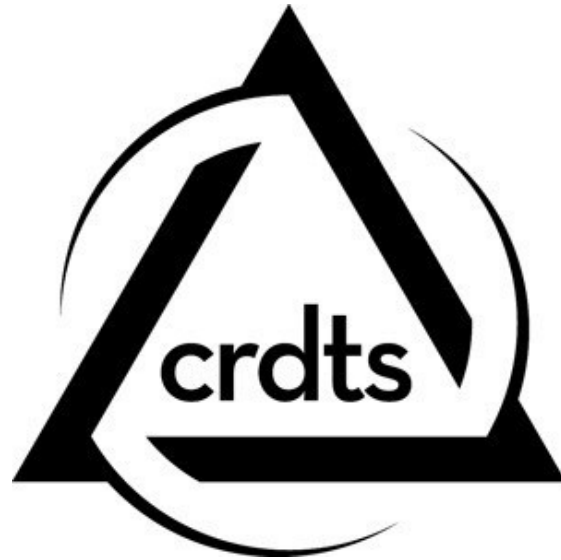
I understand that due to variables within the exam it may be necessary for me to be available through the conclusion of the exam day.

_____, DATE _____ 20____.

Patient's Signature

_____, _____ (____) _____
Patient's Address, City, State, Zip Patient's Phone

This form may be copied as necessary for each patient utilized in the examination.



**PERIODONTAL MANIKIN
"SIMULATED PATIENT"
PROCEDURES**

Periodontal Simulated Patient Examination Content and Scoring Overview

The periodontal simulated patient examination is based on clinical simulated patient treatment, with an evaluation of specific clinical skills as well as the candidate's compliance with professional standards during the course of treatment. Below is a summary of the specific content and scoring associated with the examination.

Clinical Skill	Scorable Items	x	Points scored per Item	=	Max Points
Extra/Intra Oral Assessment OSCE	16		1		16
Calculus Detection	12		1		12
Scaling/Subgingival Calculus Removal	12		5		60
Periodontal Probing	12		1		12
TOTAL EXAM POINTS/ MAX SCORE					100

Examination Scoring System

The periodontal simulated patient examination is administered in two parts; the written Extra/Intra Oral Assessment Objective Structured Clinical Examination (OSCE) and the clinical skills examination performed on a typodont/manikin. Both parts of the examination will be reported as one comprehensive total score as shown above. CRDTS utilizes a criterion-based grading system to differentiate between acceptable and unacceptable performance. Criteria have been established for each clinical procedure. Three examiners independently evaluate all treatment and apply the criteria in assessing performance. For every scorable item that is confirmed as an error by at least two independent examiners, points will be deducted from the 100 possible points.

Examination Timing

Candidates will have fifteen (15) minutes to complete the written Extra-Intra Oral Assessment OSCE section of the exam and will have three (3) hours to complete the calculus detection, scaling/subgingival calculus removal and periodontal probing sections of the exam.

Penalty Point Deductions

Corroborated Errors for Tissue Management: Penalty points are assessed for any unwarranted areas of tissue trauma caused by the candidate to the simulated gingival tissue which are inconsistent with the procedures performed. Five (5) points are deducted for each area of tissue trauma.

Critical Tissue Trauma Error: A tissue trauma critical error, resulting in failure of the exam, will be assessed if any of the following exist:

- Damage to 3 or more areas of gingival tissue and/or oral cavity cover (shroud)
- An amputated papilla of the simulated tissue
- A laceration or damage that would require suturing or periodontal packing if a patient was involved
- An unreported broken instrument tip found in the typodont sulcus
- Unwarranted damage to simulated tissue caused by ultrasonic

Extra/Intra Oral Assessment OSCE

The written Extra/Intra Oral Assessment Objective Structured Clinical Examination (OSCE) is a 16-question written test performed on a tablet. This exam will be given after the Candidate Q and A period. The OSCE is a (15) minute timed exam. You will receive a confirmation stating when the Q and A / OSCE session will be scheduled.

Calculus Detection

Performance Criteria for Calculus Detection

- The candidate will be assigned 12 surfaces to explore.
- The candidate must accurately indicate by recording the presence (yes) or absence (no) of calculus on each of the 12 assigned surfaces.

Calculus Detection: PERIODONTAL CAPTAIN assigns 12 SURFACES from maxillary quadrants.

2D	2L	3M	5M	7F	9D	10L	11D	13F	14M	14D	15D
Y	Y	N	Y	Y	N	N	Y	Y	N	Y	N

Candidates: Explore assigned surfaces as listed above and indicate the presence of subgingival calculus by recording a Y (yes, present) or N (no, not present) in the shaded boxes.

Scaling/Subgingival Calculus Removal

Performance Criteria for Scaling/Subgingival Calculus Removal

- The candidate will be assigned either the right or left mandibular quadrant to scale.
- The candidate is expected to scale all surfaces of all teeth in their selected quadrant.
- Examiners will select 12 surfaces in the treated quadrant for final evaluation.
- Since candidates do not know which 12 surfaces will be selected for evaluation, the candidate must treat (scale) all surfaces of all teeth in their selected quadrant.
- The candidate must effectively remove subgingival calculus so that no deposits are detectable with a #11/12 explorer.
- Supragingival deposit/stain removal is not part of this examination, so no rubber cup polishing is needed nor required.

Tissue Management

Performance Criteria for Tissue Management

- All simulated tissues to include the extraoral oral cavity cover (shroud) and intraoral gingiva will be evaluated.
- The candidate must effectively utilize sonic/ultrasonic and hand instruments so that no unwarranted soft tissue trauma (abrasions, lacerations or ultrasonic burns) occurs as a result of the prophylaxis procedure to the simulated tissues.
- Acceptable performance will have been demonstrated if 100% of all simulated tissues exhibit no unusual mechanical damage and tissues are well managed.

Periodontal Measurements

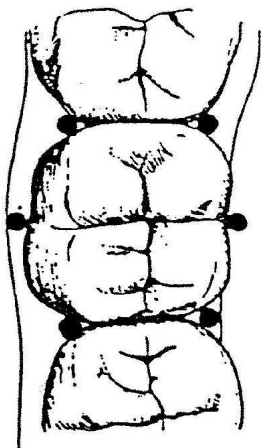
Performance Criteria for Periodontal Measurements

- The candidate will be assigned two (2) teeth to probe; one anterior tooth and one posterior tooth.
- The candidate must accurately chart within +/- 1 mm the depth of the gingival sulcus on six aspects of the two assigned teeth.
- The six aspects to probe on each tooth are: MF, F-midpoint, DF, ML, L-midpoint & DL.
- Candidates record their findings in the shaded boxes on the progress form

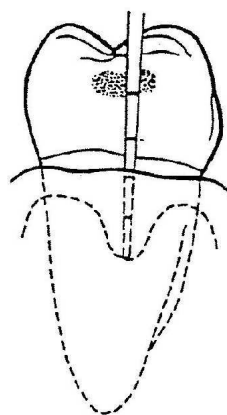
Periodontal Measurements: PERIODONTAL CAPTAIN assigns 2 TEETH for Probing Depths:	ANTERIOR		POSTERIOR	
	#	mm	#	mm
Candidates: Measure and record the depth of each sulcus on six aspects for the two assigned teeth Note measurements in the shaded boxes ONLY ANY BOX LEFT BLANK WILL BE RECORDED AS AN ERROR	DF		DF	
	F		F	
	MF		MF	
	DL		DL	
	L		L	
	ML		ML	

Candidate Instructions for Periodontal Measurements

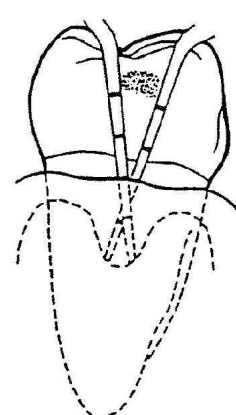
- Probe readings can be taken and recorded prior to or after scaling but examiners probe readings will be evaluated post-scaling so candidates should consider doing the same.
- Direct facial and direct lingual readings should be taken at the MIDPOINT of the tooth with the probe positioned parallel to the root surface and the long axis of the tooth.
- Interproximally, the probe should be positioned with the shank against the contact point and the tip angled slightly into the col, so it is directly beneath the contact area.
- The Acidental tyodonts have a narrow ledge that simulates the epithelial attachment which candidates should use as their reference for the base of the pocket.
- Record every measurement for the assigned teeth to the nearest millimeter.
- The illustrations that follow depict the placement of the probe, from both the occlusal and interproximal perspectives:



**Probe Positions
from Occlusal**



**Probing When
No Contact**



**Interproximal
Angulation**

**PERIODONTAL SIMULATED PATIENT
EXAMINATION PROGRESS FORM**

STARTING TIME: _____ **FINISH TIME:** _____

CRDTS will provide the candidate a typodont to complete the Periodontal Procedures. When the typodonts are received, the candidate's 3 digit candidate number must immediately be etched onto the end cap of the arch and then the typodont inserted into the facial shroud. The typodont may be dismantled only with the authorization of a CFE.

PERIODONTAL TREATMENT ASSIGNMENTS

****NON-SHADED TO BE COMPLETED BY EXAMINERS** SHADED TO BE COMPLETED BY CANDIDATES****

PERIODONTAL CAPTAIN Circle Scaling Quadrant: Mandibular Right Mandibular Left

Periodontal Measurements:

**PERIODONTAL CAPTAIN assigns 2
TEETH for Probing Depths:**

Candidates: Measure and record the depth of each sulcus on six aspects for the two assigned teeth

Note measurements in the shaded boxes ONLY

**ANY BOX LEFT BLANK WILL BE
RECORDED AS AN ERROR**

ANTERIOR		POSTERIOR	
#	mm	#	mm
DF		DF	
F		F	
MF		MF	
DL		DL	
L		L	
ML		ML	

Calculus Detection: PERIODONTAL CAPTAIN assigns 12 SURFACES from maxillary quadrants.

Candidates: Explore assigned surfaces as listed above and indicate the presence of subgingival calculus by recording a **Y** (yes, present) or **N** (no, not present) in the shaded boxes.

**TYPODONT MOUNTING APPROVED
Correct Candidate ID# & Facial Shroud Mounted**

**CFE AUTHORIZES DISMANTLING TYPODONT
CFE Receives Typodont for Evaluation
CFE Collects Progress Form**

FINAL EVALUATION PERIODONTAL PROCEDURES

CRDTS CFE Initials
CRDTS CFE Initials
<div style="width: 30%; border: 1px solid black; height: 30px;"></div> <div style="width: 30%; border: 1px solid black; height: 30px;"></div> <div style="width: 30%; border: 1px solid black; height: 30px;"></div>
Examiner #1 Examiner #2 Examiner #3



Candidate Statement of Understanding with regard to CRDTS Oral Assessment OSCE Security Measures

1. The Central Regional Dental Testing Service (CRDTS) simulated patient Oral Assessment Objective Simulated Clinical Examination (OSCE) is highly confidential. The examination questions are the property of CRDTS. Unauthorized disclosure of examination questions is prohibited under copyright laws. By signing this statement of understanding, you agree to maintain the confidentiality of the CRDTS simulated patient Oral Assessment OSCE.
2. You must therefore:
 - Keep the exam content confidential for a period for at least five (5) years as discussed below.
 - You will not give, receive or obtain any form of unauthorized assistance prior to or during the examination.
 - You will not disclose (in whole or in part) any examination questions or answers to anyone before, during or after the examination, whether orally, in writing, on Internet chat rooms, blogs or otherwise.
 - You will not reproduce or attempt to reproduce examination materials through memorization, recording or other means.
 - You will not provide information relating to examination content that may provide unfair advantage to other candidates.
 - You will not use or participate in the electronic posting of information regarding examination content or answers.
 - You will not discuss exam cases, content, questions or answer options with anyone (ie: family, friends, fellow colleagues, classmates, school faculty, etc.) who took the exam before you, with you or those who have not yet taken the exam.
 - You may not use or be in possession of any unauthorized electronic devices (such as cell phones, cameras, etc.) during the exam.
3. With regard to the CRDTS simulated-patient Oral Assessment OSCE, candidates agree to abide by all rules, as well as oral and written instructions controlling the conduct of the examination. These rules are intended to preserve the integrity of the examination process by providing standard test administration conditions that yield valid and reliable results.
4. Candidates will be observed at all times while they are taking the CRDTS simulated-patient Oral Assessment OSCE. This observation will include direct observation by proctors. Proctors may not necessarily inform you of their observations, but they are required to report behavior that may violate the terms and rules of the exam or other forms of irregular behavior.

5. Any cheating and/or breach of confidentiality/security or any attempt to subvert the examination process by any candidate violates the purpose and principles of the examination and is grounds for immediate dismissal from the examination.
6. Any candidate who witnesses or has knowledge of known exam security breaches must report it to the Proctor and/or CRDTS personnel as soon as possible. Morally and ethically, reporting known exam breaches allows CRDTS personnel the opportunity to investigate and take appropriate action.
7. CRDTS strives to report results that accurately reflect the skill and performance of each candidate and represent a valid measure of their knowledge or competence as sampled by the examination.
8. Accordingly, our standards and procedures for administering examinations have two related goals: giving candidates comparable opportunities to demonstrate their abilities, and preventing any of them from gaining an unfair advantage over others. To promote these objectives, CRDTS reserves the right to cancel or withhold any examination results when, in the sole opinion of CRDTS, a testing irregularity occurred; cheating has occurred; there is an apparent discrepancy in, or falsification of, a candidate's identification; a candidate engages in misconduct or plagiarism; when aberrancies in performance are detected for which there is no reasonable and satisfactory explanation; or the results are believed to be invalid for any other reason.
9. Conduct occurring before, during or after testing that violates these principles may result in invalidation of examination results and/or other penalties such as the revocation of exam scores which will be reported to State Dental Licensing Boards.
10. Any unauthorized disclosure of the examination's content could also result in civil liability and criminal penalties.
11. Candidates proven to violate examination security rules will have their exam scores voided and denied access to retesting for two years.

I have read, understand and agree to abide by the above statement.

Candidate Name

(Please Print): _____

Candidate Number: _____

Candidate Signature: _____

Date: _____