2016
DENTAL HYGIENE
CANDIDATE’S MANUAL

A National Dental Hygiene Clinical Examination
Central Regional Dental Testing Service, Inc.
1725 SW Gage Blvd.
Topeka, Kansas  66604
(785) 273-0380
(800) 370-0380
www.crdts.org

Please read this candidate manual carefully and bring it with you to the examination.

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Introduction

This manual has been designed to assist dental hygiene candidates in their preparation to be a participant in this examination. Outlined below are general directives and information for the conduct of the examination.

Mission Statement: To provide the dental examination community with test construction and administrative standardization for a national uniform dental hygiene clinical licensure examination. The examination will demonstrate integrity and fairness in order to assist State Boards with their mission to protect the health, safety and welfare of the public by assuring that only competent and qualified individuals are allowed to practice dental hygiene.

Purpose: The purpose of this examination is to assess the candidate's professional knowledge, skills, abilities and judgment (KSAJ’s) as applied in clinical treatment procedures that are a representative sample of the services that are provided in the practice of dental hygiene, based on the criticality of the procedure to the patient's systemic and oral health and the frequency with which that service is provided in practice.

CRDTS: The Central Regional Dental Testing Service, Inc. (hereinafter abbreviated CRDTS) is an independent testing agency which develops and administers clinical competency examinations in dentistry and dental hygiene on behalf of its member and participating states. Regional testing agencies, such as CRDTS, do not have the authority to license individuals or to implement policy that goes beyond the laws of its member states. Regional testing agencies should not be confused with state boards of dentistry.

CRDTS Member States: The Member States of CRDTS are Alabama, California, Colorado, Georgia, Hawaii, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, South Carolina, South Dakota, Washington, West Virginia, Wisconsin and Wyoming.

CRDTS Recognizing Jurisdictions: In addition to the Member States listed above, several non-member states also recognize the results of the CRDTS examination. Current information indicates approximately 40 State Boards recognize the CRDTS dental hygiene examination results for initial licensure. Prior to submitting an application, candidates should contact the State Board where they wish to seek licensure to confirm and verify exact licensing requirements for that state, because there are often restrictions, limitations or additional licensing requirements that may have changed.

Jurisdictional Authority: State Boards of Dentistry are each established by state law as the regulatory agencies of the dental profession, accountable to the state legislature and charged with protection of the public. Although all state laws are somewhat different, there
are commonalities in their responsibilities to regulate the profession through licensure requirements, to interpret and enforce the dental practice act, to discipline those licensees who practice unethically or illegally and to assess the competence of applicants for licensure in their jurisdictions through theoretical and clinical examinations. In order to fulfill their mandate to evaluate competence, the CRDTS' member State Boards have joined together to develop and administer skill-based examinations in dentistry and dental hygiene that are fair, objective and meet established principles of measurement for clinical evaluation.

**Candidate Ethical Responsibilities:** Licensure as a dental health professional and the public trust, respect and status that accompanies it is both a privilege and a responsibility. Implicit in a State Board’s charge to protect the public is the responsibility to ensure that practitioners are not only competent, but also ethical. In addition to the American Dental Hygienists’ Association’s *Code of Ethics*, there are codes of professional conduct within state laws, and the requirements of many State Boards for periodic continuing education courses in ethics for maintenance and renewal of licenses.

During the examination process, there are policies, rules and standards of conduct that are part of the candidate’s responsibility; the candidate is expected to read the entire Candidate’s Manual and comply with all those rules and requirements.

The dental hygiene practitioner is entrusted with the oral health and welfare of a patient and it is imperative that such trust be respected by candidates and that services to the patient’s needs and well-being are always put first. In every step of the examination process, CRDTS has established policy and examination protocol to ensure that the welfare of patients is safeguarded.

- CRDTS will provide a consent form that documents the treatment the patient will receive, the fact that the candidate is not a licensed hygienist and a statement that the services provided during the exam may not complete their treatment plan or totally fulfill their oral health needs. The consent form must be executed before the patient can be accepted.
- CRDTS will provide a medical history form that screens for systemic conditions or medical considerations that might put the patient at risk during the examination or require premedication in order for them to participate. The medical history must be completely filled out and appropriate precautions taken before the patient can be accepted.
- If treatment is suspended or terminated for any reason, CRDTS will complete a Follow-Up Form to document what additional treatment is necessary, who will provide it, and who will be financially responsible. The patient is provided a copy of this form; and the candidate must come to the exam with a “follow-up” plan about how the patient will be provided a continuum of care after the exam, if such care should be needed.
- When patients are checked-in, examiners will review the medical history, consent form and treatment selection to see if it meets the criteria and is justified clinically. Throughout the examination, examiners will be monitoring patients to see that they suffer no unnecessary discomfort.
The CRDTS hygiene examination addresses many of the ethical concerns that have been raised in recent years about the use of patients in clinical examinations. It is the responsibility of candidates to solicit patient participation in an ethical manner. The candidate should fully inform a prospective patient about the purpose, the process and the importance of a board examination, including the time involved, and the number of individuals who will be examining them. Copies of health history and treatment consent forms should be downloaded from the internet at www.crdts.org and used to screen a patient’s health condition and plan an appropriate response to any medical issues that may impact the patient’s well-being during and after the examination. Patients should be fully informed about their entire treatment plan, advised of alternative options or courses of treatment that might be advantageous to them, and how the procedure(s) to be completed during the examination are sequenced in a plan “with due consideration” given to the needs, desires and values of the patient. Patients should also be advised of any benefits that may reasonably be expected as a result of participation. In the process of soliciting and screening patients, candidates should remain in compliance with ethical considerations and refrain from the following:

- Reimbursements between candidates and patients in excess of that which would be considered reasonable for remuneration for travel, lodging, meals or loss of hourly wages.
- Remuneration to other licensure applicants or dental practitioners for acquiring patients.
- Utilizing patient brokering companies.
- Delaying treatment beyond that which would be considered acceptable in a typical treatment plan (e.g. delaying treatment for several months).
- Allowing themselves to be “extorted” by individuals who agree to participate in the examination and then refuse to come at the appointed time unless they are paid a fee.

Board examinations are conducted for the sole purpose of protecting the public by assessing the competence of those who seek to practice dental hygiene. It is hoped that the professional and ethical management of patients by both CRDTS and the candidates throughout the examination process will leave the volunteer patients in better oral health with an increased respect for the profession’s diligence in maintaining high standards of competence.

**Examiners:** Candidates will be evaluated by examiners from the jurisdictions which comprise CRDTS. These examiners may be members of their State Boards or may have been selected by their State Boards to serve as examiners. All examiners are trained and calibrated to CRDTS exam criteria prior to each examination. In addition, there may be observers at CRDTS’ exams such as faculty members from other schools, new CRDTS’ examiners or examiners from other states. Such observers are authorized to participate in calibration and monitor all portions of the examination; however, they do not assign grades or participate in the grading process.
Test Development: In all aspects of test development, administrative protocol and evaluation methodologies, CRDTS strives to be aligned with and guided by:

- *Standards for educational and psychological testing*, published jointly by the American Educational Research Association, the American Psychological Association and the National Council on Measurement in Education
- AADB’s *Guidance for Clinical Licensure Examinations in Dentistry*
- Annual Statistical Analysis of each section of the exam along with summary statistics of candidate performance by school of graduation
- Statistical profiles for examiners’ self-assessment
- Technical Reports by measurement specialists
- Periodic Occupational Analyses

In particular, the dental hygiene examination is developed and revised by the CRDTS Dental Hygiene Examination Review Committee (ERC). The Dental Hygiene ERC is comprised of representatives from each of CRDTS’ Member States, as well as dental hygiene educators and special consultants. With both practitioners and educators involved, the Committee has considerable content expertise from which to draw. The Committee also relies on practice surveys, current curricula, and standards of competency to assure that the content and protocol of the examination is current and relevant to practice. Determining the examination content is also guided by such considerations as patient availability, logistical constraints and the potential to ensure that a skill can be evaluated reliably.

Application Information & Requirements

Qualified candidates may apply to take the examination by submitting an application online at [www.crdts.org](http://www.crdts.org). Once an application is completed online, it is considered a contract with CRDTS. If a candidate fails to fulfill all requirements of the application or is unable to take the exam, the policies below will apply. Additional portions of the application must be submitted by mail. Detailed information regarding required documents/fees, test sites and examination dates/deadlines are outlined on the CRDTS website and in this Manual. A fully executed application complete with the appropriate documentation and fee is required to take the examination.

Please read the entire application form before submitting any information. Be accurate and complete. If directions are not followed, the application may not be accepted.

After completing the online application, the following items must be sent to the CRDTS Central Office:

Proof of Graduation:

2016 Accredited Graduates: Candidates who have not yet graduated and will be taking the examination for the first time, must submit a “Letter of Certification” (a form provided by CRDTS) signed by their Program Director stating that they will have successfully completed a prescribed course of study in a dental hygiene program.
accredited by the ADA Commission on Dental Accreditation within 60 days of the exam date. The “Letter of Certification” serves to verify that the candidate has demonstrated sufficient clinical competence, is in good standing and is anticipated to have met all school requirements by the time of graduation. For programs with multiple applicants, Program Directors may submit one blanket “Letter of Certification” on official letterhead with a list of all eligible graduates.

**Pre-2016 Accredited Graduates:** Candidates who have graduated from an accredited dental hygiene program before the present year of testing, must furnish a certified or notarized copy of their diploma or provide a letter on official letterhead from their school of graduation signed by the Program Director verifying their name and date of their graduation.

**Non-Accredited Graduates:** Results of the CRDTS examination for graduates of non-accredited programs are recognized only by states which allow licensure of such non-accredited graduates. Candidates who graduate from a program that is not accredited by the ADA Commission on Dental Accreditation must be authorized to take the examination by at least one State which accepts the results of the CRDTS examination. Therefore non-accredited graduates must furnish a letter from a State indicating that they are eligible for licensure in that State upon successful completion of the CRDTS examination. Examination results for graduates of non-accredited programs will only be reported to the State providing the letter.

**Examination Fee:** The examination fee is $995 and payment must be paid at the time of application. Payment submitted must be for the exact amount and can be paid online via VISA or Mastercard or by cashier’s check or money order with the applicant’s 10 digit Candidate ID number written in the lower left-hand corner. Personal checks will not be accepted and will be returned to the applicant.

**Confirmation of Training to Administer Local Anesthesia:** Candidates who are or will be qualified to administer local anesthesia must submit proof of training at the time of application (ex: local anesthesia certificate) verifying appropriate educational and clinical training. Submitting such proof after application is submitted will not be allowed. For programs with multiple applicants, Program Directors may submit one blanket letter on official letterhead with a list of all eligible graduates verifying training to administer anesthesia. Candidates in states where local anesthesia administration by dental hygienists is NOT permitted or for candidates who will NOT be qualified to administer local anesthesia upon licensure will have the opportunity to have a qualified practitioner administer local anesthesia for them.

**As part of the online application, candidates will be asked to provide the following:**

**Testing Site Selection:** While every effort will be made to grant applicants their first choice in testing sites, it is not always possible to do so. Consequently, candidates are asked to enter 3 testing site choices.
Social Security Number and Candidate ID Number: Candidates must enter their US government-issued social security number when applying online. Candidates without a social security number must contact CRDTS Central Office. The social security number will remain a part of the candidate’s secure record. A 10-digit Candidate ID number will be assigned, will appear on all the candidate’s examination forms and will become the Username for login to the CRDTS website. When logged in, candidates will be able to manage their information and view examination results. The 10-digit Candidate ID number will connect the results back to the candidate’s permanent record.

Photograph: Candidates must submit a digital photograph. The photograph must be recent, square and of passport quality. It may be in black & white or color, JPG/JPEG, GIF, or PNG formats, square and must have minimal resolution of 200x200 and maximum resolution of 500x500.

Signature of Candidate: The candidate will sign the online application electronically. The electronic signature is legally binding and has the full validity and meaning as the applicant’s handwritten signature. With the signature the applicant acknowledges that he/she has read and understood the application and the CRDTS Dental Hygiene Candidate Manual and agrees to abide by all terms and conditions contained therein.

Other General Application Information and Policies are as follows:

Professional Liability Insurance: Insurance in the amount of $1,000,000 / $3,000,000 is required. The Medical Protective Company of Fort Wayne, IN, in cooperation with CRDTS, will provide complimentary professional liability coverage, in the required amount, for all candidates taking this examination. Coverage is automatic and no action or payment is required by the applicant.

Application Deadlines: The application deadline for all exams is approximately 40 days before the date of the examination. Applications and all required documentation must be received by the testing agency on or before the published deadline date. It should be noted that for both the application and the required documentation, the testing agency uses the ‘date of receipt’ (not the ‘date of postmark’) and assumes no responsibility for insufficient postage or delays caused by the post office or other delivery agencies. Applications will be processed on a first-come, first-served basis.

Application Confirmation: Candidates will receive an email to acknowledge receipt of application once all required documentation is submitted.

Exam Testing Site, Date & Time Confirmation: Candidates will receive an email approximately 10 days after the deadline date for their assigned exam which will include the following information, attachments and/or links:
- A letter from CRDTS confirming your assigned exam site, exam date and exam time. This letter will also include your newly assigned one or two digit Candidate Number.
• An attached letter from the school serving as a testing site providing general information about their facilities, policies and usage fees. This letter may also contain information related to nearby hotels and other information and/or forms which are required by the testing site. This letter will also include information on the school’s “Testing Site Fee” with a deadline for payment: All testing sites charge a site fee for use of their clinic facilities, supplies and disposables. Testing sites set their own fee and deadline for advance payment. The “Testing Site Fee” must be remitted to the school, not to CRDTS.

Candidates taking the examination at a dental hygiene school other than their own are encouraged to visit the site prior to the time of the examination. It is the responsibility of the candidate to make arrangements with the school for the provision of equipment if required and to ascertain whether the appropriate equipment is available.

**Exam Assignment & Schedule Changes:** Examination assignments (day and time of testing) are considered final when issued and emailed to the candidate. School personnel do not have the authority to accept a candidate for examination at their site or to make assignment changes. Such arrangements made between school personnel and candidate may preclude the candidate from being admitted to the examination, as well as, forfeiture of fee. If unusual circumstances warrant a schedule change, the CRDTS Coordinator is the only authorized individual who may consider/authorize approval for such a request.

**Disqualification:** After applying, a candidate may be disqualified to sit for the exam by their Program Director (or designated school official) for any reason within their discretion. Notification of disqualification by the Program Director must be sent to and received at CRDTS Central Office in writing at least 14 calendar days prior to the start date of the candidate’s scheduled examination. Disqualification is considered final and a candidate will not be reinstated for the examination schedule during that academic year.

Fees paid by candidates who are disqualified shall be forfeited. Candidates who are disqualified shall have access to the examination upon graduation and presentation of a diploma or in a subsequent academic year in which the candidate has been appropriately certified by the Director (or designated school official). A new application must be submitted with all required documentation and appropriate fee. The applicant will be notified by CRDTS when official notification of disqualification has been received and recorded.

**Administrative Fee:** An administrative fee of $100 is included in the examination fee. This administrative fee is non-refundable and deducted from all returned application fees.

**Incomplete Applications:** It is the candidate’s responsibility to ensure that all application requirements are met and that all required items are received in CRDTS Central Office prior to the Application Deadline. All applications with incorrect or missing information, documentation or fees will be assessed a $100 fee and held until the missing item(s) and/or fees are received in CRDTS’ Central Office. Once an exam site has closed, no additional applications will be processed and forfeiture of fees may apply.
**Fee Deferral:** Under extenuating circumstances the examination fee may be deferred to a later examination. Requests will be considered on an individual basis when received before the candidate’s scheduled exam start date. Requests must be made in writing to CRDTS and must include original documentation in support of the request. Notification will be sent immediately after a determination is made. Should a fee deferral be granted, the terms and conditions for future examination will be included. Requests for fee deferral on or after the date of the scheduled examination will not be considered.

**Fee Refunds:** Notification of cancellation must be made in writing and submitted to the CRDTS Central Office. A refund (administrative fee deducted) will be made if notification is submitted at least 30 days prior to the first day of the examination. A 50% refund will be made if notification is submitted at least 6 business days prior to examination. After that time, any cancellations will result in forfeiture of the entire examination fee. In addition, failure to appear for the exam will result in a forfeiture of the entire examination fee. This policy applies to all cancellations, regardless of reason.

**Reporting of Scores**

**Passing Score:** As the testing agency responsible for administering the examination, CRDTS has provided information to State Boards sufficient to establish that a score of 75 or more on the examination may represent an acceptable demonstration of competence to practice dental hygiene. However, each State Board is responsible for determining whether a candidate has fulfilled its standards and requirements for licensure. The State Boards’ determinations are controlled by state law; the requirements may not be uniform. Each licensing jurisdiction may use the examination results to the extent authorized by its statutes.

**Release of Scores to Candidates:** Candidates can view their score online via the CRDTS website 1-2 weeks after their examination. To access scores online, candidates must Log-In using their assigned 10 digit Candidate ID number and password. The ‘Candidates’ tab will allow access to scores. In addition, candidates who were successful will be mailed two results letters; one official results letter with watermark and one copy. For security and confidentiality reasons, no scores can be released by telephone.

**Release of Scores to State Boards:** A Master Grade Sheet listing all scores will be automatically distributed to the secretaries of all CRDTS member State Boards, as well as those non-member states which recognize CRDTS’ results and have requested routine receipt of examination results. Each State Board has its own requirements with regard to proof of testing to grant licensure. For State Boards that do not accept the CRDTS Master Grade Report or the official results letter with watermark as proof of testing, candidates can request a score report be sent to a State Board by submitting an online “Score Report Request”. (See instructions below.)

**Score Report Request:** Scores will be sent upon receipt of a request made online via the CRDTS website. The “Score Report Request” link can be found on the CRDTS Homepage, lower left corner. Such requests must include the following:
- Candidate’s name, mailing address and telephone number
- Candidate’s name at time of examination
- Year in which the CRDTS clinical examination was completed
- Address to where the results are to be sent
- $50 for up to three score reports

If the candidate wishes to have the Candidate’s Manual sent along with the scores to provide an explanation of scores, the fee is an additional $25. An additional fee of $4 is charged to have the scores notarized. A credit card must be used when requesting a Score Report online.

**Petition for Review**

CRDTS maintains a complaint review process whereby a candidate may request a review of documentation, concerns or protocols affecting his/her individual examination results. This is a formalized process conducted by a special committee whose charge is to review the facts to determine if the examiners’ findings substantiate the results. Any request for such a review must be filed and received at CRDTS Central Office no later than 14 days following the official date on which the scores were released to the candidate or the candidate’s dental hygiene school. The Committee is required to complete its review within 60 days from the time of receiving a formal request; during that time, the candidate may apply for reexamination. If the candidate files a formal complaint, then retests and passes the examination before the complaint has been fully processed, the complaint review will be terminated. Forms may be obtained from CRDTS’ Central Office or from the CRDTS website and documentation for the complaint must be submitted on this form.

In determining whether to file a petition, the candidate should be advised that all reviews are based on a reassessment of documentation of the candidate’s performance on the examination. The review does not include a regrading of that performance; it is limited to a determination of whether or not there exists substantial evidence to support the judgment of the examiners at the time of the examination. The review will not take into consideration other documentation that is not part of the examination process, such as; post-treatment photographs, models, character references or testimonials, dental hygiene school grades, faculty recommendations or the opinions of other "experts" solicited by the candidate. In addition, the review will be limited to consideration of the results of only one examination at a specific test site. If a candidate has completed more than one CRDTS examination, the results of two or more examinations may not be selectively combined to achieve an acceptable final score.

Candidates who contact the Administrative Office regarding their examination results must clearly indicate whether they simply wish to express a concern relating to the examination or are interested in initiating a formal petition for review. A non-refundable $250 filing fee will be charged by CRDTS to file and process a formal review petition.
Policy for Reexamination and Remediation

Candidates who are unsuccessful must submit a new application and pay the examination fee of $995. Candidates are permitted to apply for only one examination at a time and may not submit another application until after the results of the prior examination have been distributed. Candidates who are retaking the examination must fulfill current examination requirements since the examination format is periodically redesigned.

All portions of the failed examination must be retaken, not just the procedures with deficient performance. The candidate applying for reexamination must provide documentation that all school requirements have been completed and the candidate has graduated.

It is the responsibility of each state or licensing jurisdiction to enforce its own remediation policy. There is no state which requires remediation after only one failure; some states may require remediation after two failures. Any candidate intending to seek licensure in one of the states that accepts the results of the CRDTS examination should check with the appropriate State Board regarding its remediation and reexamination requirements.

It is the responsibility of the candidate to obtain and complete all requirements for remedial education in accordance with the requirements of the licensing jurisdictions in which they seek to obtain licensure. CRDTS does not assume any responsibility in providing this information or in monitoring the completion of such requirements prior to examination.

After three failures, CRDTS requires that the candidate submit documentation from a State which accepts the results of the CRDTS examination verifying that the candidate has completed remediation requirements for that state and further that the state will accept the results of the candidate’s reexamination with CRDTS.

Policy for Testing of Disabled Candidates

Any candidate with a documented physical and/or learning disability that impairs sensory, manual or speaking skills which require a reasonable deviation from the normal administration of the examination may be accommodated. All reasonable efforts will be used to administer the examination in a place and manner accessible to persons with disabilities or an attempt will be made to offer alternative accessible arrangements for such individuals. Efforts will be made to ensure that the examination results accurately reflect the individual's impaired sensory, manual or speaking skills, except where those skills are factors the examination purports to measure. Also, attempts will be made to provide appropriate auxiliary aids for such persons with impaired sensory, manual or speaking skills unless providing such auxiliary aids would fundamentally alter the measurement of the skills or knowledge the examination is intended to test or would result in an undue burden.

To ensure that an auxiliary aid or other requested modification exists and can be provided, it is a requirement that any candidate with a disability requesting such modification or auxiliary aid must:
• Submit, in writing together with the application, a request and all documentation for the auxiliary aid or modification. Requests received after the application date or retroactive requests will not be considered.

• Provide documentation of the need for the auxiliary aid or modification. If the candidate is a student in an accredited school, a letter from a school official fulfills this requirement. Otherwise, a letter from the appropriate health care professional is required.

• Request in writing the exact auxiliary aids or modifications needed and indicate the exact portion(s) of the examination for which such auxiliary aid or modification will be needed.

In providing such auxiliary aids or modifications, the testing agency reserves the ultimate discretion to choose between effective auxiliary aids or modifications and reserves the right to maintain the security of the examination.

All information obtained regarding any physical and/or learning disability of a candidate will be kept confidential with the following exceptions: 1. Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification; and 2. First aid and safety personnel at the test site may be informed if the disability might require emergency treatment.

**Online Candidate Orientation – Q&A’s**

There will be no on site candidate orientation. Instead, candidates must download and view the Candidate Orientation from the CRDTS website and view it prior to their examination. It is expected that candidates will view this Online Candidate Orientation PRIOR to their examination and send questions in advance to CRDTS Central Office via e-mail.

**Dental Hygiene Examination Content and Scoring Overview**

The dental hygiene examination is based on clinical 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.

<table>
<thead>
<tr>
<th>Clinical Skill</th>
<th>Scorable Items</th>
<th>Points scored per Item</th>
<th>Max Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra/Intra Oral Assessment</td>
<td>8</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Periodontal Probing</td>
<td>12</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Scaling/Subgingival Calculus Removal</td>
<td>12</td>
<td>5</td>
<td>60</td>
</tr>
<tr>
<td>Supragingival Deposit Removal</td>
<td>6</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td><strong>TOTAL EXAM POINTS/ MAX SCORE</strong></td>
<td></td>
<td></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Examination Scoring System

There is one, comprehensive, total score reported by CRDTS for the Dental Hygiene Examination. 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.

Penalty Point Deductions

In addition to penalties assessed for unacceptable Treatment Selections, penalties assessed by the Dental Hygiene Coordinator for Treatment Standards categories such as patient management and infection control will also be computed into the score. If a candidate is assessed any penalty points, they will be notified of this fact during the exam via written communication (Treatment Standards Form) from the Hygiene Coordinator.

Treatment Selection: Penalty points are assessed for Treatment Selections that do not meet the criteria outlined in this manual.

- Maximum 4 treatment submissions allowed
- 7 penalty points for 1st Treatment Selection rejection
- 7 penalty points for 2nd Treatment Selection rejection
- 0 penalty points deducted for 3rd and 4th rejections

Treatment Standards: Penalty points are assessed for violation of standards as defined for:

- Improper Record Keeping
- Failure to properly complete Anesthetic Documentation
- Professional Demeanor
- Infection Control/Asepsis violations
- Patient Management/Inadequate pain control
- Tissue Trauma (2 errors allowed / 3 errors constitutes Critical Error)
- Time Penalty 1-15 minutes late
- Time Penalty 16 or more minutes late
- Unprofessional Conduct

Critical Errors

Critical errors are any procedures that could lead to patient injury or may jeopardize overall treatment of the patient. Critical errors may result in failure of the Dental Hygiene Examination even though other rated treatment criteria are acceptably completed.

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, lips or oral mucosa
- An amputated papilla
- An exposure of the alveolar process
- A laceration or damage that requires suturing or periodontal packing
- An unreported broken instrument tip found in the sulcus
- One or more ultrasonic burns requiring follow-up treatment
Professional Conduct

Dishonesty Clause: Candidates failed for dishonesty shall be denied reexamination for one full year from the time of the infraction. Additionally, all State Boards will be notified of the situation. In some states, candidates failed for dishonesty may be permanently ineligible for licensure. Therefore, candidates should address these matters with the state(s) where they desire licensure prior to retaking the examination.

As a participant in an examination to assess professional competency, each candidate is expected to maintain professional standards. The candidate’s conduct and treatment standards will be observed during the examination and failure to maintain appropriate conduct and/or standards may result in point penalties and/or dismissal from the exam.

Each candidate will be expected to conduct himself/herself in an ethical, professional manner and maintain a professional appearance at all times. Candidates are prohibited from using any study or reference materials during the examination. Any substantiated evidence of dishonesty; such as collusion, use of unauthorized assistance or intentional misrepresentation during registration, pre-examination or during the course of the examination shall automatically result in dismissal from and failure of the entire examination and forfeiture of all examination fees for the current examination.

Some examples of unprofessional conduct that would result in failure of the examination:
- Falsification or intentional misrepresentation of application requirements.
- Cheating (Candidate will be dismissed immediately).
- 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 procedures.
- Misappropriation or thievery of equipment during the examination.
- Alteration of examination records and/or radiographs.
- Using unauthorized equipment at any time during the examination process.
- Performing required examination procedures outside the allotted examination time.
- Failure to follow time limits and/or complete the examination within the assigned time.
- Administering anesthetics without proper authorization and/or supervision.
- Receiving assistance from another practitioner including but not limited to; another candidate, dental hygienist, dentist, faculty, University/School representative(s), etc.
- Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient and/or total disregard for patient welfare, comfort and safety.
- Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, patients and/or exam personnel.
- Noncompliance with anonymity requirements.
- Noncompliance with established guidelines for asepsis and/or infection control.
- For the purpose of the board licensure examination, candidates found charging patients for services performed.
- Use of cellular telephones or any electronic equipment or the taking of photographs in patient care areas by the candidate or a patient during any part of the examination.
Exam Time Schedule Overview

Examinations will be conducted over the course of several days with morning and afternoon groups assigned to each day. Morning groups arrive at approximately 6:30 am and leave at approximately 12:00 noon. Afternoon groups arrive at approximately 11:30 am and leave at approximately 5:00 pm. Candidates will be informed of their examination date and group assignment in advance of the examination and need only report to the school on this date and time.

<table>
<thead>
<tr>
<th>Example of typical Candidate Experience</th>
<th>~ Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate and patient arrive at Testing Site</td>
<td>6:30 am</td>
</tr>
<tr>
<td>Candidate shows ID and receives Exam Packet</td>
<td>6:45 am</td>
</tr>
<tr>
<td>Candidate enters clinic to find chair and set-up</td>
<td>7:00 am</td>
</tr>
<tr>
<td>Candidate seats patient, completes forms and signs up for Patient Check-In</td>
<td>7:15 am</td>
</tr>
<tr>
<td>Examiners evaluate Candidate’s Treatment Selection which takes ~ 45 min</td>
<td></td>
</tr>
<tr>
<td>Patient Treatment Time: Candidate assigned Start Time</td>
<td>8:00 am</td>
</tr>
<tr>
<td>Candidate assigned Finish Time (2½ hours later)</td>
<td>10:30 am</td>
</tr>
<tr>
<td>Candidate completes treatment and presents patient for Final Evaluation</td>
<td>10:25 am</td>
</tr>
<tr>
<td>Examiners Final Evaluation takes ~ 1 hour</td>
<td></td>
</tr>
<tr>
<td>Candidate cleans up, leaves clinic and waits for patient in waiting room</td>
<td>10:45 am</td>
</tr>
<tr>
<td>Patient dismissed from Examiner Station</td>
<td>11:30 am</td>
</tr>
<tr>
<td>Candidate turns in Exam Packet</td>
<td>11:35 am</td>
</tr>
<tr>
<td>Candidate and patient leave Testing Site (ie: ~5 hours from start to finish)</td>
<td>11:45 am</td>
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<td>Examiners evaluate Candidate’s Treatment Selection which takes ~ 45 min</td>
<td></td>
</tr>
<tr>
<td>Patient Treatment Time: Candidate assigned Start Time</td>
<td>1:00 pm</td>
</tr>
<tr>
<td>Candidate assigned Finish Time (2½ hours later)</td>
<td>3:30 pm</td>
</tr>
<tr>
<td>Candidate completes treatment and presents patient for Final Evaluation</td>
<td>3:25 pm</td>
</tr>
<tr>
<td>Examiners Final Evaluation takes ~ 1 hour</td>
<td></td>
</tr>
<tr>
<td>Candidate cleans up, leaves clinic and waits for patient in waiting room</td>
<td>3:45 pm</td>
</tr>
<tr>
<td>Patient dismissed from Examiner Station</td>
<td>4:30 pm</td>
</tr>
<tr>
<td>Candidate turns in Exam Packet</td>
<td>4:35 pm</td>
</tr>
<tr>
<td>Candidate and patient leave Testing Site (ie: ~5 hours from start to finish)</td>
<td>4:45 pm</td>
</tr>
</tbody>
</table>
Time Schedule for Treatment Selection Submissions

Morning Groups
Morning Group candidates may enter the clinic at ~7:00 AM after receiving their Examination Packet from the Hygiene Coordinator. When the patient is ready for submission for treatment assignment, candidates must sign-up at the Hygiene Coordinator’s desk for Patient Check-In which will begin at ~7:15 AM.

The first Treatment Selection must be submitted NO LATER THAN 8:30 AM. Candidates who have NOT submitted their first Treatment Selection by 8:30, but still intend to take the examination, will automatically be given a Start/Finish Time of 8:30 and 11:00 and will have until 9:30 to submit an acceptable Treatment Selection. This time will include the Patient Check-In that has yet to take place.

Afternoon Groups
Afternoon Group candidates may enter the clinic at ~12:00 noon after receiving their Examination Packet from the Hygiene Coordinator. When the patient is ready for submission for treatment assignment, candidates must sign-up at the Hygiene Coordinator’s desk for Patient Check-In which will begin at ~12:15 PM.

The first Treatment Selection must be submitted NO LATER THAN 1:30 PM. Candidates who have NOT submitted their first Treatment Selection by 1:30, but still intend to take the examination, will automatically be given a Start/Finish Time of 1:30 and 4:00 and will have until 2:30 to submit an acceptable Treatment Selection. This time will include the Patient Check-In that has yet to take place.

Both Morning and Afternoon Groups
Once the first Treatment Selection has been evaluated by the examiners and deemed either acceptable or unacceptable, candidates will be given a 2½ hour Start/Finish Time at the Hygiene Coordinator’s desk. The Start/Finish Time will be recorded on the candidate’s Progress Folder. The Finish Time represents the latest time the candidate must present the patient for Final Evaluation at the Hygiene Coordinator’s desk.

If a candidate’s first Treatment Selection is unacceptable, a Start/Finish Time will be assigned and the clock will be running on the candidate’s 2½ hour treatment period and a 7 point penalty will be assessed. The candidate will then have 1 hour from the assigned Start Time to submit an acceptable Treatment Selection. If a second Treatment Selection is unacceptable, another 7 point penalty will be assessed and candidates should remember that their operating time continues to be reduced. The candidate may still submit a third and fourth Treatment Selection within the 1 hour time limit and no further penalties will be assessed. If an acceptable Treatment Selection is not presented within the 1 hour time limit, the candidate may not continue the examination.

Candidates should inform their patient that the total time commitment for the exam is approximately 5 hours from start to finish.
Treatment Selection Submission Options

Initial Treatment Submission
Candidates must submit a Treatment Selection (ie: teeth numbers) that meets all the CRDTS criteria for patient acceptability. Three examiners will independently explore every surface of every tooth submitted by the candidate. Surfaces that are independently identified by at least two examiners as having “qualifying calculus” will be confirmed. If, after tabulating all three examiner’s findings, the submission meets or exceeds all the CRDTS criteria, the submission will be deemed acceptable. Since most submissions exceed (ie: more than the required surfaces of “qualifying calculus” are found), only 12 of the “qualifying surfaces” will be chosen for final evaluation. Candidates will NOT know which 12 surfaces have been chosen for final evaluation, hence the need for candidates to treat (clean) all surfaces of all teeth submitted.

Alternate Submission with Initial Treatment Submission Option
Candidates are strongly encouraged to submit an Alternate Submission along with their initial submission. The Alternate Submission must be for the same patient and is designed to save time for candidates whose first submission is deemed unacceptable.

If the first submission is deemed acceptable, examiners will have no need to consider the alternate submission. However, if the first submission is deemed unacceptable, the candidate will be informed immediately (a Start/Finish Time will be assigned along with a 7 point penalty), but the patient will stay in the examiner’s station where examiners will continue to review the Alternate Submission, which will expedite the resubmission process.

Candidates choosing to submit an alternate submission should complete both the TOP and BOTTOM of their Treatment Selection Form. An example of a completed Treatment Selection Form is provided at the back of this manual.

Resubmissions
Candidates are allowed to submit up to four treatment submissions. (ie: an initial submission plus up to three additional resubmissions within the one hour time limit are allowed if necessary).

After two submissions on the same patient, candidates are strongly encouraged to submit a new patient. This means candidates should be prepared with back-up patients. No patient can be recalled or reconsidered again for submission once the candidate has submitted a new patient. If an acceptable Treatment Selection is not presented within the one hour time limit (ie: one hour from the assigned Start Time), the candidate may not continue the examination.
General Directives and Information *(listed in alphabetical order)*

**Anonymity** - The anonymous testing procedures for the examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of a candidate, or relate or connect the patient or work to be graded to a particular candidate. The candidate’s name and school information should not appear on any examination forms, materials or instruments. CRDTS examiners will be physically isolated from the candidates in a separate area of the clinic and the movement of patients from the clinical area to the grading area shall be controlled by the use of testing assistants. All examination forms and materials are identified by the candidate’s one or two digit Candidate Number which is assigned prior to the examination.

**Antibiotic Prophylaxis/Premedication** - If any patient requires premedication (antibiotic prophylaxis) for the examination, a record must be completed on the Progress Folder documenting the type of medication administered and the dosage. Failure to complete the record will result in a 2-point record keeping penalty. Antibiotic prophylaxis documentation must be completed prior to Patient Check-In. Patients with a need for antibiotic prophylaxis can be shared by candidates on the same clinical day but may NOT be shared by candidates on different clinical days.

**Approved Communication** - All approved communication must be in English. Candidates may communicate with their patient in another language but communication between candidates and Examination Officials must be in English.

**Assistance from Faculty, Classmates and Colleagues** - Candidates must make treatment selection decisions independently without the help of faculty, other students/classmates and/or colleagues. When screening patients for this exam, candidates should NOT ask for opinions, help or outside assistance. Violation of this rule is cause for dismissal from the examination and will result in failure of the examination.

**Assistants (Chairside)** - Candidates are NOT allowed to use chairside assistants.

**Attire (Clinic)** - Candidates must wear CDC and OSHA mandated operating attire, and there must be no personal identification on clinic attire other than the CRDTS’ candidate picture identification badge. No bare arms, legs or open-toed shoes are allowed in the clinic areas. Lab coats, lab jackets, and/or long-sleeved protective garments are all acceptable. Color and style are not restricted.

**Authorized Photography** - At some selected test sites, oral photographs may be taken randomly during the examination by an authorized photographer retained by CRDTS. The purpose is to capture a broad representation of actual procedures which can be used for examiner calibration exercises. The photographs will not include identification of either the patients or candidates.

**Disclosing Solution** - Candidates and examiners are NOT allowed to use disclosing solution.
**Electronic Equipment** - The use of cellular telephones, pagers, iPods, iPads, radios (with or without earphones) and other electronic equipment by both patients and candidates is prohibited within the clinic and scoring areas. All cellular telephones must be “off” and stored with personal belongings. In addition, the use of electronic recording devices by the candidate or a patient during any part of the examination; or the taking of photographs during the evaluation or treatment procedures is prohibited.

**Equipment Failure** - In case of equipment failure the Hygiene Coordinator must be notified immediately so the malfunction may be corrected.

**Equipment: Use/Misappropriation/Damage** - No equipment, instruments or materials shall be removed from the examination site without written permission of the owner. Nonpayment of fees for rental of space or equipment will be treated as misappropriation of equipment.

**Evaluation** - Each candidate's performance will be evaluated by 3 independent examiners. Candidates are not assigned specific examiners; the first available examiners will evaluate all procedures.

**Examination Materials** - CRDTS examination materials distributed by the testing agency may NOT be removed from the exam site, nor may the forms be reviewed by unauthorized personnel. All required forms and records must be turned in at the Coordinator’s desk before the examination is considered complete.

**Extraneous Study Materials** - Only this Candidate Manual and approved examination forms may be brought into the candidate’s cubicle. No textbooks or other study materials are permitted in the candidate’s cubicle at any time. This includes previously recorded periodontal probe readings and Intra/Oral Assessment findings.

**Failure to Follow Directions** - Failure to follow directions and instructions from CRDTS personnel will be considered unprofessional conduct. Unprofessional conduct and improper behavior is cause for dismissal from the exam and will result in failure of the examination.

**Health History** - A Health History form must be completed for all patients. This form is included in this manual (copies are acceptable) and/or can be downloaded from the CRDTS website. The Health History form must be completed PRIOR to the examination; however, it must be presented at the time of Patient Check-In and must reflect the patient's current health condition.

**Identification Picture Badges** - During the examination, candidate ID picture badges (handed out prior to the examination in the Examination Packet) must be worn at all times.

**Infection Control Standards** - During all patient treatment procedures the candidate must follow the most current recommended infection control procedures as published by the CDC. The operatory and/or operating field must remain clean and sanitary in appearance.
**Instruments** - Candidates should practice using a periodontal probe with 1,2,3,4,5,6,7,8,9,10 mm markings (Ex: UNC-12) and an 11/12 explorer, since these are the instruments the examiners will utilize to evaluate each candidate's performance.

CRDTS will provide each candidate with the following sterile instruments:
- **Mirror**, metal #5 head with #7 handle
- **Explorer**, metal 11/12 with #7 handle
- **Periodontal probe**, metal UNC-12 with #7 handle

The above mentioned instruments (mirror, explorer and probe) will be distributed to each candidate after their patient is submitted for treatment. The instruments will be stored inside a sturdy plastic container (provided by CRDTS) appropriate for transporting instruments to and from the Examiner's Evaluation Station. Candidates will be allowed to keep these instruments and the plastic container at their cubicle during the exam. For Final Evaluation, candidates will send these same instruments back to the Examiner’s Evaluation Station. Candidates will be allowed to keep these CRDTS issued instruments and plastic container at the completion of the exam.

Candidates should also be ready to supply the required sterile prophylactic instruments for back-up patients.

**Instrument/Equipment Prohibitions** - Air-powered polishing equipment is not permitted. Sonic/ultrasonic instruments are contraindicated if the patient has an air-borne communicable disease.

**Interpreters** - Candidates can employ the services of an interpreter when their patient does not speak English or is hearing impaired. Faculty members, dentists and dental hygienists (licensed or unlicensed), dental and dental hygiene students may not act as interpreters.

**New Technology** - New and innovative technologies are constantly being developed and marketed in dentistry. Until such time as these innovations become the standard of care and are readily available to all candidates at all testing sites, the use of such innovative technologies will not be allowed in this examination, unless expressly written as allowed elsewhere in this manual.

**Patient Selection and Management** - Consideration should be demonstrated for the patient's welfare and comfort. A patient should not be selected who is apprehensive or hypersensitive. To manage patient comfort, local anesthesia is strongly recommended. In addition, patients often find clinic temperatures to be cold so consider bringing an extra jacket or blanket.

**Patient’s Agreement to Partial Treatment Plan** - It must be recognized that in many instances the treatment that is provided during a clinical examination represents only a portion of the care that is appropriate for the patient within a comprehensive treatment plan. The patient must be advised that only a portion of their individual treatment plan can be completed during the clinical examination and that further periodontal care will likely be required after the examination is completed. The patient will also be apprised of this fact in the Treatment Consent Form they are required to sign prior to the examination.
**Protective Eyewear** - Candidates are responsible for providing protective eyewear for themselves and for their patient. Protective eyewear must be worn by the candidate and the patient during all clinical treatment procedures.

**Shared Patients** - Candidates are responsible for any inconvenience that may occur due to circumstances surrounding the sharing of patients (ie: transferring of radiographs etc.). It is also the responsibility of the second or subsequent candidate to ask the CRDTS Hygiene Coordinator for a SHARED PATIENT FORM. A copy of this form is included in this manual.

**Test Site Fees** - All testing sites (schools) charge a fee for use of clinic facilities, equipment, supplies and disposables. This fee is independent of the examination fee and is not collected by the testing agency. Testing site fees vary from school to school. Specific information regarding site fees will be included in the candidate’s application email confirmation.

**Tissue Management** - There shall be no unwarranted damage to either hard or soft tissues. Unwarranted damage caused by the candidate to extra/intra oral tissues resulting in injury to the patient which are inconsistent with the procedures performed and/or careless management of tissue will result in a score reduction and/or failure.

**Tooth Identification** - The tooth numbering system 1-32 will be used throughout the examination. In this system, the maxillary right third molar is number 1 and mandibular left third molar is number 17.

**Treatment Consent** - In order for a patient to be acceptable for the clinical examination, the candidate must complete a Treatment Consent Form for each patient. The minimum age for acceptability for the clinical portion is 16 years. A parent or guardian must sign the Treatment Consent Form if the patient is under 18 years of age and must remain on the premises for the duration of the exam. This form is included in this manual (copies are acceptable) and/or can be downloaded from the CRDTS website. The Treatment Consent Form must be completed PRIOR to the examination and will be submitted at the time of Patient Check-In.

**Ultrasonic Scalers** - Candidates must supply their own ultrasonic scaling units and are responsible for confirming connections are compatible with testing site equipment. Connection information will be included in your Testing Site Letter which will be attached to your exam confirmation email. Arrangements for rental ultrasonic units may be made through the testing site.

**Visitors/Unauthorized Personnel** - Only authorized personnel will be allowed in the examining and clinic areas. Only the patient, the candidate and the interpreter (if necessary) are allowed in the operatory during patient treatment sections. No visitors are allowed.
Patient Acceptability and Health History Requirements

- A CRDTS Health History must be completed prior to the exam as part of the patient selection/screening process. A blood pressure reading should be recorded when the patient is selected, and must be retaken the day of the examination at the testing site to insure that the patient’s blood pressure conforms to the CRDTS criteria.

- Candidates must insure the confidentiality of the patient’s health history.

- On the day of the exam, the CRDTS Health History will be submitted with the patient at Patient Check-In. This submitted form must reflect the patient’s current health. All items marked with an asterisk (*) must be completed on the day of the exam at the testing site. This includes the current blood pressure reading and all medications (prescription, nonprescription, supplements or pills) being taken by the patient. The candidate must also indicate why each medication has been taken.

- Minimum patient age is 16 years. For minors under the age of 18, a parent or guardian must be available in the waiting area during the exam and must provide written consent.

- No patient may be a dentist, dental hygienist, dental assistant, dental student, dental hygiene student or dental assisting student.

- Patients must present with an acceptable blood pressure:
  - 159/94 or below : Can proceed without medical clearance.
  - 160/95 to 179/109: Are accepted only with written a Medical Clearance letter.
  - 180/110 or above : Will not be accepted for this examination even if a consult from a physician or dentist of record authorizes treatment.

- Candidates are expected to take and record the patient’s blood pressure at the testing site prior to submitting their patient for check-in. Please advise your patient that their blood pressure may be checked again by examiners in the examiner’s station.

- Candidates must follow the updated 2015 American Heart Association antibiotic premedication recommendations when treating patients at potential risk of infective endocarditis following dental treatment. Additionally, candidates must follow 2012 and 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 letters can be written on the Medical Clearance Form (provided in this manual) or on a separate piece of paper and must include:
  - A legible statement from a licensed physician or dentist of record written within 30 days of the examination clearly stating the medical concern.
  - A positive statement of how the patient should be managed during the examination (including a statement on the use or non-use of local anesthesia for pregnant patients).
  - The physician’s or dentist’s name, address and phone number.
• Any item on the Health History with a “YES” response MAY require a written Medical Clearance letter if the explanation section indicates the possibility of a significant systemic condition that could affect the patient’s suitability for elective dental treatment during this examination.

• Candidates MUST obtain and submit a written Medical Clearance letter (and provide antibiotic prophylaxis if necessary) for all patients that respond “YES” to any of the following questions: #4.H through #4.N on their Health History form.

  Questions #4.H thru #4.N are as follows:
  (These questions are SHAD ED on the Health History form.)
  4.H  Pregnant (currently pregnant)
  4.I  Artificial /Damaged Heart Valve(s)
  4.J  History of Infective Endocarditis
  4.K  Congenital Heart Conditions
  4.L  Joint Replacement
  4.M  Immune Suppression/HIV/AIDS
  4.N  Heart Condition (including pacemaker, defibrillator)

• If a patient requires antibiotic prophylaxis, it must be documented on the Progress Folder before Patient Check-In and the patient must take the antibiotic prior to Patient Check-In.

• Patients with a need for antibiotic prophylaxis can NOT be shared by candidates on subsequent clinical days. However, patients with a need for antibiotic prophylaxis can be shared by candidates if they are treated on the SAME day (i.e. morning group and then afternoon group on the same day).

• Patients with diabetes controlled by insulin injections or insulin infusion devices can NOT be shared by candidates on the same clinical day.

**Health History Prohibitions are as follows. Patients with these conditions will NOT be accepted for the CRDTS examination under any circumstances:**

• Patients who answer “YES” to Question 3: Are you receiving or have you ever received/taken INTRAVENOUS Bisphosphonates?
  Examples of Intravenously Administered Bisphosphonates used for the treatment of osteoporosis, cancer or other conditions: Clodronate (Bonefos®, Clasteon® or Ostac®), Pamidronate (Aredia®), Zoledronic acid (Zometa® or Aclasta®), Neridromate (Nerixia®), or Reclast®. This list of intravenously administered bisphosphonates should not be considered complete as new drugs are continually being developed.

• Cardiac/Organ transplant recipients (Question 4.A).

• Active incidence of bisphosphonate osteonecrosis of the jaw (BON), also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ). (Question 4.B).
• Active tuberculosis. (Question 4.C) Note: A patient who has tested positive for TB or is being treated for TB, but does not have the clinical symptoms is acceptable.

• Heart attack, heart surgery (including stents), stroke or chemotherapy treatment within the past six months (Question 4.D-G).

• Any condition or medication/drug history that might be adversely affected by the length or nature of the examination procedures.

Treatment Selection Requirements

• Candidates and dental hygiene faculty are reminded that patient selection is an evaluated portion of the examination and charting calculus is the responsibility of the candidate. Outside assistance from others is prohibited. Violation of this rule is cause for dismissal from the examination and will result in failure of the examination.

• In addition to an acceptable health condition as previously described, the patient must be free of any soft tissue lesions that would contraindicate dental hygiene instrumentation such as multiple ulcerations, carcinomas and gingival hyperplasia.

• The candidate must properly evaluate the patient according to CRDTS' criteria. (See Worksheet instructions listed below.) The candidate's Treatment Selection must include the proper number and type of TEETH and the proper number of subgingival QUALIFYING CALCULUS SURFACES.

• Calculus must meet the definition of “qualifying calculus” as described in this manual to be accepted. Calculus that does not meet the definition of “qualifying calculus” will be denied. Consequently, candidates are encouraged to submit a Treatment Selection that exceeds the minimum requirements.

Qualifying Calculus

• A qualifying deposit of calculus is defined as explorer-detected subgingival calculus which is DISTINCT, OBVIOUS and can be EASILY detected with a #11/12 explorer as it passes over the calculus.

• Qualifying deposits of calculus must be apical to the gingival margin (subgingival) and may occur with or without associated supragingival deposits.

• Qualifying deposits will exhibit such characteristics as:
  - significant enough in quantity to be readily discernible or detectable
  - a definite “jump” or “bump” which is easily detected with one or two strokes
  - a deposit that easily “binds” or “catches” the explorer
  - ledges, rings, spiny or nodular formations
Candidates must submit a Treatment Selection that meets the following criteria.

**Teeth**
- Minimum of 6 teeth to a maximum of 10 teeth with no more than 3 being anterior teeth (anterior teeth = canines and/or incisors)
- For purposes of anesthesia it is recommended that the teeth selected be as contiguous as possible

**Qualifying Calculus**
- At least 1 surface of qualifying subgingival calculus on a minimum of 6 teeth
- At least 12 surfaces of qualifying subgingival calculus
- At least 8 of the 12 qualifying surfaces must be on posterior teeth (posterior teeth = molars and/or premolars)
- 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 but if chosen, no more than 4 of the 12 surfaces can be on anterior teeth

**Prohibitions**
- CRDTS prohibits the submission of TEETH in the Treatment Selection which include any of the following:
  - Grade III mobility
  - Grade III or IV furcations
  - Orthodontic and/or Invisalign® brackets, buttons and/or bonded retainers
  - Implants
  - Partially erupted teeth
  - Retained deciduous teeth
- Submitting a TOOTH in the Treatment Selection that contains a prohibition as listed above would result in rejection of the Treatment Selection and a 7 point penalty would be assessed.

**Discouraged**
- While not prohibited, CRDTS strongly discourages the submission of TEETH in the Treatment Selection which include any of the following:
  - Gross caries
  - Faulty restorations
  - Extensive full or partial veneer crowns
  - Multiple probing depths in excess of 6 mm

**Radiographs**
- Radiographs are a non-graded requirement for submission at Patient Check-In and Final Evaluation procedures. Although the candidate is not required to personally expose the radiographs, the candidate is responsible for recognizing and submitting radiographs that are of diagnostic quality reflecting the current condition of the patient.
 Candidates will have access to radiographs during their treatment time and examiners will have access to radiographs during check-In and final evaluation procedures. At the conclusion of the examination, all radiographs will be returned to the candidate.

The following original, duplicate or digital films are required:
- A full mouth periapical survey OR a panoramic radiograph exposed within 3 years of the exam date.  
  AND  
- A bitewing survey with two or four films (positioned either vertically or horizontally) OR panoramic bitewing images exposed within 1 year of the exam date.

Radiographs must meet the following criteria:
- Digital radiographs must be printed on premium quality photo paper that is glossy and at least 50 lb. in weight.  
- Digital radiographs printed using a quality COLOR inkjet printer have proven to be of superior quality compared with those printed using a laser printer since a color inkjet printer provides better contrast (ie: multiple varying shades of gray).  
- Digital radiographs must be printed with images as close to the size of conventional films as possible.  
- Traditional radiographs must be mounted according to ADA protocol with the embossed dot raised toward the viewer.  
- Surveys should be labeled “R” and “L” to represent the patient’s right and left side.  
- The candidate number, patient’s name and date(s) of exposure must be clearly printed on the survey.  
- School information and candidate name should not be included on the survey. If necessary, it is acceptable to cover this information with tape or black out with a pen.  
- Radiographs of diagnostic quality demonstrate sufficient contrast and density to enable recognition of pathology and exhibit minimal overlap and distortion.  
- The crowns of all teeth must be visible on one or any combination of multiple films.  
- If radiographs are not of diagnostic quality or are missing, the patient will be returned to the candidate and Check-In procedures will not take place until the submitted radiographs are of acceptable quality.

Guidance for Screening Potential Patients

- Candidates should use the “Full Mouth Patient Screening” and “Treatment Selection” Worksheets included in this Candidate Manual to screen potential patients. These two worksheets 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.

- Candidates should bring both of these completed worksheets with them to the exam.

- On the day of the exam, candidates will transfer TEETH NUMBERS (NOT surfaces of calculus) from their “Treatment Selection Worksheet” to the “Treatment Selection Form” (provided in the Candidate Packet distributed on the day of the examination).
The candidate's copy of the completed Worksheets should be kept for use during the examination, as the Treatment Selection Form submitted to examiners will not be returned to the candidate.

The candidate should be sure that the Treatment Selection submitted is congruent with the patient's condition on the day of the exam.

**Instructions for the “Full Mouth Patient Screening Worksheet”**
*Please refer to the completed “Example” worksheet found in the back of this manual.*

- Cross out all missing teeth and/or teeth that are prohibited (ex: deciduous teeth).
- Chart ONLY surfaces of “qualifying subgingival calculus” on each tooth.
- If qualifying subgingival calculus is found on the line angle of a tooth, mark it on the nearest interproximal surface.
- If a tooth is rotated, the surfaces of subgingival calculus should be charted as the tooth appears in the mouth.

**Instructions for the “Treatment Selection Worksheet”**
*Please refer to the completed “Example” worksheet found in the back of this manual.*

- Decide which teeth (based on your full mouth charting) you would like to submit for treatment.
- Write teeth numbers in the Tooth # boxes.
- Transfer ALL surfaces of qualifying subgingival calculus to this worksheet by filling in the appropriate bubbles (M,F,D,L). Although you will NOT be submitting surfaces as part of your Treatment Selection, charting the surfaces on this worksheet will help you determine if the patient meets the criteria for patient acceptability.
- Use the checklist to ascertain your submission meets all the criteria.
- ALL criteria must be met for the Treatment Selection to be deemed acceptable.

**Performance Requirements**

**Extra/Intra Oral Assessment**

The purpose of this part of the examination is to evaluate the level of a candidate's competency in performing an extra/intra oral assessment as part of gathering and documenting baseline data about the patient's oral health status. The candidate is expected to assess and document conditions as being within normal limits or deviations that are either atypical or abnormal. Atypical or abnormal findings, whether pathological or non-pathologic, must be identified by location and briefly described as part of the patient's record, as specified in the criteria. This documentation aids the dentist and hygienist in promoting patient health by identifying possible subclinical disease processes, oral habits, conditions that may bear watching over time or require special home care instructions, assisting with dental forensics and in the case of cancer or precancerous lesions, possibly preventing premature death.
Performance Criteria for Extra/Intra Oral Assessment

- The candidate must record the condition and location of any tissue or feature which demonstrates those significant findings that are identified on the form and described below (see Glossary for definition of terms).
- Candidates are not allowed to bring previously prepared Oral Assessment notes into the exam with them. This includes notes written inside the Candidate Manual and/or notes written on a separate piece of paper.
- The Extra-Oral Assessment will be evaluated by examiners with the patient in an upright position.
- Extra-oral Assessment:
  - Examine and palpate the HEAD, FACE and NECK for any lesions, asymmetry, swelling, infected facial piercings or palpable nodules, which may include a raised mole.
  - Palpate LYMPH NODES for any evidence of tenderness, hardness, or non-mobility.
  - Examine the function of the TEMPOROMANDIBULAR JOINT for evidence of discomfort, restricted opening, audible or palpable symptoms.
- The Intra-Oral Assessment will be evaluated with the patient in a reclining position.
- Intra-oral Assessment:
  - Examine and palpate the MUCOSA/LIPS for any lesions, chemical or physical irritations, tattoos, swellings, intraoral piercings, hematomas, or palpable nodules.
  - Examine and palpate the ALVEOLAR RIDGE for any lesions, chemical or physical irritations, exostosis, tattoos, swellings, hematomas, or palpable nodules.
  - Examine and palpate the PALATE and examine the ORAL PHARYNX (including tonsilar pillars) for the presence of torus and lesions, chemical or physical irritations.
  - Examine and palpate the TONGUE for symptoms of hairy tongue, fissured tongue, loss of papilla, geographic tongue, glossitis, piercings, palpable nodules or lesions.
  - Examine and palpate the FLOOR of the MOUTH for ankyloglossia, tori, hematomas, lesions and tattoos.

Candidate Instructions for Extra/Intra Oral Assessment

- The oral assessment must be performed after the patient has been accepted for treatment and should be rechecked prior to submitting the patient for final evaluation.
- Any significant findings as identified above (and as listed on the Extra/Intra Oral Assessment Form) should be recorded by checking the appropriate box or boxes and then providing the information that is requested.
- If a “location” and/or “brief description” is requested and a candidate fails to record such information, an error will be assessed.
- If no significant findings are present for the category, the candidate should check the Within Normal Limits (WNL) box.
- Do not check BOTH the WNL box and another box within the same category or an error will be assessed.
- If a box is marked incorrectly, the candidate should cross out the error and initial it.
- BLUE INK is preferred on all forms as it is easier for examiners to read.
Periodontal Measurements

Performance Criteria for Periodontal Measurements

- Examiners will assign 4 teeth to probe from the teeth submitted in the candidate’s Treatment Selection of which two teeth will be randomly chosen for evaluation.
- The candidate must accurately chart within +/- 1 mm the depth of the gingival sulcus on six aspects of the 4 assigned teeth.
- The six aspects to probe on each tooth are: MF, F-midpoint, DF, ML, L-midpoint & DL.

Candidate Instructions for Periodontal Measurements

- Probe readings should be taken and recorded AFTER scaling.
- 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.
- If a tooth is not in 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 tip of the probe should be positioned at the depth of the sulcus at the soft-tissue attachment, using light pressure.
- The illustrations that follow depict the placement of the probe, from both the occlusal and interproximal perspectives:

![Probe Positions from Occlusal](image)

![Probing When No Contact](image)

![Interproximal Angulation](image)

Scaling/Subgingival Calculus Removal

Performance Criteria for Scaling/Subgingival Calculus Removal

- Twelve (12) surfaces will be evaluated.
- Since most candidates submit Treatment Selections that have approximately 16-20 surfaces of “qualifying” subgingival calculus, the CRDTS Team Captain (aided by the computer and electronics) will select exactly 12 surfaces to evaluate from all the “qualifying surfaces” found in the submission.
Since candidates do not know which 12 surfaces have been selected for evaluation, they must treat (scale) all surfaces of all teeth submitted in their Treatment Selection.

The candidate must effectively remove subgingival calculus so that no deposits are detectable with a #11/12 explorer and no calculus is visible when the tissue is deflected with air.

Candidates are strongly encouraged to utilize local anesthesia to properly manage patient comfort.

**Performance Criteria for Supragingival Deposit Removal**
- All teeth in the candidate’s Treatment Selection will be evaluated.
- Examiners will evaluate all surfaces of each tooth, except occlusal surfaces.
- The candidate must effectively remove all supragingival deposits (hard and soft) and extrinsic stains so that all non-decalcified surfaces are visually clean and free of all supragingival accretions.
- Disclosing solution is NOT allowed (by candidates or by examiners).
- Air-powered polishing is prohibited.

**Performance Criteria for Tissue Management**
- All tissues (extraoral and intraoral) will be evaluated.
- 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.

**Administration of Anesthetics**

All dental hygiene candidates will have the opportunity to have their patient anesthetized and the following options are available to candidates choosing to use an anesthetic on their patient during the examination:

- Candidate Administers Subgingival Anesthetic Gel (ex: Oraqix®)
- Candidate Administers Local Anesthetic
- Qualified Practitioner Administers Local Anesthetic For Candidate

In order to comply with state laws dealing with the administration of anesthetics by dental hygiene candidates, the following policies have been established:

- In states where local anesthesia administration by dental hygienists is permitted, dental hygiene candidates who submit the required confirmation of training will be allowed to administer local anesthetic to their patient during the examination.
- In states where administration of subgingival anesthetic gels by dental hygienists is permitted, dental hygiene candidates will be allowed to administer subgingival anesthetic gel to their patient during the examination.
• In states where local anesthesia administration by dental hygienists is NOT permitted, dental hygiene candidates will have the opportunity to have a qualified practitioner administer a local anesthetic for them.

• Topical Anesthetics: All candidates are allowed to utilize and apply topical anesthetic without prior authorization. However, proper documentation of its use is required. Due to its limited effectiveness, the sole use of a topical anesthetic as the only means of pain management is discouraged.

• Inhalation Analgesia/Parenteral Sedation: The administration of inhalation analgesia and/or parenteral sedation is not allowed.

• The technique and/or actual administration of anesthetic will NOT be evaluated.

Documentation of Anesthetics

Candidates will document the use of anesthetics on Page 2 of the Progress Folder. Before continuing, it would be helpful for candidates to review Page 2 of the sample Progress Folder located at the back of this manual.

Candidates who utilize anesthetic for their patients will be required to complete the appropriate recordkeeping documentation. Failure to complete the required documentation will result in a 2-point recordkeeping penalty. In addition, candidates who proceed without the proper authorization and/or supervision will be dismissed from the examination.

Protocol for Candidates Qualified to Administer Local Anesthetic

• Candidates who submit “Confirmation of Local Anesthesia Training” as part of their application must administer their own local anesthetic. If the candidate is unable to achieve sufficient pain management, assistance from a qualified practitioner may be requested. No penalties will be applied.

• Candidates who have provided confirmation of the appropriate training to administer local anesthetics with their application will have the symbol “A” printed on their candidate ID badges.

Protocol for Candidates Administering Local Anesthetic and/or Subgingival Anesthetic Gels

• Patients must be accepted for treatment prior to administering anesthetics. Therefore, anesthetics must NOT be administered prior to Patient Check-In.

• Candidates must receive an authorizing signature from the Exam Site Dentist prior to administering anesthetic (subgingival and/or local).

• As a reminder, topical anesthetic does NOT require authorization.
While many states allow dental hygienists to administer subgingival anesthetic gel without prior authorization, for the purpose of this examination, CRDTS does require such authorization.

Candidates must bring their own anesthetic (subgingival and/or local) and armamentarium with them to the examination.

Candidates must locate the Anesthetic Sign-Up Sheet posted in the clinic, and indicate on this form that they intend to have the Exam Site Dentist “authorize” the administration of anesthetic. Candidates will record their cubicle number on this Sign-Up Sheet so the Exam Site Dentist knows which candidates need an authorization signature. The Exam Site Dentist will go to each candidate’s cubicle in the order in which they are signed up.

The Exam Site Dentist will review the patient’s Health History and sign the section of the Anesthesia Form marked “AUTHORIZATION”.

Candidates will be allowed to administer a maximum of 2 cartridges of anesthetic after receiving their initial authorization signature. If more than 2 cartridges of anesthetic are needed during the exam, the candidate must sign-up and receive a second authorizing signature from the Exam Site Dentist prior to administering additional anesthetic. The Exam Site Dentist will record the amount of additional anesthetic that the candidate is allowed to administer on the candidate’s Progress Folder.

When treatment is complete, the candidate must complete the “Candidate Administered Anesthetics” section of the form. The purpose of this section is to make sure the location, type and amount of TOTAL (ACTUAL) ANESTHETIC ADMINISTERED BY THE CANDIDATE is documented properly.

If a local anesthetic or a non-injectable subgingival gel is administered and the documentation section is not completed, a 2-point recordkeeping penalty will be assessed.

Protocol for Candidates Not Qualified to Administer Local Anesthetic

For those candidates who are NOT qualified to administer local anesthetic, a qualified practitioner will be available and allowed to administer local anesthetic to the patient upon the candidate’s request.

Candidates must locate the Anesthetic Sign-Up Sheet posted in the clinic and indicate on this form that they intend to have the qualified practitioner “administer” the local anesthetic. To assist the qualified practitioner, candidates must have their patient’s Health History, Progress Folder and armamentaria for the administration of local anesthetic ready.
• Although the dentist or qualified practitioner will administer the local anesthetic, it is the candidate's responsibility to ensure proper documentation of the “Dentist or Qualified Practitioner Administered Local Anesthetics” section is completed.

• If additional anesthetic (beyond what was initially administered) is needed during treatment, the candidate must sign-up again to have the dentist return to their cubicle.

**Checklist for Required Exam Materials**

*The items listed below are required for the examination. Please bring the following with you:*

**Day of Exam**
- Picture ID for admission
- This Candidate Manual
- Completed Patient Health History Form *(Print copy from CRDTS website or manual)*
- Completed Patient Informed Consent Form *(Print copy from CRDTS website or manual)*
- Completed “Patient Screening Worksheet” *(Print copy from manual)*
- Completed “Treatment Selection Worksheet” *(Print copy from manual)*
- Watch or small clock to synchronize with Official Exam Clock
- Pen – BLUE INK IS PREFERRED
- Radiographs
- Blood pressure cuff (Manual/Automatic/Arm/Wrist are all acceptable) & Stethoscope
- Supplies/Syringe for local anesthetic and/or subgingival anesthetic gel
- Operator and Patient Protective Eyewear
- Comfort items for your patient; blanket in case the clinic is cold, reading materials, etc.
- Handpiece and Sonic/ultrasonic scaler (if not provided by the school)
- Prophylactic instruments of choice

**CRDTS will be providing each candidate with the following after Patient Check-In:**
- Closeable, plastic container for transportation of instruments to Evaluation Station.
- Dental mirror, metal #5 head with #7 handle
- Explorer, metal 11/12 with #7 handle
- Periodontal probe, metal UNC-12 with #7 handle
- UNC-12 periodontal probe. All instruments provided by CRDTS will have a satin steel #7 handle.
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<thead>
<tr>
<th><strong>Glossary of Words, Terms and Phrases</strong></th>
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<tr>
<td><strong>Case Type or Grade III Furcation</strong></td>
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<td><strong>Case Type or Grade IV Furcation</strong></td>
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<td><strong>Case Type or Grade III Mobility</strong></td>
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</table>
References


3. ADA The Use of Prophylactic Antibiotics Prior to Dental Procedures in Patients with Prosthetic Joints. JADA; January 2015: 11-16.

4. AHA Infective Endocarditis: American Heart Association Updated April 24, 2015. www.heart.org/HEARTORG/Conditions/CongenitalHeartDefects/TheImpactofCongenitalHeartDefects/Infective-Endocarditis_UCM_307108_Article.jsp#.Vke1rP-FPIU

5. ADHA Standards for Clinical Dental Hygiene Practice: ADHA Supplement to Access; July 2008.


10. Glickman Index of Horizontal Furcation Classifications.


DENTAL HYGIENE EXAMINATION

I, __________________________________________, authorize Candidate #__________, a dental hygiene examinee, to perform upon myself the following dental hygiene procedures:


I understand that the examinee may not be a licensed dental hygienist. I further understand that such procedure(s) will be performed by the examinee as part of an examination conducted by Central Regional Dental Testing Service, Inc., to determine the qualification of the 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 transmitted to examiners. The nature and purpose of the procedure(s) as well as the risks and possible complications have been explained to me. My questions with regard to the 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 only a portion of my mouth will receive dental hygiene treatment today and that further 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 Health 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 osteonecrosis 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 part of the dental hygiene procedure(s), it may be necessary to administer anesthetics and I consent to the use of such anesthetics by the dental hygiene candidate or other qualified persons.

DATED this ________ day of ____________, 20______.

__________________________________________
Patient's Signature or Parent or Guardian’s Signature (if patient is a minor)

__________________________________________ (____)____________________
Patient’s Address, City, State & Zip Patient’s Phone Number

Central Regional Dental Testing Service, Inc. DH-2016
CRDTS Medical Clearance Form

<table>
<thead>
<tr>
<th>Dental Patient Information:</th>
<th>Physician/Dentist of Record Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ______________________</td>
<td>Name: ________________________________</td>
</tr>
<tr>
<td>DOB: _______________________</td>
<td>Address: _____________________________</td>
</tr>
<tr>
<td>Date patient scheduled to sit for CRDTS Exam: __________________</td>
<td>City/State/Zip: ______________________</td>
</tr>
<tr>
<td></td>
<td>Phone: __________________ Fax: __________</td>
</tr>
</tbody>
</table>

Dear Doctor:

Our mutual patient (listed above) is scheduled for dental hygiene treatment as part of a clinical board exam. Treatment during the exam will include: Dental Prophylaxis (deep scaling, cleaning and polishing), Periodontal Probing and an Intra/Extra Oral Assessment.

The medical history completed by this patient indicates a history of:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Please evaluate this patient’s medical history and advise us to any special considerations that should be made for this patient with regard to the dental hygiene treatment they have scheduled.

Physician or Dentist of Record to complete section below:

Would you recommend any treatment modifications for this patient?  
☒ No  ☐ Yes
If yes, specify: __________________________________________

Is antibiotic prophylaxis necessary?  
☒ No  ☐ Yes
If yes, specify: __________________________________________

Can local anesthetic be used on this patient?  
☐ Yes  ☐ No
If yes, can local anesthetic with epinephrine be used?  
☐ Yes  ☐ No

Additional comments:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Physician or Dentist of Record (please print): __________________________________________
Physician or Dentist of Record Signature: __________________________________________
Date Signed: ______________________________

Thank you for your assistance in providing optimum care for this patient.  CRDTS2016
**2016 CRDTS PATIENT HEALTH HISTORY SCREENING FORM**

**Patient name:**

---

**birthdate:**__________

**Pre-exam Screening**

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>_____ / _____</th>
</tr>
</thead>
</table>

**INSTRUCTIONS TO PATIENT:** Please answer the following questions as completely and accurately as possible. All Information is CONFIDENTIAL.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Question</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>1. Are you under the care of a physician at the present time, or have you been treated by a healthcare professional in the last six months?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>2. Are you allergic or had any adverse reactions to LATEX, any medicines, drugs, local anesthetics, or other substances?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>3. Are you receiving or have you ever received/taken INTRAVENOUS Bisphosphonates?</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4. Do you have or have you had any of the following diseases/conditions?</td>
<td></td>
</tr>
</tbody>
</table>

**Answer Below**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Question</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>4A. Cardiac/Organ Transplant</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4B. Osteochemonecrosis of the jaw</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4C. Tuberculosis (active/currently)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4D. Heart Attack</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4E. Heart Surgery (including stents)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4F. Stroke</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4G. Chemotherapy</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4H. Pregnant (currently pregnant)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4I. Artificial /Damaged Heart Valve(s)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4J. History of Infective Endocarditis</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4K. Congenital Heart Conditions</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4L. Joint Replacement</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4M. Immune Suppression/HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4N. Heart Condition (including pacemaker, defibrillator)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4O. Asthma/Lung/Breathing Disorder</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4P. Bleeding Disorder</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4Q. Cancer</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4R. Diabetes</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4S. Epilepsy/Seizures</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4T. Hepatitis</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4U. High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4V. Kidney/Renal Disease</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4W. Do you have any disease or condition not listed above?</td>
<td></td>
</tr>
</tbody>
</table>

---

**ONE OR TWO DIGIT CANDIDATE NUMBER**

**INSTRUCTIONS:**
- Use INK to complete this form
- Have patient complete this form PRIOR to the exam
- Bring this completed form with you to the exam

**Blood Pressure _____ / _____**

*Day of Exam @ Testing Site*  
**Blood Pressure _____ / _____**

Please explain any YES answers here

**Question # _____**

**Explanation:**

<table>
<thead>
<tr>
<th>NO</th>
<th>Question</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>4A. Cardiac/Organ Transplant</td>
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<td>4B. Osteochemonecrosis of the jaw</td>
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<tr>
<td>YES</td>
<td>4C. Tuberculosis (active/currently)</td>
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</tr>
<tr>
<td>YES</td>
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<td></td>
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<tr>
<td>YES</td>
<td>4E. Heart Surgery (including stents)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4F. Stroke</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4G. Chemotherapy</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4H. Pregnant (currently pregnant)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4I. Artificial /Damaged Heart Valve(s)</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4J. History of Infective Endocarditis</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4K. Congenital Heart Conditions</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4L. Joint Replacement</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>4M. Immune Suppression/HIV/AIDS</td>
<td></td>
</tr>
</tbody>
</table>

If more space is needed, please use the back of this form.
*Please list ALL medications/drugs, dose and time taken and the reason WHY each is being taken. Include all prescription and non-prescription (ie: over the counter and recreational) drugs or medications you are currently taking below:

<table>
<thead>
<tr>
<th>Name of Drug</th>
<th>Amount/Dose</th>
<th>Reason for Taking</th>
<th>Last Taken (Day/Time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Any item on the medical history with a YES response may require a medical clearance from a licensed physician or dentist 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.

If needed, record additional information:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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: ________________

(Parent or Guardian if patient is a minor)

*All items marked with an asterisk must be completed the DAY OF THE EXAMINATION*
ANTIBIOTIC PROPHYLAXIS (if required)

<table>
<thead>
<tr>
<th>Type</th>
<th>Dosage</th>
<th>Time</th>
</tr>
</thead>
</table>

START TIME: 
FINISH TIME: 
Resubmit Time: 

SHARED PATIENT:
Was this patient shared by another candidate in a PREVIOUS group today and/or yesterday? ☐ YES ☐ NO
If YES, please ask the CRDTS Hygiene Coordinator for a SHARED PATIENT FORM.

GENERAL INFORMATION: ALL QUESTIONS SHOULD BE DIRECTED TO THE HYGIENE COORDINATOR. THERE IS TO BE NO EXAM RELATED COMMUNICATION BETWEEN CANDIDATES IN THE CLINIC AREA.

BEGINNING THE EXAMINATION:
1. Check-in (proper ID required) with the CRDTS Hygiene Coordinator and pick-up your Examination Packet.
2. Enter clinic, find your assigned cubicle and prepare/set-up for your patient.
3. Seat your patient to complete/review Health History/Blood Pressure/Treatment Selection Form, etc. prior to signing up for Patient Check-in.

PATIENT CHECK-IN:
When you are ready for Patient Check-in, escort your patient to the Hygiene Coordinator’s desk and sign-up for PATIENT CHECK-IN.

Bring the following with you to the Hygiene Coordinator’s desk for PATIENT CHECK-IN:
A. Progress Folder
B. Health History Form
C. Treatment Consent Form
D. Radiographs
E. Treatment Selection Form
F. Protective Eyewear (for the patient)
G. Air/Water Syringe Tip (IF not provided by the testing site)
Note: The Extra/Intra Oral Assessment Form and the plastic sleeve protector are NOT needed at this time.

CRDTS will be providing the following (at Patient Check-In) for each candidate:
1. Closeable plastic container to hold instruments
2. Mirror
3. 11/12 explorer
4. UNC-12 periodontal probe

PATIENT ACCEPTABILITY: (To be completed by Examiners)
1. Teeth Submitted and Accepted for Treatment:

2. Assigned Teeth for Pocket Depth Measurements:

3. Acceptable Submission: TC #__________

39
ADMINISTRATION/DOCUMENTATION OF ANESTHETIC: TOPICAL, SUBGINGIVAL AND/OR LOCAL

If no anesthetic was used on this patient – NO documentation is required

<table>
<thead>
<tr>
<th>Dentist or Qualified Practitioner Administered Local Anesthetic</th>
<th>Dentist/QP Signature: ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount administered by Dentist/QP, type/name brand of anesthetic administered and type of injection(s):</td>
<td>(ex: 1.5 cartridges 2% Lidocaine w/ epi 1:100,000) Right PSA, Right IA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Candidate Administered Anesthetic(s)

**AUTHORIZATION:** Candidates who administer their own local and/or subgingival anesthetic must sign-up and receive authorization AFTER patient is accepted for treatment but PRIOR to administering any anesthetic. Failure to obtain authorization prior to administering local and/or subgingival anesthetic gel will result in dismissal from the exam.

**NOTE:** Authorization for use of TOPICAL anesthetic is NOT required

**OBTAIN “AUTHORIZING SIGNATURE” FROM EXAM SITE DENTIST:**

<table>
<thead>
<tr>
<th>LA: Max Cartridges Allowed w/ Initial Dentist Signature = 2</th>
<th>LA: Add’l Cartridges Allowed = ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oraqlx: Max Cartridges Allowed w/ Initial Dentist Signature = 2</td>
<td>Oraqlx: Add’l Cartridges Allowed = ______</td>
</tr>
</tbody>
</table>

X ______________________________ X ______________________________

Dentist signature Dentist signature authorizing additional anesthetic

**COMPLETE PRIOR TO SUBMITTING PATIENT FOR FINAL EVALUATION. RECORD ALL THAT APPLY:**

- [ ] Topical anesthetic (ex: Benzocaine or Cetacaine-type topical)
- [ ] Non-injectable subgingival anesthetic gel (ex: Oraqlx)
  - Type/Name Brand: ______________________________
  - Location/Teeth #: ______________________________ Amount/Total # Cartridges Administered: ________
- [ ] Local Anesthetic
  - Amount administered by CANDIDATE, type/name brand of anesthetic administered and type of injection(s): (ex: 1.5 cartridges 2% Lidocaine w/ epi 1:100,000) Right PSA, Right IA
  - ____________________________________________________________________________
  - ____________________________________________________________________________
  - ____________________________________________________________________________

EXAMINER USE ONLY:
TREATMENT:

- **Calculus/Plaque/Stain Removal**: The candidate is expected to remove all calculus, plaque and stain from ALL surfaces (except occlusal surfaces) of ALL teeth listed in their Treatment Selection.

- **Extra/Intra Oral Assessment**: Follow the instructions in the Candidate Manual for Patient Assessment procedures to complete the Extra/Intra Oral Assessment Form.

- **Periodontal Probing**: On the back of the Extra/Intra Oral Assessment Form, candidates should record the pocket depths (to include six sulcular measurements to the nearest millimeter) for each of the 4 assigned probing teeth.

FINAL EVALUATION:
When you are ready, escort your patient to the Hygiene Coordinator’s desk and sign-up for FINAL EVALUATION.

- Bring the following with you to the Hygiene Coordinator’s desk for FINAL EVALUATION:
  A. Progress Folder
  B. Extra/Intra Oral Assessment Form inserted in the PLASTIC SHEET PROTECTOR
  C. Health History Form
  D. Treatment Consent Form
  E. Radiographs
  F. Protective Eyewear (for the patient)
  G. Air/Water syringe tip (IF not provided by the testing site)
  H. Instruments (provided by CRDTS) inside the closeable plastic container (provided by CRDTS):
     1. Mirror
     2. 11/12 explorer
     3. UNC-12 periodontal probe

- Return to your cubicle and clean-up. You must follow the site protocol for proper operatory breakdown.

- Remove all your belongings from the clinic and wait in the patient reception area.

- Your patient will be returned to the reception area when the examiners have completed the evaluation.

CANDIDATE CHECK-OUT:
After your patient has completed Final Evaluation, you need to check out at the Coordinator’s desk and turn in the following materials:

- Examination Packet Envelope
- Identification Badge
- Health History and Treatment Consent Forms
- Progress Folder and Extra/Intra Oral Assessment Form
- Site Fee Receipt
- Candidate and Patient Feedback Forms

EXAMINER NUMBERS:
# EXTRA/INTRA ORAL ASSESSMENT FORM

- If significant findings as listed are present: Check the appropriate box/boxes (☐) and provide the information that is requested.
- If significant findings as listed are **NOT** present: Check the WNL (Within Normal Limits) box (☐).
- An error will be assessed if BOTH the WNL box is checked and a significant finding is noted within the same category.
- If you accidentally make an error, cross it out and initial it.

## EXTRAORAL

<table>
<thead>
<tr>
<th>EXTRAORAL</th>
<th>WNL</th>
<th>SIGNIFICANT FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Head, Face and Neck</td>
<td>☐ WNL</td>
<td>ASYMMETRY Location: INFECTED PIERCINGS Location: PALPABLE NODULES Location:</td>
</tr>
<tr>
<td>or →</td>
<td>SWELLINGS Location: LESIONS Brief description of lesion(s) AND location:</td>
<td></td>
</tr>
</tbody>
</table>

| B. Lymph Nodes | ☐ WNL | TENDERNESS Location: HARDNESS Location: NON-MOBILITY Location: |
| or → | |

| C. TMJ | ☐ WNL | ☐ RESTRICTED OPENING (No description & no location required) DISCOMFORT ☐ Right ☐ Left AUDIBLE/PALPABLE SYMPTOMS ☐ Right ☐ Left |
| or → | |

## INTRAORAL

<table>
<thead>
<tr>
<th>INTRAORAL</th>
<th>WNL</th>
<th>SIGNIFICANT FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Mucosa / Lips</td>
<td>☐ WNL</td>
<td>TATTOOS (e.g. amagam, art, etc.) Location: HEMATOMAS Location: SWELLINGS Location:</td>
</tr>
<tr>
<td>or →</td>
<td>INTRAORAL PIERCINGS Location: PALPABLE NODULES Location:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LESIONS &amp;/or CHEMICAL/PHYSICAL IRRITATIONS: Brief description of condition(s) AND location:</td>
<td></td>
</tr>
</tbody>
</table>

| E. Alveolar Ridge | ☐ WNL | TATTOOS (e.g. amagam, art, etc.) Location: HEMATOMAS Location: SWELLINGS Location: |
| or → | EXOSTOSIS Location: PALPABLE NODULES Location: |
| | LESIONS &/or CHEMICAL/PHYSICAL IRRITATIONS: Brief description of condition(s) AND location: |

| F. Palate/Oral Pharynx | ☐ WNL | ☐ TONUS (No description & no location required) |
| or → | LESIONS &/or CHEMICAL/PHYSICAL IRRITATIONS: Brief description of condition(s) AND location: |
BLUE INK is preferred

<table>
<thead>
<tr>
<th>G. Tongue</th>
<th>□ WNL or □ □ Hairy Tongue (no description &amp; no location required)</th>
<th>□ Fissured Tongue (no description &amp; no location required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Geographic Tongue (no description &amp; no location required)</td>
<td>□ Glossitis (no description &amp; no location required)</td>
</tr>
<tr>
<td></td>
<td>□ Loss of Papilla (no description &amp; no location required)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Floor of Mouth</th>
<th>□ WNL or □ □ Ankyloglossia (no description &amp; no location required)</th>
<th>□ Torus/Tori</th>
<th>□ Right □ Left</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Tattoos (w. art, etc.) (no description &amp; no location required)</td>
<td>□ Hematomas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Location:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Lesions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brief description of lesion(s) &amp; location:</td>
<td></td>
</tr>
</tbody>
</table>

**PERIODONTAL CHARTING**

Transfer the four assigned probing teeth numbers from your Progress Folder page 1 to the four boxes below and then record the probing depths for all four teeth.

```
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>DF</td>
<td>F</td>
<td>MF</td>
</tr>
<tr>
<td>L</td>
<td>DL</td>
<td>L</td>
<td>ML</td>
</tr>
</tbody>
</table>
```
CRDTS DENTAL HYGIENE “FULL MOUTH PATIENT SCREENING” WORKSHEET

This worksheet should be copied and used to screen potential patients for the CRDTS Dental Hygiene Examination.

- This worksheet can be brought into the exam BUT it will NOT be submitted to examiners.
- Use this worksheet in combination with the “Treatment Selection” Worksheet to determine patient acceptability.
- Chart ONLY surfaces of “qualifying” subgingival calculus.
- “Qualifying” deposits will exhibit such characteristics as: significant enough in quantity to be readily discernible or detectable; a definite "jump" or "bump" which are easily detected with one or two strokes; a deposit that easily “binds” or “catches” the explorer; ledges, ring, spiny or nodular formations.

Patient’s Name: ___________________________  Screening Date: ___________________________

<table>
<thead>
<tr>
<th>Facial</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facial</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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CRDTS DENTAL HYGIENE “FULL MOUTH PATIENT SCREENING” WORKSHEET

This worksheet should be copied and used to screen potential patients for the CRDTS Dental Hygiene Examination.

- This worksheet can be brought into the exam BUT it will NOT be submitted to examiners.
- Use this worksheet in combination with the “Treatment Selection” Worksheet to determine patient acceptability.
- Chart ONLY surfaces of “qualifying” subgingival calculus.
- “Qualifying” deposits will exhibit such characteristics as: significant enough in quantity to be readily discernible or detectable; a definite “jump” or “bump” which are easily detected with one or two strokes; a deposit that easily “binds” or “catches” the explorer; ledges, ring, spiny or nodular formations.

Patient’s Name: **Mary Jane Smith**

Screening Date: ____________________

[Diagram showing tooth positions 1 through 16 with marked indicators for facial and lingual surfaces]
CRDTS DENTAL HYGIENE “TREATMENT SELECTION” WORKSHEET

This worksheet should be copied and used to screen patients to determine if the patient selected meets the CRDTS criteria for patient acceptability.

Candidates should bring this completed Treatment Selection Worksheet with them to the exam. Candidates can also use this worksheet to prepare an Alternate Selection to use in case their Initial Treatment Selection is rejected.

Instructions for Completing the Treatment Selection Worksheet:
- Write the teeth numbers you want to submit in the corresponding tooth number boxes.
- Chart ONLY surfaces of qualifying subgingival calculus present in the Treatment Selection by filling in the appropriate bubble (M,F,D,L)
- If qualifying subgingival calculus is found on the line angle of a tooth, mark it on the nearest interproximal surface. (i.e.: A surface of qualifying subgingival calculus on the mesial-facial line angle of a tooth should be marked on the mesial surface.)
- If a tooth is rotated, the surfaces of subgingival calculus should be charted as the tooth appears in the mouth.
- ALL criteria must be met or the Treatment Selection will be deemed Unacceptable.

CHART ONLY QUALIFYING CALCULUS
Qualifying deposits will exhibit such characteristics as:
- significant enough in quantity to be readily discernible or detectable;
- a definite “jump” or “bump” which is easily detected with one or two strokes;
- a deposit that easily “binds” or “catches” the explorer;
- ledges or ring formations;
- spiny or nodular formations.

TREATMENT SELECTION CRITERIA CHECKLIST

Does your Treatment Selection meet ALL this criteria?

Teeth:
___ At least 6 teeth?
___ If submitted, no more than 3 anterior teeth?
___ If submitted, 3rd molars are fully erupted?

Qualifying Calculus:
___ All calculus charted meets “qualifying” definition?
___ At least 12 surfaces?
___ At least 1 surface on a minimum of 6 teeth?
___ At least 8 surfaces on posterior teeth?
___ At least 3 surfaces on molar(s)?

Prohibitions:
___ No implants are included in the teeth submitted?
___ No ortho brackets or bonded retainers are in the teeth submitted?
___ No Class III or IV furcations, mobility or disease are in the teeth submitted?
___ No deciduous/primary teeth are in the teeth submitted?

Posterior teeth = molars and premolars
Anterior teeth = canines and incisors
CRDTS DENTAL HYGIENE “TREATMENT SELECTION” WORKSHEET

This worksheet should be copied and used to screen patients to determine if the patient selected meets the CRDTS criteria for patient acceptability.

Candidates should bring this completed Treatment Selection Worksheet with them to the exam. Candidates may ORAL HYGIENE skills by passing their Initial Test.

Instructions:
- Write all criteria. (Please note: Selection by filling is not acceptable.)
- If quantitative嘴里 (e.g., caries, calculus indices, etc.) are to be used, the nearest gingival line angle of a tooth should be marked on the mesial surface.
- If a tooth is rotated, the surfaces of subgingival calculus should be charted as the tooth appears in the mouth.
- ALL criteria must be met or the Treatment Selection will be deemed Unacceptable.

CHART ONLY QUALIFYING CALCULUS
Qualifying deposits will exhibit such characteristics as:
- significant enough in quantity to be readily discernible or detectable;
- a definite "jump" or "bump" which is easily detected with one or two strokes;
- a deposit that easily "binds" or "catches" the explorer;
- ledges or ring formations;
- spiny or nodular formations.

TREATMENT SELECTION CRITERIA CHECKLIST

Does your Treatment Selection meet ALL these criteria?

Teeth:
- X At least 6 teeth?
- X If submitted, no more than 3 anterior teeth?
- N/A If submitted, 3rd molars are fully erupted?

Qualifying Calculus:
- X All calculus charted meets “qualifying” definition?
- X At least 12 surfaces?
- X At least 1 surface on a minimum of 6 teeth?
- X At least 8 surfaces on posterior teeth?
- X At least 3 surfaces on molar(s)?

Prohibitions:
- X No implants are included in the teeth submitted?
- X No ortho brackets or bonded retainers are in the teeth submitted?
- X No Class III or IV furcations, mobility or disease are in the teeth submitted?
- X No deciduous/primary teeth in the teeth submitted?

Posterior teeth = molars and premolars
Anterior teeth = canines and incisors

Candidate Records

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<td>31</td>
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</tbody>
</table>
HYGIENE TREATMENT SELECTION FORM

PLEASE COMPLETE USING BLUE PEN
NOTE TO CANDIDATE: Once submitted, this form will NOT be returned to you.

CANDIDATE TO COMPLETE THIS SECTION:
List ALL teeth numbers in your Treatment Submission

#______ #______ #______ #______ #______ #______ #______ #______ #______ #______ #______

ALTERNATE SUBMISSION: PLEASE CHECK ONE OF THE TWO OPTIONS LISTED BELOW

An ALTERNATE SUBMISSION is allowed and is designed to save time for candidates whose first submission is deemed unacceptable. If the candidate wishes to resubmit the SAME PATIENT with an ALTERNATE TREATMENT SELECTION please complete the lower portion of this form.

☐ I understand the option is available to submit an Alternate Submission but I am electing to NOT do so for this patient.

☐ I am submitting an Alternate Submission

CANDIDATE TO COMPLETE THIS SECTION:
List ALL teeth numbers in your ALTERNATE TREATMENT SUBMISSION:

#______ #______ #______ #______ #______ #______ #______ #______ #______ #______ #______

ALTERNATE SUBMISSION

Submission criteria for Selected Teeth:
- Minimum six teeth
- Maximum ten teeth
- Maximum three anteriors (canine to canine)
- 3rd Molars must be fully erupted

Submission must have AT A MINIMUM the following Qualifying Calculus (QC = Qualifying Calculus):
- At least 1 surface of QC on 8 teeth
- At least 3 surfaces of QC on molar(s)
- At least 8 surfaces of QC on posterior* teeth
- At least 12 surfaces of QC

* Posterior teeth = molars and premolars

Prohibitions:
Treatment Submissions with the following prohibitions will be deemed Unacceptable:
- Implant(s) included in the submission
- Ortho brackets or bonded retainers in the submission
- Class III/IV furcations/mobility/disease in the submission
- Deciduous teeth in the submission
HYGIENE TREATMENT SELECTION FORM

CANDIDATE TO COMPLETE THIS SECTION:
List ALL teeth numbers in your Treatment Submission

#3  #4  #5  #6  #28  #29  #30  #31  #___  #___

ALTERNATE SUBMISSION: PLEASE CHECK ONE OF THE TWO OPTIONS LISTED BELOW

An ALTERNATE SUBMISSION is allowed and is designed to save time for candidates whose first submission is deemed unacceptable. If the candidate wishes to resubmit the SAME PATIENT with an ALTERNATE TREATMENT SELECTION please complete the lower portion of this form.

☐ I understand the option is available to submit an Alternate Submission but I am electing to NOT do so for this patient.

☒ I am submitting an Alternate Submission

CANDIDATE TO COMPLETE THIS SECTION:
List ALL teeth numbers in your ALTERNATE TREATMENT SUBMISSION:

#3  #4  #5  #6  #28  #29  #30  #31  #2  #14

ALTERNATE SUBMISSION

Submission criteria for Selected Teeth:
- Minimum six teeth
- Maximum ten teeth
- Maximum three anteriors (canine to canine)
- 3rd Molars must be fully erupted

Submission must have AT A MINIMUM the following Qualifying Calculus (QC = Qualifying Calculus):
- At least 1 surface of QC on 6 teeth
- At least 3 surfaces of QC on molar(s)
- At least 8 surfaces of QC on posterior* teeth
- At least 12 surfaces of QC

* Posterior teeth = molars and premolars

Prohibitions:
Treatment Submissions with the following prohibitions will be deemed Unacceptable:
- Implant(s) included in the submission
- Ortho brackets or bonded retainers in the submission
- Class II/IV furcations/mobility/disease in the submission
- Deciduous teeth in the submission
**SHARED PATIENT FORM**

If you are sharing a patient on the same or subsequent clinical days, the candidate in the subsequent group is responsible for asking the CRDTS Hygiene Coordinator for a copy of this form PRIOR to submitting their patient for treatment.

Candidates in different groups may share a patient on the same or subsequent clinical days with the following two exceptions:

- Patients with a need for antibiotic prophylaxis may NOT be shared by candidates on subsequent clinical days. (i.e. Sharing on the SAME day is allowed.)
- Patients with diabetes controlled by insulin injection(s) or an insulin infusion device may NOT be shared by candidates on the same clinical day. (i.e. Sharing on SUBSEQUENT day is allowed.)

**COORDINATOR TO COMPLETE:**

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<tr>
<td>2nd Candidate #</td>
<td>Exam Date</td>
<td>AM Group</td>
<td>PM Group</td>
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Patient’s Name: ___________________________

- Antibiotic premedication required   □ NO   □ YES but same day
- Diabetic (Insulin Injection/Infusion) □ NO   □ YES but subsequent day

**COORDINATOR TO COMPLETE:**

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<td>(Oraqix® description type &amp; vasoconstrictor already listed for candidate convenience)</td>
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<td>Oraqix®: 2.5% Lidocaine and 2.5% Prilocaine periodontal gel w/ no epinephrine</td>
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*This form will be placed inside the 2nd Candidate’s Progress Folder and must be presented to the On Site Authorizing/Supervising Dentist for review prior to authorizing/administering anesthetics.*
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