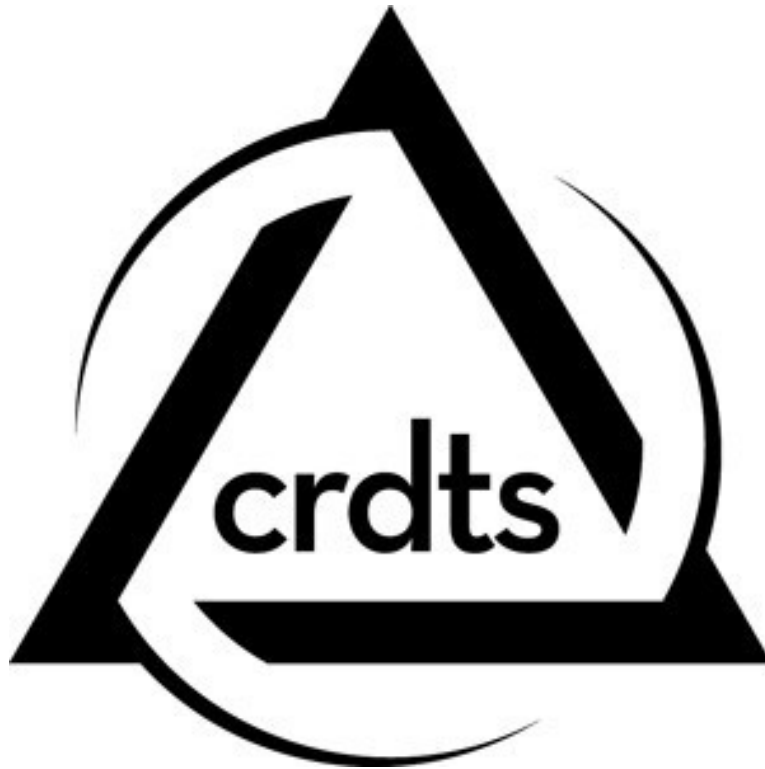


# **DENTAL THERAPY EXAMINATION OVERVIEW, POLICY AND PROCEDURES**



**A National Dental Examination**  
As administered by:

**Central Regional Dental Testing Service, Inc.**  
**1725 SW Gage Blvd.**  
**Topeka, Kansas**  
**66604**  
**(785) 273-0380**  
**[www.crdts.org](http://www.crdts.org)**

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

Copyright © 2025 Central Regional Dental Testing Service, Inc.

Updated 5/20/2025

# Table of Contents

## ***INTRODUCTION and GENERAL INFORMATION***

|   |       |
|---|-------|
| Examination Overview .....  | 2     |
| Purpose.....  | 3     |
| CRDTS, CRDTS Member States, CRDTS Recognizing Jurisdictions ..... | 3     |
| CRDTS Mission Statement .....                                     | 3     |
| Ethical Statement .....   | 3     |
| Examination Completion and Obtaining Licensure.....               | 4     |
| Test Development, Examination Overview.....                       | 4-5   |
| Examiners .....   | 5     |
| CONTENT OVERVIEW.....   | 6-7   |
| SCORING SYSTEM .....  | 7-10  |
| SCHEDULES AND TIMING.....   | 10    |
| STANDARDS FOR THE CONDUCT OF THE EXAMINATION .....                | 10-13 |
| GENERAL GUIDELINES FOR CLINICAL EXERCISES .....                   | 14    |
| EXAMINATION CHECK-OUT PROCEDURE.....                              | 14    |
| <b>APPLICATION/ADMINISTRATIVE POLICIES:</b>                       |       |
| APPLICATION POLICIES .....  | 15    |
| REQUIRED DOCUMENTATION .....                                      | 16    |
| ADMINISTRATIVE POLICIES.....                                      | 16-17 |
| Site Selection.....   | 17    |
| Re-examination .....  | 17    |
| Remediation requirements .....                                    | 18    |
| Incomplete application.....                                       | 18    |
| Disqualification .....  | 18    |
| Schedule changes .....  | 18-19 |
| Fee deferral .....  | 19    |
| Fee refunds.....  | 19    |
| Confirmation notification .....                                   | 19    |
| Release of Scores.....  | 19-20 |
| COMPLAINT REVIEW PROCESS.....                                     | 20-21 |
| CONTACTS.....   | 22    |
| CHECKLIST OF REQUIRED MATERIALS AND INSTRUMENTS .....             | 22    |
| GLOSSARY .....  | 23-31 |

## **Examination Overview**

(DTP) Written Examination

### **Simulated Patient Examination**

Primary Dentition Restorative Examination

Permanent Dentition Restorative Examination

Permanent Dentition Periodontal Examination

# CENTRAL REGIONAL DENTAL TESTING SERVICE

## DENTAL THERAPY CANDIDATE MANUAL

*This manual has been designed to assist in your preparation to be a participant in a clinical examination. Outlined below are general directives and information for the conduct of the examination.*

**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 by a dental therapist, 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 general practice.

**CRDTS:** The Central Regional Dental Testing Service, Inc. (hereinafter abbreviated as CRDTS) is an independent testing agency which administers clinical competency examinations for the dental profession on behalf of its member and participating states. Regional testing agencies contract with individual state boards of dentistry to administer the clinical examination required for licensure in those states. Regional testing agencies 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.

**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 fair, valid and reliable clinical examinations.

**Mission Statement:** To provide the dental examination community with test construction and administrative standardization for national uniform clinical licensure examinations. These examinations 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 dentistry, dental therapy and dental hygiene.

**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 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 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 service 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.

**Examination Completion and Obtaining Licensure:** There are three agencies with which applicants are involved in the process of completing their CRDTS' examination and obtaining licensure.

1. Central Regional Dental Testing Service, Inc. (CRDTS) - a testing service as described above; the results of a CRDTS examination can be submitted to the state when applying for licensure. COMPLETION OF THE CRDTS' EXAMINATION ALONE WILL NOT QUALIFY ANY CANDIDATE FOR LICENSURE. OTHER REQUIREMENTS WITHIN EACH OF THE STATES MUST BE MET.
2. Testing Site - a school which makes its clinical facility available for a CRDTS examination. The site may have its own forms or specific procedures which may be required of the candidate in order to participate in an examination at that site. In addition, the candidate must have cash or check as required by the respective institution, payable to that testing center (not CRDTS) for materials and equipment used during the examination. Payment must be made before the examination; and proof of payment must be provided at the conclusion of the exam. No scores will be released without satisfactory payment.
3. State Board of Dentistry - the agency to which a candidate must individually apply for licensure in a jurisdiction. Candidates must inform themselves of the requirements of the state(s) in which they wish to be licensed and complete an application with the individual jurisdiction(s).

**The candidate should address questions to the appropriate agency.**

The CRDTS Administrative Office will provide all information relevant to the examination requirements and procedures.

The testing site can respond to questions regarding facilities, equipment and testing site fees. (The testing site is not responsible for recruiting board patients or making their facilities available on any days other than examination dates.)

Questions regarding licensure or state requirements should be addressed to the appropriate State Board of Dentistry.

**Test Development:** The examination is developed and revised by the CRDTS Examination Review Committees. These committees are comprised of representatives from various member states, dental educators and special consultants, as required. With both practitioners and educators involved, the Committees have considerable content expertise on which to draw; the Committees also rely on practice surveys, current curricula, standards of competency and the *AADE's Guidance for Clinical Licensure Examinations in Dentistry* 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 restraints, and the potential to ensure that a skill can be evaluated reliably. The examination content and evaluation methodologies are reviewed annually.

**Examination Overview:** The examination consists of individual, skill-specific parts. Each examination part is listed below:

### **Diagnosis and Treatment Planning Written Examination**

#### **Primary Dentition Procedures**

1. SSC Preparation
2. SSC Restoration
3. Pulpotomy preparation
4. Class II Primary Restoration

#### **Restorative (Permanent Dentition)**

1. Anterior Composite Class III Preparation
  2. Anterior Composite Class III Restoration
  3. Class II Amalgam Preparation
- OR
- Class II Composite Preparation
  4. Class II Amalgam Restoration

OR

Class II Composite Restoration

**Periodontal (Permanent Dentition)**

1. Extra/Intra Oral Assessment OSCE
2. Calculus detection
3. Periodontal Measurements
4. Subgingival Calculus Removal
5. Tissue and Treatment Management

**ADDITIONAL OFFERINGS** (Contact shanee@crdts.org):

- Local Anesthesia
  - Written Examination
  - Clinical Examination

**Examiners:** Candidates will be evaluated by examiners from the jurisdictions which comprise CRDTS. These examiners may be members of their State Board of Dentistry or may have been selected by their Board to serve as examiners. There may also be examiners from other states. In addition, there are frequently observers at CRDTS' exams who may be faculty members from other schools, new CRDTS' examiners or examiners from other states.

**Examination Dates:** To be determined.

**Administrative/Application Policies and Rules are located online at the end of this manual and at [www.crdts.org](http://www.crdts.org) .**

# CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

## DIAGNOSIS AND TREATMENT PLANNING WRITTEN EXAMINATION – 100 Points

| CONTENT   | -FORMAT                                     |
|---|---|
| <p>Written examination composed of multiple 4-question mini-cases that measure a candidate's ability to diagnose, treatment plan and manage clinical situations that are commonly encountered in entry level practice.</p> <p><b>Diagnosis 30%</b><br/>           Oral Pathology, Oral Medicine, Radiographic Assessment, Systemic Health, Medical and Dental Risk Factor Assessment</p> <p><b>Treatment Planning/ Phasing of Treatment 50%</b><br/>           Periodontics 7 %<br/>           Silver Diamine Fluoride 8 %<br/>           Oral Surgery 10 %<br/>           Restorative Dentistry 8 %<br/>           Emergency Care 10 %<br/>           Pediatric Dentistry 7 %</p> <p><b>Treatment / Re-evaluation of Treatment 20%</b></p> | <p>- Written Exam</p> <p>- Time: 1 Hour</p> |

## PRIMARY DENTITION PROCEDURES - 100 POINTS

| CONTENT   | FORMAT  |
|---|---|
| <ul style="list-style-type: none"> <li>SSC Preparation (Primary second molar) 10 Criteria</li> <li>SSC Restoration (Primary first molar) 7 Criteria</li> <li>Pulpotomy preparation (Maxillary 2<sup>nd</sup> primary molar) 5 Criteria</li> <li>Class II Primary Restoration (Primary 2<sup>nd</sup> molar) 8 Criteria</li> </ul> | <p>- Performed on a Simulated Patient</p> <p>- Time: 4 hours 15 minutes</p> |

## RESTORATIVE (PERMANENT DENTITION) PROCEDURES - 100 POINTS

| CONTENT  | FORMAT   |
|--|--|
| <p>The Restorative Simulated Patient Examination consists of four procedures: Place Class II and Class III restorations in 2 pre-prepared teeth and perform Class II and Class III preparations on 2 teeth with simulated decay. For the posterior procedures, candidates may choose to prepare/place a Class II Amalgam, or a Class II Composite:</p> <ul style="list-style-type: none"> <li>One Class II Composite or Amalgam Preparation 11/12 Criteria</li> <li>One Class II Composite or Amalgam Restoration 8/8 Criteria</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>One Class III Composite –Preparation 7 Criteria</li> <li>One Class III Composite – Restoration 8 Criteria</li> </ul> | <p>- Performed on a Simulated Patient</p> <p>- Time: 4 hours</p> |

**PERIODONTAL (PERMANENT DENTITION) EXAMINATION - 100 POINTS**

| CONTENT   | FORMAT  |
|---|---|
| <ul style="list-style-type: none"> <li>• Extra/Intra Oral Assessment OSCE 16 Points               <ul style="list-style-type: none"> <li>• Presented to candidates via a CRDTS computer tablet</li> <li>• Candidates will have 15 minutes to answer 16 questions appropriately</li> </ul> </li> <li>• Calculus detection 12 Points               <ul style="list-style-type: none"> <li>• 12 items</li> <li>• 1 point awarded for each surface of correctly identified calculus</li> </ul> </li> <li>• Periodontal Measurements 12 Points               <ul style="list-style-type: none"> <li>• 12 probing depths evaluated on two teeth</li> <li>• 1.0 points for each correctly measured probing depth</li> <li>• Gingival Recession evaluated on two teeth</li> </ul> </li> <li>• Subgingival Calculus Removal 60 Points               <ul style="list-style-type: none"> <li>• 12 subgingival surfaces</li> <li>• 5 points awarded for each of the 12 required surfaces that are acceptably debrided of subgingival calculus</li> </ul> </li> <li>• Tissue and Treatment Management</li> </ul> | <ul style="list-style-type: none"> <li>- 15 Minute Written Exam</li> <li>- 2 Hour Clinical Exam Performed on a Simulated Patient</li> </ul> |

**SCORING SYSTEM**

The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model.

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

Each examination score is based on 100 points.

**SCORING SYSTEM FOR RESTORATIVE SIMULATED PATIENT PROCEDURES**

CRDTS and other testing agencies have worked together on a national level to draft and refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 4-level rating scale. Those criteria appear in this manual and are the basis of the scoring system. Those four rating levels may be generally described as follows:

**SATISFACTORY**

The treatment is of good to excellent quality, demonstrating competence in clinical judgment, knowledge and skill. The treatment adheres to accepted mechanical and physiological principles permitting the restoration of the tooth to normal health, form and function.

**MINIMALLY ACCEPTABLE**

The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not damage the patient nor significantly shorten the expected life of the restoration.

**MARGINALLY SUBSTANDARD**

The treatment is of poor quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry, which if left unmodified, will cause damage to the patient or substantially shorten the life of the restoration.



## **CRITICALLY DEFICIENT**

The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry. The tooth must be temporized, or the treatment plan must be altered and additional care provided in order to sustain the function of the tooth and the patient's oral health and well-being.

A rating is assigned for each criterion in every procedure by three different examiners evaluating independently, except for the Periodontal Examination. Based on the level at which a criterion is rated by at least two of the three examiners, points may be awarded to the candidate. In any instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of ***critically deficient*** by two or more of the examiners, ***no points are awarded for that procedure***, even though other criteria within that procedure may have been rated as satisfactory.

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

If no critical deficiency has been confirmed by the examiners, the total score for each of the procedures are computed. If a critical deficiency has been confirmed by the examiners, an automatic failure is recorded for the procedure.

For Restorative procedures, the computed score for each procedure is *not averaged*, but instead is numerically weighted by the ratio of its number of scorable criteria to the total number of scorable criteria in the procedure.

## **PENALTY DEDUCTIONS**

Throughout the examination, not only clinical performance will be evaluated, but also the candidate's professional demeanor will be evaluated by Clinic Floor Examiners. A number of considerations will weigh in determining the candidate's final scores and penalties may be assessed for violation of examination standards, as defined within this manual, or for certain procedural errors as described below:

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

- i. Violation of universal precautions (1 point) or infection control; gross asepsis; operating area is grossly unclean, unsanitary or offensive in appearance; failure to dispose of potentially infectious material and clean the operatory after individual examinations (10 points)
- ii. Poor Professional Demeanor – unkept, unclean, or unprofessional appearance (1 point); inconsiderate or uncooperative with other candidates, examiners or testing site personnel (10 points)
- iii. Improper Operator/Manikin position (1 point)
- iv. Inadequate isolation -The isolation dam is inappropriately applied, torn and/or leaking, allowing for contamination of the pulpotomy preparation and/or rendering the preparation unsuitable for the subsequent manipulation of the restorative material for placement of the Class II composite restoration. (1 point)
- v. Rubber Dam remnants (1 point)
- vi. Pencil marks on teeth (1 point)
- vii. Uncleanliness of models when turned in that would impede visual assessment of the procedure (1 point)
- viii. Bonding agent (1 point)

- ix. Corroborated errors for Tissue Management on all Periodontal procedures – Penalty points are assessed for any unwarranted areas of tissue trauma caused by the candidate to extra/intra oral tissues resulting in injury to the simulated patient which are inconsistent with the procedures performed.
- a. Tissue Trauma Error: 5 points for each area
    - i. **Unwarranted damage** caused by the candidate to the extra/intraoral simulated soft tissues.
    - ii. **Obvious and avoidable mutilation** of simulated soft tissue caused by the candidate.
    - iii. Simulated soft tissue damage caused by the candidate which demonstrates a **gross disregard** for instrumentation techniques as a result of the treatment.
    - iv. A simulated soft tissue laceration 3mm or greater that does **NOT** allow for reflection of the simulated gingival tissue.

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

- i. Unwarranted damage to 3 or more areas of gingival tissue and or shroud.
- ii. Gross iatrogenic damage to the simulated gingiva and/or typodont located anywhere within or near the treatment selection.
- iii. An amputated/separated papillae.
- iv. A laceration or damage of 3 mm or greater that allows for reflections of the simulated gingival tissue.
- v. An unreported broken instrument tip found in the sulcus.
- vi. Unwarranted damage to simulated tissue caused by ultrasonic
- vii. Critical Lack of Diagnostic/Clinical Judgment Skills
- viii. Corroborated errors for Treatment Management criteria on all Restorative procedures

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

1. Failure to complete any preparation or final restoration
2. Violation of Examination Standards, Rules or Guidelines
3. Treatment of teeth or surfaces other than those approved or assigned by examiners
4. Damage to an adjacent tooth requiring a restoration (see criteria).
5. Gross iatrogenic damage to the simulated gingiva and/or typodont located anywhere within or near the treatment selection.
6. Failure to recognize an exposure
7. Unjustified or irreparable mechanical exposure
8. Use of canned compressed air
9. Critical Lack of Diagnostic/Clinical Judgment Skills – This penalty would be applied when the prognosis of the treatment and/or the simulated patient's well-being is seriously jeopardized. Examples include but are not limited to:
  - a. Inability to differentiate between caries and a pulpal exposure
  - b. Damage to the typodont outside of the assigned work area

The penalties or deficiencies listed above do not imply limitations, since obviously some procedures will be classified as unsatisfactory for other reasons, or for a combination of several deficiencies. Corroborated errors for the treatment management criteria for each Restorative procedure will be deducted as penalty points from the procedure total.

**PROFESSIONAL CONDUCT** - All substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, or use of unwarranted assistance during the course of the examination shall automatically result in failure of the entire examination by any candidate.

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

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

## **EXAMINATION SCHEDULE**

Examinations with 15 or more candidates will include on-site grading and retakes. Full examination will take two days to complete. If retakes are needed they will be taken on the third day within a 5 hour allotted timeframe.

Examinations with less than 15 candidates will follow the above schedule for the first and second day with a Clinic Floor Examiner overseeing the examination. Grading will be done offsite and could take up to 4 weeks for scores to be released. In the case retakes are needed, a Clinic Floor Examiner will be brought back into the school for retest and grading will take place offsite.

### **CANDIDATE QUESTION & ANSWER SESSION & DIAGNOSIS AND TREATMENT PLANNING WRITTEN EXAMINATION**

There will be a question-and-answer session via Zoom a month before the examination, a short Q&A will be given the day before or day of the examination beginning. Please review your confirmation materials for the schedule. Candidates must bring a government-issued photo ID. Check-in will begin 15 minutes prior to the session.

The Written Examination(s) may be given immediately after the Q and A session unless otherwise noted.

### **PERIODONTAL EXTRA/INTRA ORAL ASSESSMENT OSCE**

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

**FLEX-TIME SCHEDULE:** Time blocks have been designated for each portion of the simulated patient procedures. Should candidates complete their primary dentition procedures early, they can take a short break and then begin their permanent dentition procedures by checking in with the Clinic Floor Examiner who will assign a start and finish time. Beginning procedures early does NOT increase the maximum time allowed as indicated above.

## **STANDARDS FOR THE CONDUCT OF 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 application, pre-examination or during the course of the examinations shall automatically result in dismissal from and failure of the entire examination and forfeiture of all examination fees for the current examination.

**DISHONESTY CLAUSE:** Candidates failed for dishonesty shall be denied re-examination 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.

The standards itemized below apply to all relevant portions of the examination. Failure to adhere to these standards will result in failure of the procedure in progress and/or the entire examination.

### **Standards for Simulated Patient Examinations**

1. **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-product graded or to be graded to a particular candidate. The candidate's name and school information should not appear on any examination forms, materials, or instruments. Grading 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 agency messengers/assistants. All examination forms and materials are identified by the candidates' identification number which is assigned prior to the examination.
2. **Approved Communication.** All approved communication must be in English.
3. **Assigned Operatories.** The candidate shall work only in the assigned clinic, operatory or laboratory spaces.
4. **Assigned Procedures.** The candidate must perform only the treatment and/or procedures assigned. Performing other treatment or procedures is strictly prohibited.
5. **Auxiliary Personnel: Use of Assistants.** Auxiliary personnel are not permitted to assist at chairside during the simulated patient examinations.
6. **Check-Out Procedures.** The items specified below should be enclosed in the original Candidate packet envelope and provided to the examination representative at the completion of the examination:
  - Identification badge
  - Feedback form
7. **Clinic Attire.** Clinic attire that meets CDC and OSHA standards must be worn in clinic areas. No bare arms or 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. There must be no personal or school identification on clinic attire other than the candidate identification badge.
8. **Electronic Equipment.** The use of cellular telephones, smart watches and other Bluetooth

devices, CD's, radios (with or without earphones) and other electronic equipment by 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 an auxiliary during any part of the examination; or the taking of photographs during the evaluation or treatment procedures is prohibited.

9. **Equipment Failure.** In case of equipment failure, the Chief Examiner must be notified immediately so the malfunction may be corrected.
10. **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. Willful or careless damage of typodonts, manikins or shrouds may result in failure and any repair or replacement costs must be paid by the candidate before examination results will be released.
11. **Evaluation Procedures.** Candidate performance will be evaluated by three independent examiners. Candidates are not assigned specific examiners.
12. **Examination Completion and Start/Finish Times.** All procedures of the examination shall be completed within the specified time frame in order for the examination to be considered complete.  
Any examination procedures performed outside the assigned time schedule will be cause for the examination to be considered incomplete and will result in failure. Treatment procedures may not be initiated prior to the established starting time(s) and must be completed by the established finish time(s). Violation of this Standard will result in failure of the examination.
13. **Examination Guidelines.** Violation of the published standards, guidelines and requirements for the examination will result in failure.
14. **Examination Materials.** CRDTS examination materials distributed by the testing agency may NOT be removed from the examining area, nor may the forms be reviewed by unauthorized personnel.
15. **Extraneous materials.** Only those materials distributed or authorized by CRDTS may be brought to the examining area. Authorized materials include only your Candidate's Manual which may include handwritten notes on the pages provided; additional pages, texts or documents are prohibited. Impressions, registrations, overlays, stents, or clear plastic shells of any kind as well as models or pre- preparations are not permitted to be brought to the examination site. Use of unauthorized materials will result in failure of the entire examination.
16. **Failure to Follow Directions.** Failure to follow directions and instructions from examiners will be considered unprofessional conduct. Unprofessional conduct and improper behavior are cause for dismissal from the examination and will result in failure of the examination. Additionally, the candidate shall be denied re-examination by CRDTS for one full year from the time of the infraction.
17. **Feedback Forms:** Candidates have an opportunity to provide input about the examination. In an effort to continually improve our examination, feedback from the perspective of the candidates is one of the best ways to gather this information. The Feedback Forms for candidates will be included in the candidate's packet. They are not required but will be collected separately from the candidate's packet to ensure that the candidate's examination results will in no way be affected by any feedback the candidate might have. Candidates are encouraged to complete the forms honestly and thoughtfully before checking out.

18. **Identification Badges.** During the examinations, candidate ID badges must be worn at all times.
19. **Infection Control Standards.** During simulated patient clinical procedures, the candidate, as well as the assisting auxiliary, 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. ([www.cdc.gov/oralhealth/infectioncontrol/guidelines](http://www.cdc.gov/oralhealth/infectioncontrol/guidelines))
20. **Instruments and Equipment.** All necessary materials and instruments for the clinical procedures, other than the operating chair, light and dental unit must be provided by the candidate. All equipment must be compatible with the testing site attachments. Arrangements for rental handpieces and/or other equipment may be made through the testing site. Sonic/ultrasonic instruments are permissible, but they must be furnished by the candidate along with the appropriate connection mechanisms. Air- abrasive polishers are NOT permissible. It is the responsibility of the candidate to arrange for his/her own handpiece, sonic/ultrasonic and all other equipment necessary to complete the clinical examination. It is suggested that all candidates check well in advance with the Site Coordinator of the school selected for the equipment requirements at the testing site.
21. The following instruments and equipment are specifically **required** and must be provided by the candidate for this examination:
- Unscratched, clear, front-surface, non-disposable, #4 or #5 mouth mirror
  - Metal periodontal probe – 1mm marks
  - #11/12 explorer for the Periodontal Examination
  - A sharp #23 explorer OR other similar Shepherd’s Hook-type explorer
- Candidates are expected to provide the required instruments, in good condition. A penalty (10 points) may be applied for any instruments submitted in poor condition after 1 request by examiners to provide adequate instrument(s) i.e., clouded, scratched mirrors, excessively dull or bent explorers, etc.
22. **New Technology.** New and innovative technologies are constantly being developed and marketed in dentistry. However, 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.
23. **Submission of Examination Records.** All required records must be turned in at the Examiner Desk before the examination is considered complete.
24. **Test Site Fees.** Schools may charge a rental fee for use of instruments, clinic facilities, 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. If not paid in advance, candidates should have cash or a check, as may be required by the respective testing site, for materials and equipment used during the examination. Specific information regarding site fees will be included in the candidate’s Confirmation email.
25. **Tissue Management.** There shall be no unwarranted damage to simulated hard or soft tissues during simulated patient procedures. Incompetent or careless management of tissue will result in a score reduction.
26. **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.

# GENERAL GUIDELINES FOR CLINICAL EXERCISES

1. **Progress Forms:** At the examination, color-coded Progress Forms will be issued which will contain a record of the treatment, examiner signatures for all completed portions of the examination, and progress notes from the candidate to examiner as appropriate to the course of treatment. A black ball-point pen shall be used for all notations on the Progress Forms.
2. **Performance Standards:** The candidate's clinical performance on all sections will be rated according to specific criteria. The performance criteria and the standards by which the examination is conducted are provided to the candidate within this manual.
3. **Penalty Deductions:** Throughout the examination, the candidate's professional conduct and clinical performance will be evaluated. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and described within this manual.
4. **Reasons for Dismissal:** In addition to the standards of conduct expectations, the following list is provided as a quick reference guide for candidates. While the following is not an all-inclusive listing, it does provide examples of behaviors that may result in dismissal/failure of the examination:
  - Using unauthorized equipment at any time during the examination process.
  - Performing required examination procedures outside the allotted examination time.
  - Failure to follow the published time limits and/or complete the examination within the allotted time.
  - Receiving assistance from another practitioner including but not limited to; another candidate, dentist, University/School representative(s), etc.
  - Exhibiting dishonesty.
  - Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, patients and/or exam personnel.
  - Misappropriation or thievery during the examination.
  - Noncompliance with anonymity requirements.
  - Noncompliance with established guidelines for asepsis and/or infection control.
  - Use of unauthorized documents or materials in patient care or evaluation areas.
  - Use of cellular telephones, pagers or other electronic equipment in patient care areas.
  - Use of electronic recording devices by the candidate during any part of the examination; or the taking of photographs during the evaluation or treatment procedures.
5. **Authorized Photography:** CRDTS may take photographs during the examination for the purpose of promotion of the agency and use of said photographs on the CRDTS website, as well as during grading for calibration purposes. In order to use a photograph that includes a CRDTS candidate, that candidate must sign and date a Photograph Release Form.

## EXAMINATION CHECK-OUT

### **Check-Out Procedure**

When the candidates are ready to check out, they must go to the Clinic Floor Examiners' desk and get a clearance check that all procedures are completed or accounted for. The packets may be collected at the desk.

The following items must be enclosed **in the candidate's packet envelope:**

1. Identification badge
2. Feedback Form

# EXAMINATION APPLICATION POLICIES

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.

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

1. **Application Deadline:** The application deadline is approximately 40 days before the date of the examination. Applications and all documentation/fees must be received on or before the published application deadline date. (See [www.crdts.org](http://www.crdts.org) or inside cover of Manual for exam/deadline dates.)
2. **Social Security 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 CRDTS ID number will be assigned, appear on all the candidate's examination forms and become the Username for login to CRDTS website. When logged-in, candidates will be able manage their information and view application documents, examination results. This 10-digit CRDTS ID number will connect the results back to the candidate's permanent record.
3. **Photographs:** Candidates must submit a digital photograph. The photograph MUST BE RECENT, passport quality, it may be in black & white or color, JPG/JPEG, FIG, or PNG formats, square and have minimal resolution of 200x200 and max resolution of 500x500.
4. **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 Therapy Candidate Manual and agrees to abide by all terms and conditions contained therein.
5. **Initial Examination/Application Fee:** The appropriate examination fee must be paid by the deadline date. Fees may be found online under the Examinations – Dental Therapy tab. **Payment submitted must be for the exact amount and can be paid online via credit card or by cashier's check or money order with the applicant's CRDTS ID number written in the lower left- hand corner. No personal checks will be accepted.**
6. **Administrative Fee:** An administration fee of \$200 is included in all examination fees described herein. This administrative fee is non-refundable and deducted from all returned application fees. Under certain circumstances, an additional administrative fee may be imposed. In such cases the candidate will be notified accordingly.
7. **Site Fee:** The school may charge a site fee/rental fee for use of instruments, clinic facilities, manikin heads, supplies, and disposables. Some sites require that all instruments be supplied by the school. A rental charge or deposit imposed by the testing site must be remitted directly to the school.



**Candidates taking the examination at a dental school other than their own are encouraged to visit the site prior to the time of the examination to become familiar with the school.** It is the responsibility of the candidate to make arrangements with the school for the provision of instruments.

8. **Retest Examination Fee:** The appropriate fee must be paid for any retest of a failed or incomplete part or procedure. 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. On-site retakes do not need to complete a new application. The candidate will be automatically submitted for retake and if a fee is due they will receive an email with a link to pay. Payment must be submitted by 11 PM the night before reexamination. Candidates retaking off site will need to fill out an application, choose the exam location, and pay the fee online. Retake fees may be found online under the Examinations – Dental Therapy tab.

## **REQUIRED DOCUMENTATION**

**After fully executing the online application, the following items must be received in CRDTS Central Office prior to the Application Deadline:**

### **1. Proof of Graduation:**

- a. **Accredited Graduates:** If candidates are taking the examination for the first time, they must present proof of enrollment in or graduation from an accredited dental school. Candidates applying for the Curriculum Integrated Format must be currently enrolled in a participating program, as a rising junior or senior, in an educational program that leads to the successful completion of a DDS/DMD degree from an educational program accredited by the ADA Commission on Dental Accreditation, or have graduated from such a program and are currently enrolled in a post-graduate program or residency and must furnish proof of the above enrollment as a student of record. Candidates applying for the Traditional Format must furnish proof of graduation from an accredited dental school or provide a Letter of Certification (a form provided by CRDTS). The Letter of Certification must be completed by the Dean of the school to verify that the candidate has demonstrated sufficient clinical competence, is in good standing, and it is anticipated that all school requirements are current and up to date and the student will be recommended for graduation based on their current standing. Alterations to this letter or misrepresentation of any application requirements may result in elimination of the candidate's application.
- b. **Non-accredited graduates:** The results of the CRDTS examination for graduates of non-accredited dental schools are recognized only by states which allow licensure of such non-accredited graduates. Candidates with a degree from an educational program not accredited by the ADA Commission on Dental Accreditation applying for examination must be authorized to take the examination by at least one state which accepts the results of the CRDTS' examination and are only eligible for the Traditional Examination Format.
  - i. Non-accredited graduates must furnish a letter indicating that they are eligible for licensure in that state upon successful completion of the CRDTS examination
  - ii. Equivalency/ECE certificates may not be substituted for this letter
  - iii. A copy of the candidate's dental diploma with an English translation must be provided
  - iv. Non-accredited graduates are not eligible for CRDTS Status and Dental Therapy

## **ADMINISTRATIVE POLICIES**

Once an application has been received or accepted for examination, the policies described in this section become effective.

## 1. **Format**

- a. **Site Selection:** The initial offering of this examination is administered at select schools. Any exam having an insufficient number of candidates by the Application Deadline may be cancelled. If this happens, a candidate will receive a full refund of their examination fee(s).
- b. **Examination Completion:** Candidates must successfully complete all Parts of the Examination within 12 months of the date of their initial clinical examination. Candidates who do not successfully complete the examination within these time limits must retake the entire examination.

## 2. **CRDTS Retake Policy**

If a candidate does not achieve a score at or above a 75% on a procedure, a 2<sup>nd</sup> Attempt retake option is available on-site after the dental therapy examination has been completed at examination sites with 15 or more candidates. Each procedure has an allotted amount of time for completion (see retake schedule on page 18 of this manual) A candidate has up to 5 hours of retake time at examination sites that the entire dental therapy examination was given. If a candidate has more than 5 hours of retake time on-site they must finish retakes at another date.

Candidates retaking the CRDTS examination must sign a retake form stating that they have checked with their state board about their number of attempts policy.

A 3<sup>rd</sup> Attempt may be offered to candidates that do not achieve a score at or above a 75% on their second attempt. A 14 day waiting period is imposed between the second and third attempts.

All attempts will be reported on score reports.

3. **Retests Dental Therapy Parts:** A score is reported for each of the procedures of the CRDTS dental examination. If one or more procedures within an examination part are failed, only those failed procedures must be retaken.
4. When applicable, the alternate treatment selection procedure will be required when retaking Periodontal and Restorative Permanent Dentition procedures.

Candidates applying for re-examination off-site must provide documentation that all school requirements have been completed and the candidate has graduated. Retest opportunities will be administered at select dental schools that may or may not be the candidate's school of attendance. Applicants from the school where the examination is administered receive priority for assignment to that site.

| <b>CRDTS Retake Time Chart – 5 Hour Limit</b> |                            |
|---|----------------------------|
| <b>Procedure</b>                              | <b>Retake Time Allowed</b> |
| DTP Written Exam                              | 1 hour                     |
| SSC Preparation                               | 1 hour and 15 minutes      |
| SSC Restoration                               | 1 hour and 15 minutes      |
| Pulpotomy Preparation                         | 45 minutes                 |
| Class II Primary Restoration                  | 1 hour                     |
| Rest/Anterior Permanent Preparation           | 1 hour and 15 minutes      |
| Rest/Posterior Permanent Preparation          | 1 hour and 15 minutes      |
| Rest/Anterior Permanent Restoration           | 45 minutes                 |
| Rest/Posterior Permanent Restoration          | 45 minutes                 |
| Periodontal Examination                       | 2 hours and 15 minutes     |

5. **Remediation requirements:** 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 re-examination 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.

6. **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 \$200 fee and held until the missing item(s) and/or fees are received in Central Office. Once an exam site has closed, no additional applications will be processed and forfeiture of fees may apply.

It should be noted that for applications, fees **and** required documentation, the testing agency uses the **date of receipt** 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 serve basis for candidates who are not students at the testing site.

It is suggested that the application process be completed well in advance of the deadline date to assure adequate time to submit a returned application or submit incomplete documentation by the deadline date. The following items must be mailed in to CRDTS in order to complete the application:

- Examination Fee payable to CRDTS (credit card online, Cashier's Check or Money Order) Retake Fee: See Retake Examination Fee
- Notarized copy of diploma or Certification letter for 1<sup>st</sup> time applicants
- Non-accredited Graduates – Photocopy of diploma and letter from State board

5. **Disqualification:** A candidate may be disqualified by the school that the candidate attends at any time after application is made in the event the candidate ceases to be a student of record or for any other reason within the discretion of the school after acceptance of application. Notification of disqualification by the designated school official must be received by the testing agency, in writing or by facsimile **in advance of the start date of a scheduled examination**. Notification by any other source or in any other manner is not recognized or accepted. Facsimiles must be immediately followed by a letter to the testing agency with the required signature of the designated school official. Acceptance of disqualification is considered final. Once disqualified, a candidate will not be reinstated for the examination during that academic year. Candidates who are disqualified shall receive a refund of the exam fee minus an administrative fee of \$200. A new application must be submitted together with all required documentation and appropriate fee. All applicants will be notified by the testing agency when official notification of disqualification has been received and recorded.
7. **Schedule Changes:** The examination assignment schedule (Day 1 and Day 2 assignments) is considered final when issued and emailed to the candidate. Request for change will not be considered or made once the schedule has been distributed. School personnel do not have the authority to accept a candidate for examination at their site or to make assignment changes within an examination series. Such arrangements concluded between school personnel and candidate

may preclude the candidate from being admitted to the examination as well as forfeiture of fee. The CRDTS Chief Examiner is the only authorized individual who may consider a request for schedule change. If unusual circumstances warrant such change and space is available, it is the decision of the CRDTS Chief Examiner to approve such a request. This decision is made on site, on the day of examination. Prior requests are not accepted or considered.

8. **Fee Deferral:** Under extenuating circumstances a request for the examination fee to be deferred to a later examination will be considered on an individual basis when **received before the scheduled examination date**. Requests **must** be made in writing to the testing agency and **must** include original documentation in support of the request. Should a fee deferral be granted, the candidate will be informed of the terms and conditions for future examinations. Requests for fee deferral on or after the date of the scheduled examination will not be honored and the fee will be forfeited. A non-refundable administrative processing fee of \$200 is applicable at all times and under all circumstances.
9. **Fee Refunds:** Refunds will be made, minus a \$200 administrative fee, if notification of cancellation is received in the CRDTS Central Office 30 days prior to the **first** day of the examination. A 50% refund will be made if notification is made at least 6 business days prior to the first day of the examination. After that time, any cancellations will result in forfeiture of the entire examination fee. Once a candidate has paid the entire examination fee and has taken any Part of the examination, there will be no refund of fees for the Parts that have not yet been taken, should the candidate decide to cancel or withdraw from other Parts of the examination. 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.
10. **Confirmation Notification:** Candidates will receive a notice confirming their examination schedule; this notice may be distributed or posted by the school. Candidates will receive an email approximately 30 days prior to the examination. This email will contain:
  1. A letter confirming the exam site to which you have been assigned, the date and the exam schedule.
  2. A letter from the clinical facility serving as a testing site providing general information about the site, its facilities, policies and usage fees. This letter may also contain information related to nearby hotels. (Candidates that are current students at the exam site will not receive the site information letter).
  3. Other information and/or forms which may be needed to take the examination.

For candidates who are *not* attending the dental school where the examination is being administered, it will be necessary to make arrangements with the school for the provision of instruments, type of manikins, etc. Most schools charge a fee for the use of the clinic facilities, manikin heads, supplies and disposables. Any deposit or fee for the use of the testing site must be remitted to the school, NOT to the testing agency. No candidate should come to the examination unless confirmation containing the above information has been received.

11. **Release of Scores:** Scores are not released at any time other than to the candidate, the candidate's dental school and all CRDTS' member states. Any address changes since the time of original application should be provided to the CRDTS' Administrative Office immediately.

**No scores will be released by telephone** and calling the Administrative Office will only delay the release of scores.

Candidates: Scores will be reported to candidates online; upon successful completion of all

procedures within the examination part, candidates will receive a mailing containing a history of scores as well as a certified copy of the final results in a separate, sealed envelope to be mailed directly to the licensing state of their choice. DO NOT OPEN the 2<sup>nd</sup> sealed envelope. For online access to scores, candidates may Log-In at [www.crdts.org](http://www.crdts.org) using their assigned CRDTS ID and password. The 'Candidates' tab will allow access to scores. Scores will also be reported to the school of graduation if the candidate is a current graduate.

Fees for retakes must be paid by 11 P.M. of the night preceding retake date. Simulated patient exams evaluated off-site will be reported 1-2 days after grading. No actual examination papers or clinical evaluation forms will be released in order to maintain security of the examination.

Member States: A Master Grade Sheet listing all scores will be automatically reported to all CRDTS member states AFTER candidates have attempted all parts. Individual score reports are not automatically sent to member states/ recognizing jurisdictions.

**It is the candidates' responsibility to provide a copy of their examination score report to any state in which they are seeking licensure so that State Board can verify the candidates' scores against their master grade sheet received from CRDTS. Candidates are responsible for checking with State Boards to determine all requirements for licensure.**

- a. Duplicate Scores/Score Report Request: For non-member states and for duplicate scores: Scores will be reported upon receipt of a request made online, [www.crdts.org](http://www.crdts.org) (Score Report Request). Such requests must include the following:
  - i. Candidate's name, mailing address and telephone number
  - ii. Candidate's name at time of examination
  - iii. Year in which the CRDTS clinical examination was completed
  - iv. Address to which the results are to be sent
  - v. \$50 per each address to where the scores are to be forwarded

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 duplicate score report online.** No personal checks will be accepted. Please access the CRDTS' website ([www.crdts.org](http://www.crdts.org)) or contact the CRDTS Administrative Office for more information.

## COMPLAINT REVIEW PROCESS

CRDTS maintains a complaint review process whereby a candidate may submit a request for 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 provided to the candidate or the candidate's dental 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 re-examination. 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' Administrative Office or from the CRDTS website; documentation for the complaint must be typed or written on this form.

In determining whether to file a request to initiate the complaint review process, 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 three calibrated examiners conducting independent evaluations 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, radiographs, models, character references or testimonials, dental 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 \$250 filing fee will be charged by CRDTS to file and process a formal complaint review request.

## **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:

1. Timing of request: 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.
2. Documentation verifying disability: 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.
3. Modification(s) needed: 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.

# LOCATION OF TESTING SITES & LICENSURE INFORMATION

Contact information for the above can be found online at [www.crdts.org](http://www.crdts.org) > Contacts tab Questions can be emailed to [info@crdts.org](mailto:info@crdts.org) or by calling 785-273-0380

A list of state board websites can be found on the American Association of Dental Boards website at <https://www.dentalboards.org/state-dental-board-list>

## CHECKLIST OF REQUIRED MATERIALS AND INSTRUMENTS

### **ORIENTATION:**

- ☐ Picture ID for admission to orientation
- ☐ This Candidate Manual

### **CLINICAL EXAMINATION:**

- ☐ This Candidate Manual
- ☐ #11/12 explorer
- ☐ Metal periodontal probe with 1 mm markings
- ☐ Sonic/ultrasonic scaler (optional)
- ☐ 2 x 2 Gauze
- ☐ Sharp traditional explorer for caries detection (such as a Shepherd's Hook)
- ☐ Dental mirror, clean unscratched
- ☐ Cotton Pliers
- ☐ Articulating paper and holder
- ☐ Handpiece compatible with testing site attachments
- ☐ Operating instruments
- ☐ Instrument Tray

## Glossary of Words, Terms and

|                         |  |
|-------------------------|--|
| <b>Abfraction</b>       | The deep V-shaped groove usually noted at the CEJ which is caused by bruxism. This may be visible or apical to the gingival margin.  |
| <b>Abrasion</b>         | Abnormal wearing of tooth substance or restoration by mechanical factors other than tooth contact.   |
| <b>Abutment</b>         | A tooth used to provide support or anchorage for a fixed or removable prosthesis.  |
| <b>Acrylic Resin</b>    | Synthetic resin derived from acrylic acid used to manufacture dentures/denture teeth and provisional restorations.   |
| <b>Adjustment</b>       | Selective grinding of teeth or restorations to alter shape, contour, and establish stable occlusion.   |
| <b>Angle</b>            | A corner; <b>cavosurface angle</b> : angle formed between the cavity wall and surface of the tooth; <b>line angle</b> : angle formed between two cavity walls or tooth surfaces. |
| <b>Apical</b>           | the tip, or apex, of a root of a tooth and its immediate surroundings.   |
| <b>Attached Gingiva</b> | The portion of the gingiva that extends apically from the base of the sulcus to the mucogingival junction.   |
| <b>Attrition</b>        | loss of tooth substance or restoration caused by mastication or tooth contact.   |
| <b>Axial wall</b>       | An internal cavity surface parallel to the long axis of the tooth.   |
| <b>Base</b>             | A replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOIB&T, IRM and zinc-phosphate cement.    |
| <b>Bevel</b>            | A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.  |
| <b>Bonding Agent</b>    | See Sealers.   |
| <b>Bridge</b>           | Permanently fixed restoration that replaces one or more missing natural teeth.   |



|                                |   |
|--------------------------------|---|
| <b>Build Up</b>                | A restoration associated with a cast restoration, which replaces some, but not all, of the missing tooth structure coronal to the cemento-enamel junction. The buildup provides resistance and retention form for the subsequent cast restoration. Also called Pin Amalgam Build Up (PABU) or Foundation.   |
| <b>Calculus</b>                | A hard deposit attached to the teeth, usually consisting of mineralized bacterial plaque.   |
| <b>Caries</b>                  | An infectious microbiological disease that results in localized dissolution and destruction of the calcified tissues of the teeth. The diagnosis of dental caries is made by tactile sensation with light pressure on an explorer, described as (1) a defect with a soft, sticky base, or (2) a defect that can be penetrated or altered by the tine of the explorer. |
| <b>Cavity Preparation</b>      | Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.   |
| <b>Cavosurface Margin</b>      | The line angle formed by the prepared cavity wall with the unprepared tooth surface. The margin is a continuous entity enclosing the entire external outline of the prepared cavity. Also called the cavosurface line angle.  |
| <b>Cemento-enamel Junction</b> | Line formed by the junction of the enamel and cementum of a tooth.  |
| <b>Centric occlusion</b>       | That vertical and horizontal position of the jaws in which the cusps of the maxillary and mandibular teeth intercuspal maximally.   |
| <b>Centric relation</b>        | That operator guided position of the jaws in which the condyles are in a rearmost and uppermost position in the fossae of the temporomandibular joint.  |
| <b>Contact Area</b>            | The area where two adjacent teeth approximate.  |
| <b>Convenience Form</b>        | The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.   |
| <b>Convergence</b>             | The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface.  |
| <b>Core</b>                    | A restoration associated with a cast restoration which replaces <u>all</u> coronal tooth structure and is usually associated with a post of one type or another. The core provides resistance and retention form for the subsequent cast restoration.   |
| <b>Crown</b>                   | Cast-metal restoration or porcelain restoration covering most of the surfaces of an anatomical crown.   |

|                                 |   |
|---------------------------------|---|
| <b>Cusp (functional)</b>        | Those cusps of teeth which by their present occlusion, provide a centric stop which intercuspates with a fossa or marginal ridge of an opposing tooth/teeth.  |
| <b>Cusp (non-functional)</b>    | Those cusps of teeth which by their present occlusion, <u>do not</u> provide a centric stop which intercuspates with a fossa or marginal ridge of an opposing tooth/teeth.  |
| <b>Debris</b>                   | Scattered or fragmented remains of the cavity preparation procedure. All debris should be thoroughly removed from the preparation before the restoration is placed.   |
| <b>Decalcification</b>          | Demineralized area of enamel that may appear white and chalky or may be discolored. It is considered unsound tooth structure if it can be penetrated by an explorer or is more than ½ the thickness of the enamel.                                      |
| <b>Defective Restoration</b>    | Any dental restoration which is judged to be causing or is likely to cause damage to the remaining tooth structure if not modified or replaced.   |
| <b>Dentin</b>                   | Calcified tissue surrounding the pulp and forming the bulk of the tooth.  |
| <b>Deposits - subgingival</b>   | Deposits which are apical to the gingival margin.   |
| <b>Deposits - supragingival</b> | Deposits which are coronal to the gingival margin.  |
| <b>Divergence</b>               | The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth.  |
| <b>Embrasure</b>                | A “V” shaped space continuous with an interproximal space formed by the point of contact and the subsequent divergence of these contacting surfaces in an occlusal (incisal), gingival, facial or lingual direction.                                    |
| <b>Enameloplasty</b>            | The selected reshaping of the convolutions of the enamel surface (fissures and ridges) to form a more rounded or “saucer” shape to make these areas more cleanable, finish able, and allow more conservative cavity preparation external outline forms. |
| <b>Erosion</b>                  | Abnormal dissolution of tooth substance by chemical substances. Typically involves exposed cementum at the CEJ.   |
| <b>Exposure</b>                 | <i>See “Pulp Exposure”</i>  |
| <b>Finish Line</b>              | The terminal portion of the prepared tooth  |
| <b>Fissure</b>                  | A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes.  |

|                              |   |
|------------------------------|---|
| <b>Flash</b>                 | Excess restorative material extruded from the cavity preparation extending onto the unprepared surface of the tooth.  |
| <b>Foundation</b>            | See Build Up  |
| <b>Gingival Recession</b>    | The visible apical migration of the gingival margin, which exposes the CE junction and root surface.  |
| <b>Gingival wall</b>         | An internal cavity surface perpendicular to the long axis of the tooth near the apical or cervical end of the crown of the tooth or cavity preparation.   |
| <b>Gingivitis</b>            | Inflammation of the gingiva   |
| <b>Glass Ionomer</b>         | Material containing polyacrylic acid and aluminosilicate glass that can be used as restorative, lining or luting material.  |
| <b>Grainy</b>                | The rough, perhaps porous, poorly detailed surface of a material.   |
| <b>Ill-defined</b>           | A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.  |
| <b>Infra-occlusion</b>       | A tooth or restoration which lacks opposing tooth contact in centric when such contact should be present.   |
| <b>Interproximal contact</b> | The area of contact between two adjacent teeth; also called proximal contact.   |
| <b>Isthmus</b>               | A narrow connection between two areas or parts of a cavity preparation.   |
| <b>Keratinized Gingiva</b>   | In healthy mouths, this includes both the free marginal and attached gingiva which are covered with a protective layer of keratin. It is the masticatory oral mucosa which withstands the frictional stresses of mastication and toothbrushing; and provides a solid base for themovable alveolar mucosa for the action of the cheeks, lips and tongue. |
| <b>Line angle</b>            | The angle formed by the junction of two surfaces. In cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls.   |
| <b>Line of draw</b>          | The path or direction of withdrawal or seating of a removable or cast restoration.  |
| <b>Liner</b>                 | Resin or cement coating of minimal thickness (usually less than 0.5 mm) to achieve a physical barrier and/or therapeutic effect (a chemical effect that in some way benefits the health of the tooth pulp). Examples include Dycal, Life, Cavitec, Hydroxylite, Vitrebond, and Fuji Lining LC.  |
| <b>Liner - treatment</b>     | An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc. Also called therapeutic liner.   |

|                                     |   |
|-------------------------------------|---|
| <b>Long axis</b>                    | An imaginary straight line passing through the center of the whole tooth occlusoapically.   |
| <b>Marginal deficiencies</b>        | Failure of the restorative material to properly and completely meet the cut surface of the cavity preparation; the marginal discrepancy does not exceed .5 mm, and the margin is sealed. May be either voids or under- contour.                                   |
| <b>Marginal excess</b>              | Restorative material which extends beyond the cavosurface margin of the cavity walls. Marginal excess may or may not extend onto the unprepared surface(s) of the tooth. See also: over-contoured, flash, over- extension.  |
| <b>Mobility</b>                     | The degree of looseness of a tooth.   |
| <b>Occluso-axial line angle</b>     | In a casting preparation, the angle formed by the junction of the prepared occlusal and axial (lingual, facial, mesial, distal) surfaces.   |
| <b>Open margin</b>                  | A cavity margin or section of margin at which the restorative material is not tightly adapted to the cavity preparation wall(s). Margins are generally determined to be open when they can be penetrated by the tine of a sharp dental explorer.                  |
| <b>Outline Form (external)</b>      | The external boundary or perimeter of the area of the tooth surface to be included within the outline or enamel margins of the finished cavity preparation  |
| <b>Outline Form (internal)</b>      | The internal details and dimensions of the finished cavity preparation.   |
| <b>Over-contoured</b>               | Excessive shaping of the surface of a restoration so as to cause it to extend beyond the normal physiologic contours of the tooth when in health.   |
| <b>Over-extension (preparation)</b> | The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment.   |
| <b>Over-extension (restoration)</b> | Restorative material which extends beyond the cavosurface margin of the cavity walls. Marginal excess may or may not extend onto the unprepared surface(s) of the tooth. See also; Over-contoured, Flash, Marginal excess.  |
| <b>Overhang (restoration)</b>       | The projection of restorative material beyond the cavosurface margin of the cavity preparation but which does not extend on to the unprepared surface of the tooth; also, the projection of a restoration outward from the nominal tooth surface. See also Flash. |
| <b>Path of insertion</b>            | The path or direction of withdrawal or seating of a removable or cast restoration. See Line of Draw.  |

|   |  |
|---|--|
| <b>Periapical</b>                               | Area around the root end of a tooth.   |
| <b>Periodontitis</b>                            | Inflammation of the supporting tissues of the teeth. Usually a progressively destructive change leading to loss of bone and periodontal ligament. An extension of inflammation from gingiva into the adjacent bone and ligament.   |
| <b>Pits (surface)</b>                           | Small voids on the polished surface (but not at the margins) of a restoration.   |
| <b>Polishing (restoration)</b>                  | The act or procedure of imparting a smooth, lustrous, and shiny character to the surface of the restoration  |
| <b>Pontic</b>                                   | The suspended portion of a fixed bridge that replaces the lost tooth or teeth.   |
| <b>Porous (restoration)</b>                     | To have minute orifices or openings in the surface of a restoration which allows fluids or light to pass through.  |
| <b>Provisional restoration</b>                  | Any restoration, which by its intent, is placed for a reduced period of time or until some event occurs. Any restorative material can be placed as a provisional restoration. It is only the intent of the restoration and not the material which determines the provisional status.                                       |
| <b>Pulp cap (direct)</b>                        | The technique of placing a base over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure. The decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed.              |
| <b>Pulp cap (indirect)</b>                      | The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with an appropriate pulpal protection material to promote reparative dentin formation. The tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries. |
| <b>Pulp exposure (carious)</b>                  | The frank exposure of the pulp through clinically carious dentin.  |
| <b>Pulp exposure (general)</b>                  | The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.  |
| <b>Pulp exposure (irreparable)</b>              | Generally, a pulp exposure in which most or all of the following conditions apply: The exposure is greater than 0.5 mm; the tooth had been symptomatic; the hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic.                                     |
| <b>Pulp exposure (mechanical) (unwarranted)</b> | The frank exposure of the pulp through non-caries dentin caused by operator error, misjudgment, pulp chamber aberration, etc.  |

|  |  |
|--|--|
| <b>Pulp exposure (reparable)</b>                             | Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.  |
| <b>Pulpal wall</b>   | An internal cavity surface perpendicular to the long axis of the tooth.<br>Also pulpal floor.  |
| <b>Pulpoaxial line angle</b>                                 | The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.  |
| <b>Pulpotomy</b>   | The surgical amputation of the vital dental pulp coronal to the cemento-enamel junction in an effort to retain the radicular pulp in a healthy, vital state.   |
| <b>Resistance Form</b>                                       | The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.  |
| <b>Retention Form</b>  | The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.   |
| <b>Root planing</b>  | A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.  |
| <b>Scaling</b>   | Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.  |
| <b>Surface Sealant - composite resin restoration coating</b> | After polishing, the application of the unfilled resin (bonding agent) of the composite resin system to the surface of the restoration to fill porosities or voids in the body of the restoration or at the margins or to provide a smooth surface to the restoration followed by curing.  |
| <b>Sealers</b>   | Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity.<br>a. <b>Varnish:</b> A natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether. Examples include Copalite, Plastodont, Varnish, and Barrier.<br>b. <b>Resin Bonding Agents:</b> Include the primers and adhesives of dentinal and all-purpose bonding agents. Examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc. |
| <b>Shade (restoration)</b>                                   | The color of a restoration as defined by hue, value, and chroma which is selected to match as closely as possible the natural color of the tooth being restored.   |
| <b>Shoulder Preparation</b>                                  | Finish line design for tooth preparation in which the gingival floor meets the external axial surfaces at approximately a right angle.   |

|                              |  |
|------------------------------|--|
| <b>Sonic scaler</b>          | An instrument tip attached to a transducer through which high frequency current causes sonic vibrations (approximately 6,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.       |
| <b>Sound Tooth Structure</b> | Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed $\frac{1}{2}$ the thickness of the enamel and cannot be penetrated by an explorer.  |
| <b>Stain - Extrinsic</b>     | Stain which forms on and can become incorporated into the surface of a tooth after development and eruption. These stains can be caused by a number of developmental and environmental factors.  |
| <b>Stain - Intrinsic</b>     | Stain which becomes incorporated into the internal surfaces of the developing tooth. These stains can be caused by a number of developmental and environmental factors.  |
| <b>Sterilization</b>         | A heat or chemical process to destroy microorganisms.  |
| <b>Straight-line Access</b>  | An access preparation that allows for an unimpeded path from the occlusal surface to the apex or to the first point of canal curvature.  |
| <b>Supra-occlusion</b>       | A tooth or restoration which has excessive or singular opposing tooth contact in centric or excursions when such contact should not be present and should be balanced with the other contacts in the quadrant or arch.   |
| <b>Taper</b>                 | To gradually become narrower in one direction  |
| <b>Temporary restoration</b> | See Provisional Restoration.   |
| <b>Tissue Trauma</b>         | Unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient, such as lacerations greater than 3mm, burns, amputated papilla, or large tissue tags.   |
| <b>Transported Canal</b>     | The prepared root canal is over-instrumented, causing deviation from the natural pathway of the anatomical canal.  |
| <b>Ultrasonic scaler</b>     | An instrument tip attached to a transducer through which high frequency current causes ultrasonic vibrations (approximately 30,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth. |
| <b>Uncoalesced</b>           | The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.  |
| <b>Under-contoured</b>       | Excessive removal of the surface of a restoration so as to cause it to be reduced beyond the normal physiologic contours of the tooth when in health.  |

|                                      |  |
|--------------------------------------|--|
| <b>Undercut</b>                      | <ul style="list-style-type: none"> <li>a. Feature of tooth preparation that retains the intra-coronal restorative material.</li> <li>b. An undesirable feature of tooth preparation for an extra-coronal restoration.</li> </ul> |
| <b>Under-extension (preparation)</b> | Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment.  |
| <b>Under-extension (restoration)</b> | Restorative material which fails to extend to the cavosurface margin of the cavity walls thereby causing exposure of the prepared cavity wall.   |
| <b>Undermined enamel</b>             | During cavity preparation procedures; an enamel tooth surface (particularly enamel rods) which lacks dentinal support. Also called unsupported enamel.   |
| <b>Unsound Marginal Enamel</b>       | Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied.  |
| <b>Varnish</b>                       | See Sealers  |
| <b>Void(s)</b>                       | An unfilled space within the <u>body</u> of a restoration or at the restoration margin which may or may not be present at the external surface and therefore may or may not be visible to the naked eye.                         |