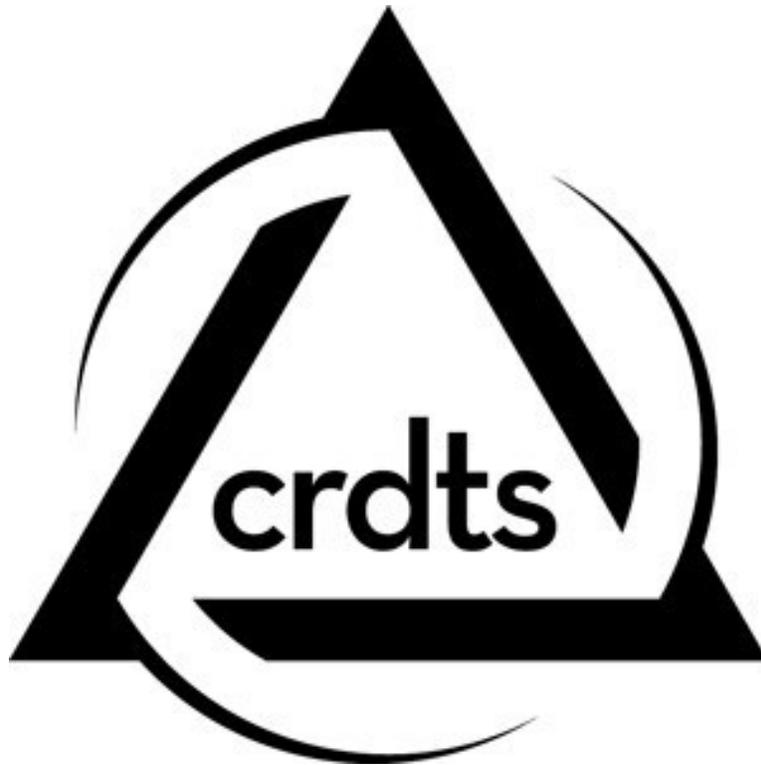


DENTAL EXAMINATION RESTORATIVE SIMULATED PATIENT CANDIDATE MANUAL

Class of 2027



A National Dental Examination

As administered by:

Central Regional Dental Testing Service, Inc.

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

Restorative Examination

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CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

PART V: RESTORATIVE SIMULATED PATIENT EXAMINATION

CONTENT	FORMAT
<p>The Restorative Simulated Patient Examination consists of four procedures: Prepare 2 teeth with simulated decay on 8 DL, 3 MO or 13 DO and place restorations in 2 pre-prepped teeth on 26 DL, 20 DO or 31 MO. For the Class II procedures, candidates may choose to prepare/place a Class II Amalgam, or a Class II Composite:</p> <p style="text-align: center;">One Class II Composite or Amalgam Preparation One Class II Composite or Amalgam Restoration AND One Class III Composite –Preparation One Class III Composite – Restoration</p>	<p>- 4 Hour Clinical Exam Performed on a Simulated Patient</p>

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.

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

SCORING SYSTEM FOR 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 treatment plan must be altered and additional care provided, possibly temporization in order to sustain the function of the tooth and the patient’s oral health and well-being.

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

Part V: RESTORATIVE SIMULATED PATIENT EXAMINATION

The Simulated Patient Restorative Clinical Examination consists of four procedures as specified below; for the Class II procedures, the candidate may choose to prepare/place a Class II Amalgam or a Class II Composite:

One Class II Composite or Amalgam Preparation	11 Composite / 12 Amalgam Criteria
One Class II Composite or Amalgam Restoration	7 Criteria*
AND	
One Class III Composite Preparation	7 Criteria
One Class III Composite Finished Restoration	7 Criteria*

** 1 category split into 2 for clarity; scored as 1 criteria*

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 procedure has been converted to a basis of 100 points.

PENALTY DEDUCTIONS

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

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

1. Violation of universal precautions (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)
2. Poor Professional Demeanor – unkept, unclean, or unprofessional appearance (1 point);

- inconsiderate or uncooperative with other candidates, examiners or testing site personnel (10 points)
3. Improper Operator/Manikin position (1 point)
 4. Inadequate isolation -The isolation dam is inappropriately applied, torn and/or leaking, rendering the preparation unsuitable for the subsequent manipulation of the restorative material for placement of Class II composite restoration. (1 point)
 5. Corroborated errors for Treatment Management criteria on all Restorative procedures
 6. Rubber Dam remnants (1 point)
 7. Pencil marks on teeth (1 point)
 8. Uncleanliness of models when turned in that would impede visual assessment of the procedure (1 point)
 9. Bonding agent (1 point)

The following infractions will result in a loss of **all** points for the 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 tyodont 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 tyodont 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 – Simulated Patient 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

PART V: RESTORATIVE SIMULATED PATIENT EXAMINATION – 100 Points

SIMULATED PATIENT CONTENT

The Restorative Examination is a stand-alone examination. The Restorative Examination consists of four procedures as follows:

PART V: RESTORATIVE SIMULATED PATIENT EXAMINATION

The Restorative Clinical Examination consists of four procedures: Prepare 2 teeth with simulated decay on 8 DL, 3 MO or 13 DO and place restorations in 2 pre-prepared teeth on 26 DL, 20 DO or 31 MO. For the Class II procedures, candidates may choose to prepare/place a Class II Amalgam or a Class II Composite.

SLOT PREPS ARE NOT PERMITTED

GENERAL REQUIREMENTS

1. **Communications from Examiners:** Clinic Floor Examiners are available to help facilitate the examination process. If you have any questions about any part of the exam, **do not hesitate** to confer with a Clinic Floor Examiner.
In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether a candidate has passed or failed a specific Examination.
2. **Infection Control:** Candidates must follow all infection control guidelines required by the state where the examination is taking place and must follow the CDC's *Guidelines for Infection Control in Dental Health-Care Settings*. The current recommended infection control procedures as published by the CDC must be followed for the Endodontics, Fixed Prosthodontics, Periodontal and Restorative Examinations. These procedures must begin with the initial setting up of the unit, continue throughout the examinations and include the final cleanup of the operatory. Failure to comply will result in loss of points and any violation that could lead to direct harm will result in termination of the examination and loss of all points.

PART V: RESTORATIVE SIMULATED PATIENT PROCEDURES

Restorative Examination Procedural and Clinical Management Guidelines:

Restorative Typodont Modules: Restorative treatment must be completed on the assigned teeth. The typodont may be mounted on a post and attached to an operatory chair or mounted in a simulation laboratory.

CRDTS will provide the following: CRDTS Typodont with modules and limiting rods.

Typodont instructions: Upon receiving all arches, candidates should verify the candidate number pre-entered on the end cap of both arches. A CFE will verify the correct placement of an occlusal opening limiting rod prior to examination start time.

Upon completion of all procedures, contact a CFE for permission to dismantle. The typodont should be as clean as it was when you received it. Place the Restorative arches into the labeled bag and submit to a CFE for evaluation/storage.

Isolation dam: A standard isolation dam should be used in all instances where an isolation dam is required. **The Class II Composite must be *placed* under an isolation dam.** Cavity preparations may be made with or without the isolation dam.

Restorative Instruments: A clear, unscratched, front-surface, non-disposable, #4 or #5 mouth mirror (mouth mirrors that are clouded, tinted, or unclear will be rejected), a **sharp** traditional Shepherd's Hook-type explorer and a periodontal probe with 1mm markings are required for the restorative examination and must be provided by the candidate. A new diamond bur is the recommended manufacturer option for the Acidental typodont teeth with simulated decay.

Restorative Materials: For composite restorations surface should be etched, bonded and restored. No specific composite shade shall be required.

Standardized Floss: CRDTS will provide standardized, approved floss for evaluation of the interproximal contact on the Class III Composite Restoration:

POH LiteWax Percept 630 Black Floss sachets

Go to www.oralhealthproducts.com for more information

Modification Requests: There will be no modification requests in the Restorative Simulated Patient Examination.

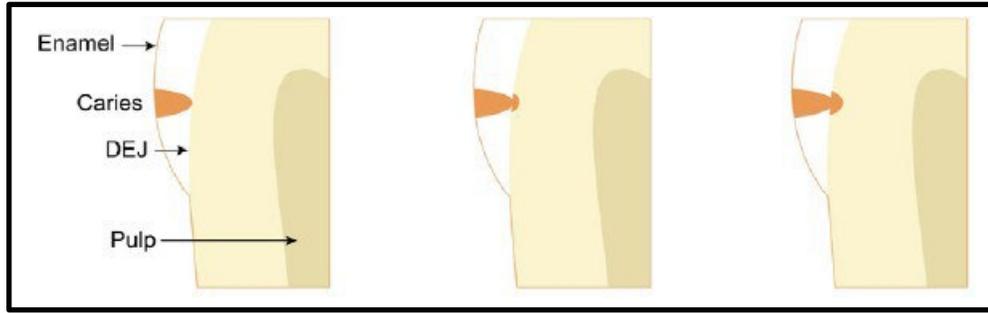
Proximal Contact Evaluation: Proximal contact is a critical part of the evaluation and the candidate should be aware that the examiners will be checking the contact visually and with approved, standardized dental floss. For either procedure, the candidate should be familiar with the properties of the material being used.

Finished Restoration: The finished restoration must be presented by the required time as specified in the examination schedule or it will not be evaluated. Any wedges placed during treatment must be removed prior to evaluation.

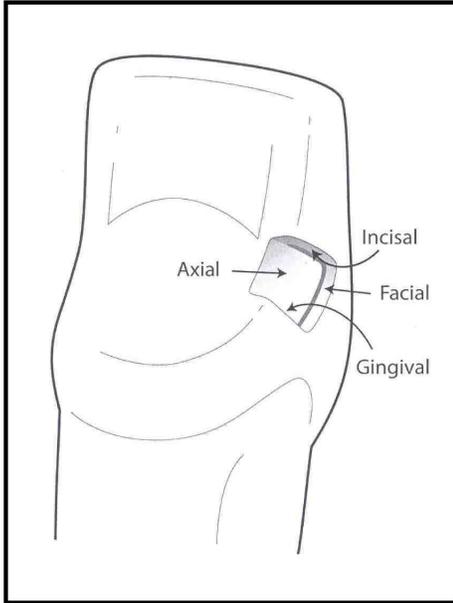
***Retake Policy: Please see Dental Examination Overview, Policy and Procedures Manual**

FOLLOWING PAGES INCLUDE DIAGRAMS AND CRITERIA FOR RESTORATIVE PROCEDURES

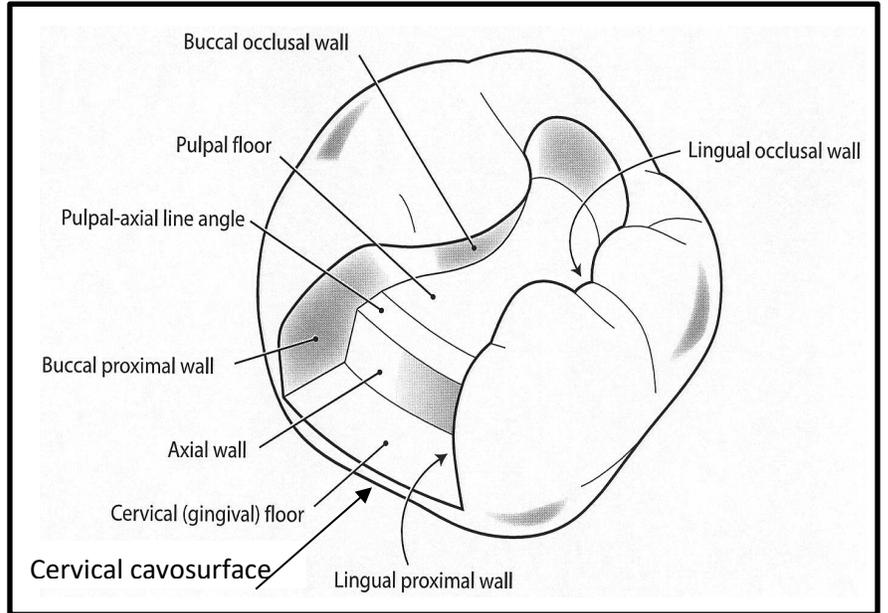
EXAMPLES OF CARIOUS LESIONS



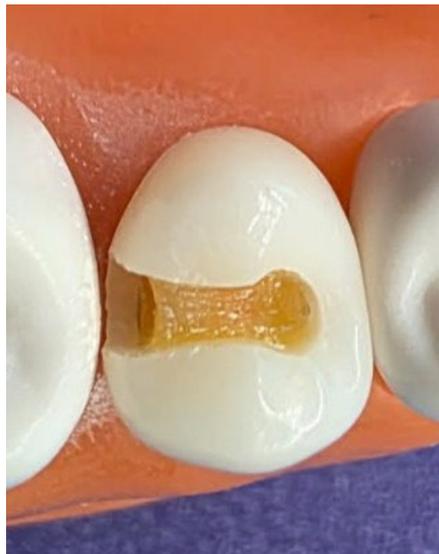
Class III Preparation Terminology



Class II Preparation Terminology



EXAMPLES OF IDEAL OUTLINE FORM



AMALGAM PREPARATION

External Outline Form

PROXIMAL CLEARANCE

SAT	Contact is visibly open proximally.
ACC	Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls.
SUB	Proximal contact is <input type="checkbox"/> not visually open; or proximal clearance at the height of contour <input type="checkbox"/> extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls.
DEF	The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls.

GINGIVAL CLEARANCE

SAT	Contact is open gingivally up to 1.0 mm.
ACC	The gingival clearance is greater than 1.0 mm but not greater than 1.5 mm.
SUB	The gingival clearance is greater than 1.5 mm but not greater than 2.0 mm.
DEF	The gingival clearance is greater than 2.0 mm or is not open.

OUTLINE SHAPE/CONTINUITY/EXTENSION

SAT	The outline form is smooth, rounded and flowing with no sharp curves or angles. The cavosurface margin terminates such that the width of the marginal ridge/oblique ridge, is 1.5 mm or greater.
SUB	The outline form is inappropriately overextended so that it compromises the remaining marginal ridge/oblique ridge and/or cusp(s). The cavosurface margin terminates such that the width of the marginal ridge/oblique ridge is 1.0 mm to less than 1.5 mm. The outline form is underextended and does not incorporate occlusal pits and grooves.
DEF	The outline form is inappropriately overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge/oblique ridge to the extent that the cavosurface margin is unsupported by dentin or the width of the marginal ridge/oblique ridge is less than 1.0 mm.

ISTHMUS

SAT	The isthmus is 1.5 mm wide.
ACC	The isthmus is greater than 1.5 mm and not greater than 2.0 mm.
SUB	The isthmus is greater than 2.0 mm and not greater than 2.5 mm, or less than 1.5mm and greater than or equal to 1.0 mm.
DEF	The isthmus is greater than 2.5 mm or less than 1.0 mm.

CAVOSURFACE MARGIN

SAT	The external cavosurface margin meets the enamel at 90°. There are no gingival bevels. The proximal gingival point angles may be rounded or sharp.
ACC	The proximal cavosurface margin deviates from 90° but is unlikely to jeopardize the longevity of the tooth or restoration; this would include small areas of unsupported enamel.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. *There is no previous restorative material, including sealants, at the cavosurface margin. *There is no decalcification on the gingival margin.
SUB	The cavosurface margin does not terminate in sound natural tooth structure; *or there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface margin terminates in a previously placed pit and fissure sealant.

AMALGAM PREPARATION

Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, .5 mm to 1.0 mm from the DEJ.
ACC	The depth of the axial wall is greater than 1.0 mm but no more than 1.5 mm beyond the DEJ.
SUB	The axial wall is more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is <input type="checkbox"/> more than 2.5 mm beyond the DEJ or <input type="checkbox"/> gingival floor less than 1.0 mm.

PULPAL FLOOR

SAT	The pulpal floor is optimally 1.5 to 2.0 mm from the cavosurface margin at its shallowest point.
SUB	The pulpal floor is less than 1.5 mm at its shallowest point or greater than 2.0 mm but not greater than 3.0 mm from the cavosurface margin.
DEF	The pulpal floor is more than 3.0 mm from the cavosurface margin or is 0.5 mm or less at its shallowest point.

PULPAL-AXIAL LINE ANGLE

SAT	The pulpal-axial line angle is rounded.
SUB	The pulpal-axial line angle is sharp.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

PROXIMAL BOX WALLS

SAT	The walls of the proximal box should be convergent occlusally and meet the external surface at a 90° angle.
ACC	The walls of the proximal box are parallel, but appropriate internal retention is present.
DEF	The walls of the proximal box diverge occlusally which offers no retention and will jeopardize the longevity of the tooth or restoration.

PREPARED SURFACES

SAT	All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth.
SUB	The prepared surfaces are irregular or ill-defined.

AMALGAM PREPARATION

Critical Errors

1. Wrong Tooth/Surface Treated
2. Retention, when used, grossly compromises the tooth or restoration
3. Unrecognized Exposure
4. Critical Lack of Clinical Judgment/Diagnostic Skills

AMALGAM FINISHED RESTORATION

Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	There is no detectable excess at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm.
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of marginal excess of more than 1.0 mm and up to 2.0 mm.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2.0 mm.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits surface significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration that is no greater than 0.5 mm. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration that is greater than 0.5 mm up to 1 mm. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm up to 1 mm.
DEF	There is greater than 1.0 mm of Enameloplasty. There is excess present that is not contiguous with the restoration greater than 1 mm.

AMALGAM FINISHED RESTORATION
Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.
DEF	The interproximal contact is visually open or will not allow floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

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

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal physiological proximal contours of the tooth, occlusal and marginal ridge anatomy.
ACC	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

AMALGAM FINISHED RESTORATION
Critical Errors

1. Fractured Restoration
2. Critical Lack of Clinical Judgment/Diagnostic Skills

CLASS II COMPOSITE PREPARATION

External Outline Form

PROXIMAL CLEARANCE

SAT	Proximal contact is visibly open up to 0.5 mm.
ACC	Proximal contact is visibly open, and proximal clearance at the height of contour extends beyond 0.5 mm but not more than 1.0 mm on either one or both proximal walls.
SUB	Proximal contact is [] not visually open; or proximal clearance at the height of contour [] extends beyond 1.0 mm but not more than 2.0 mm on either one or both proximal walls.
DEF	The proximal clearance at the height of contour extends beyond 2.0 mm on either one or both proximal walls.

GINGIVAL CLEARANCE

SAT	Contact is open gingivally up to 1.0 mm.
ACC	The gingival clearance is greater than 1.0 mm but not greater than 1.5 mm.
SUB	The gingival clearance is greater than 1.5 mm but not greater than 2.0 mm.
DEF	The gingival clearance is greater than 2.0 mm or is not open.

OUTLINE SHAPE/CONTINUITY/EXTENSION

SAT	The outline form is smooth, rounded and flowing with no sharp curves or angles. The cavosurface margin terminates such that the width of the marginal ridge/oblique ridge, is 1.5 mm or greater.
SUB	The outline form is inappropriately overextended so that it compromises the remaining marginal ridge/oblique ridge and/or cusp(s). The cavosurface margin terminates such that the width of the marginal ridge/oblique ridge is 1.0 mm to less than 1.5 mm. The outline form is underextended and does not incorporate occlusal pits and grooves.
DEF	The outline form is inappropriately overextended so that it compromises, undermines and leaves unsupported the remaining marginal ridge/oblique ridge to the extent that the cavosurface margin is unsupported by dentin or the width of the marginal ridge/oblique ridge is less than 1.0 mm.

ISTHMUS

SAT	The isthmus is 1.5 mm wide.
ACC	The isthmus is greater than 1.5 mm and not greater than 2.0 mm.
SUB	The isthmus is greater than 2.0 mm and not greater than 2.5 mm, or less than 1.5mm and greater than or equal to 1.0 mm.
DEF	The isthmus is greater than 2.5 mm or less than 1.0 mm.

CAVOSURFACE MARGIN

SAT	The external cavosurface margin meets the enamel at 90°.
SUB	The proximal cavosurface margin deviates from 90° and is likely to jeopardize the longevity of the tooth or restoration. This would include unsupported enamel and/or excessive bevel(s).

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. *There is no previous restorative material, including sealants, at the cavosurface margin. *There is no decalcification on the gingival margin.
SUB	The cavosurface margin does not terminate in sound natural tooth structure; *or there is explorer penetrable decalcification remaining on any cavosurface margin, or the cavosurface margin terminates in a previously placed pit and fissure sealant.

CLASS II COMPOSITE PREPARATION

Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, 0.5 mm to 1.0 mm from the DEJ.
ACC	The depth of the axial wall is greater than 1.0 mm but no more than 1.5 mm beyond the DEJ.
SUB	The axial wall is <input type="checkbox"/> more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is more than 2.5 mm beyond the DEJ or <input type="checkbox"/> gingival floor less than 1.0 mm.

PULPAL FLOOR

SAT	The pulpal floor depth must be at 1.5—2.0 mm in all areas; there may be remaining enamel.
SUB	The pulpal floor depth is greater than 0.5 mm but less than 1.5 mm or up to 3.0 mm.
DEF	The pulpal floor is <input type="checkbox"/> less than 0.5 mm or <input type="checkbox"/> is more than 3.0 mm from the cavosurface margin.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

PROXIMAL BOX WALLS

SAT	The walls of the proximal box should be parallel or converge occlusally.
SUB	The walls of the proximal box are divergent.
DEF	The walls of the proximal box are grossly <input type="checkbox"/> convergent so that the buccal-lingual gingival floor width is greater than two times the buccal-lingual width of the occlusal access or <input type="checkbox"/> divergent so that the occlusal access is greater than two times the width of the buccal-lingual gingival floor.

PREPARED SURFACES

SAT	All prepared surfaces are smooth and well-defined, and the gingival floor is perpendicular to the long axis of the tooth.
SUB	The prepared surfaces are irregular or ill-defined.

CLASS II COMPOSITE PREPARATION

Critical Errors

1. Wrong Tooth/Surface Treated
2. Unrecognized Exposure
3. Critical Lack of Clinical Judgment/Diagnostic Skills

CLASS II COMPOSITE FINISHED RESTORATION

Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	There is no detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm.
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of marginal excess of more than 1.0 mm and up to 2.0 mm.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2.0 mm.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration that is no greater than 0.5 mm. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration that is greater than 0.5 mm up to 1 mm. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm up to 1 mm.
DEF	There is greater than 1.0 mm of Enameloplasty. There is excess present that is not contiguous with the restoration greater than 1 mm.

CLASS II COMPOSITE FINISHED RESTORATION

Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to dental floss or shreds the floss.
DEF	The interproximal contact is visually open or will not allow floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

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

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal physiological proximal contours of the tooth, occlusal and marginal ridge anatomy.
ACC	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, but would not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours of the tooth or marginal ridge anatomy, and would be expected to adversely affect the tissue health.

CLASS II COMPOSITE FINISHED RESTORATION

Critical Errors

1. Fractured Restoration
2. The restoration is debonded and/or movable in the preparation.
3. Critical Lack of Clinical Judgment/Diagnostic Skills

CLASS III COMPOSITE PREPARATION
External Outline Form

OUTLINE EXTENSION

SAT	Outline form provides adequate access for complete removal of caries and/or previous restorative material and insertion of composite resin. Access entry is appropriate to the location of caries and tooth position. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure.
ACC	The wall opposite the access, if broken, may extend no more than 1.0 mm beyond the contact area. The outline form is overextended mesiodistally 0.5-1 mm beyond what is necessary for complete removal of caries and/or previous restorative material.
SUB	The outline form is underextended making caries removal or insertion of restorative material questionable. The outline form is overextended mesiodistally more than 1mm, but no more than 2 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the integrity of the incisal angle is compromised. The wall opposite the access opening extends more than 1 mm beyond the contact area.
DEF	The outline form is underextended making it impossible to manipulate and finish the restorative material. The outline form is overextended mesiodistally more than 2.0 mm beyond what is necessary for complete removal of caries and/or previous restorative material. The incisal cavosurface margin is overextended so that the incisal angle is removed or fractured. A Class IV restoration is now necessary without justification. The wall opposite the access opening extends more than 2.5 mm beyond the contact area.

GINGIVAL CONTACT BROKEN

SAT	The gingival contact must be broken, with gingival clearance up to 1.0 mm. The incisal contact need not be broken, unless indicated by the location of the caries. If a lingual approach is initiated, facial contact may or may not be broken as long as the margin terminates in sound tooth structure.
ACC	The gingival clearance is greater than 1.0 mm but not greater than 1.5 mm.
SUB	The gingival clearance is greater than 1.5 mm but not more than 2.0 mm. The gingival contact is not visibly broken.
DEF	The gingival clearance is greater than 2.0 mm.

MARGIN SMOOTHNESS/CONTINUITY/BEVELS

SAT	Cavosurface margins form a smooth continuous curve with no sharp angles. Enamel cavosurface margins may be beveled.
ACC	The cavosurface margins are slightly irregular. Enamel cavosurface margin bevels, if present, do not exceed 1.0 mm in width.
SUB	The cavosurface margin is rough and severely irregular. Enamel cavosurface margin bevels, if present, exceed 1.0 mm in width, are not uniform or are inappropriate for the size of the restoration.

SOUND MARGINAL TOOTH STRUCTURE

SAT	The cavosurface margin terminates in sound natural tooth structure. *There is no previous restorative material, including sealants, at the cavosurface margin. All unsupported enamel is removed unless it compromises facial esthetics.
ACC	There is a small area of unsupported enamel which is not necessary to preserve facial esthetics.
SUB	There are large or multiple areas of unsupported enamel which are not necessary to preserve facial esthetics. The cavosurface margin does not terminate in sound natural tooth structure; *or the cavosurface margin terminates in previous restorative material.

CLASS III COMPOSITE PREPARATION
Internal Form

AXIAL WALLS

SAT	The axial wall follows the external contours of the tooth, and is entirely in dentin, 0.5 mm to 1.0 mm from the DEJ.
ACC	The depth of the axial wall is greater than 1.0 mm but no more than 1.5 mm beyond the DEJ.
SUB	The axial wall is [] more than 1.5 mm beyond the DEJ, but no more than 2.5 mm or the axial wall depth does not include the DEJ.
DEF	The axial wall is more than 2.5 mm beyond the DEJ.

INTERNAL RETENTION

SAT	If used, rounded internal retention is placed in the dentin of the gingival and incisal walls just axial to the DEJ as dictated by cavity form. Retention is tactilely and visually present.
SUB	When used, retention is excessive and undermines enamel or jeopardizes the incisal angle or encroaches on the pulp.

CARIES/REMAINING MATERIAL

SAT	All caries and/or previous restorative material are removed.
DEF	Caries or previous restorative material remains in the preparation or preparation is not extended to include caries.

CLASS III COMPOSITE PREPARATION
Critical Errors

1. Wrong Tooth/Surface Treated
2. Unrecognized Exposure
3. Critical Lack of Clinical Judgment/Diagnostic Skills

CLASS III COMPOSITE RESTORATION MARGIN INTEGRITY AND SURFACE FINISH

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. No marginal deficiency is detectable at the restoration-tooth interface either visually or with the tine of an explorer. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the facial or lingual restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1 mm, which can include pits and voids at the cavosurface margin
DEF	There is evidence of marginal deficiency of more than 1 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

SAT	No marginal excess is detectable at the cavosurface margin either visually or with the tine of an explorer.
ACC	There is a detectable marginal excess at the cavosurface margin either visually or with the tine of an explorer, but it is no greater than 1.0 mm..
SUB	The cavosurface margin is detectable visually or with the tine of an explorer. There is evidence of lingual marginal excess, more than 1.0 mm and up to 2 mm. There is facial and/or lingual flash with contamination underneath, but it is not internal to the cavosurface margin, and could be removed by polishing or finishing.
DEF	There is evidence of marginal excess at the cavosurface margin of more than 2 mm, and/or there is internal contamination at the facial and/or lingual interface between the restoration and the tooth.

GINGIVAL OVERHANG

SAT	The restoration exhibits no gingival overhang.
ACC	The restoration exhibits a slight gingival overhang but would not be expected to adversely affect the tissue health.
DEF	The restoration exhibits a significant gingival overhang and would be expected to adversely affect the tissue health.

SURFACE FINISH

SAT	The surface of the restoration is uniformly smooth and free of pits and voids.
ACC	The surface of the restoration is slightly grainy or rough, but it is free of significant pits and voids.
SUB	The surface of the restoration is rough and exhibits significant irregularities, pits or voids.

CONTIGUOUS TOOTH STRUCTURE

SAT	There is no evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration. There is no excess restorative material present that is not contiguous with the restoration.
ACC	There is evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration that is no greater than 0.5 mm. (Enameloplasty) Excess present that is not contiguous with the restoration no greater than 0.5mm.
SUB	There is evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration that is greater than 0.5 mm up to 1 mm. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm up to 1 mm.
DEF	There is greater than 1.0 mm of Enameloplasty. There is excess present that is not contiguous with the restoration greater than 1 mm.

CLASS III COMPOSITE FINISHED RESTORATION

Contour, Contact and Occlusion

INTERPROXIMAL CONTACT

SAT	Interproximal contact is present, the contact is visually closed and is properly shaped and positioned; and there is definite, but not excessive, resistance to dental floss when passed through the interproximal contact area.
ACC	Interproximal contact is visually closed, and the contact is adequate in size, shape, or position but demonstrates little resistance to dental floss.
SUB	Interproximal contact is visually closed, but the contact is deficient in size, shape, or position and/or demonstrates little resistance to dental floss, shreds the floss or is visually open but deflects floss.
DEF	The interproximal contact allows standardized dental floss to pass without deflection or resistance or will not allow dental floss to pass through the contact area.

CENTRIC/EXCURSIVE CONTACTS

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

ANATOMY/CONTOUR

SAT	The restoration reproduces the normal anatomical contours of the tooth, including facial, lingual, proximal and marginal ridge anatomy when compared to contiguous tooth structure.
ACC	The restoration deviates slightly from the normal anatomical contours of the tooth, when compared to contiguous tooth structure but would not be expected to adversely affect the tissue health.
DEF	The restoration deviates significantly from the normal anatomical contours of the tooth, including facial, lingual, proximal or marginal ridge anatomy, and/or would be expected to adversely affect the tissue health.

CLASS III COMPOSITE RESTORATION

Critical Errors

1. Restoration is debonded.
2. Critical Lack of Clinical Judgment/Diagnostic Skills

RESTORATIVE PROCEDURES
Treatment Management / Typodont Condition
Penalty Points Only

CONDITION OF ADJACENT TEETH

SAT	The adjacent teeth and/or restorations are free from damage.
ACC	Damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
SUB	Damage to adjacent tooth/teeth requires recontouring which changes the shape and/or position of the contact.
DEF	There is gross damage to adjacent tooth/teeth which requires a restoration.

CONDITION OF SOFT TISSUE

SAT	The soft tissue is free from damage or there is tissue damage that is consistent with the procedure.
SUB	There is iatrogenic soft tissue damage that is inconsistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

TYPODONT CONDITION

1. Rubber Dam remnants
2. Pencil marks on teeth
3. Uncleanliness of models when turned in
4. Bonding agent

**RESTORATIVE SIMULATED PATIENT
PROGRESS FORM**

STARTING TIME: _____

FINISH TIME: _____ *Preparations and restorations may be done in any order*

PREPARATIONS

Circle the Class II Preparations you have chosen

CLASS II PREP #3MO Amalgam / Composite or #13DO Amalgam / Composite

CLASS III PREP #8DL

CRDTS will provide the candidate a typodont to complete the Restorative Procedures. When the typodonts are received, the candidate must check the correct candidate number is on the end caps of both arches and then the typodont may be inserted into the facial shroud. The typodont may be dismantled only with the authorization of a CFE.

CFE	TYPODONT MOUNTING APPROVED Arches Labeled with Cand # 2 nd arches placed in labeled bag
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RESTORATIONS

Circle the Class II Restorations you have chosen

CLASS II REST #20DO Amalgam / Composite or #31MO Amalgam / Composite

CLASS III REST #26DL

CFE	CFE AUTHORIZES DISMANTLING TYPODONT CFE Receives Typodont for Evaluation in bag or box CFE Collects Progress Form
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			FINAL EVALUATION #3 MO OR #13 DO PREPARATION
			FINAL EVALUATION #8 DL COMP PREPARATION
			FINAL EVALUATION #20 DO OR #31 MO RESTORATION
			FINAL EVALUATION #26 DL COMP RESTORATION

NOTES TO EXAMINERS			Ex. ID#
(Use ink. Please number each note. Notes should be written clearly and include specific information, i.e. description, location, etc.)			