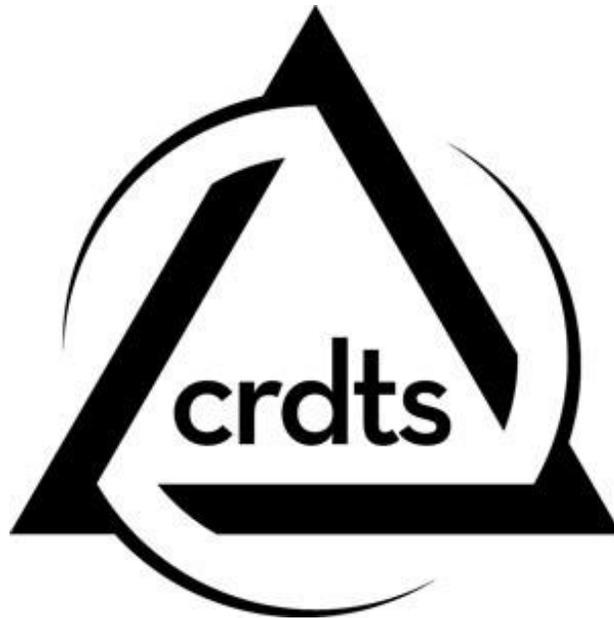


**2022**  
**RESTORATIVE AUXILIARY**  
**EXAMINATION**  
**CANDIDATE MANUAL**



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

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

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# Table of Contents

Introduction.....	1
Application Information and Requirements .....	1
Confirmation of Training .....	2
Online Application .....	2
Incomplete Applications: .....	2
Initial Examination Application and Fee: .....	3
Retest Examination Fee: .....	3
Administrative Fee:.....	3
Site Fee:.....	3
Disqualification: .....	3
Fee Deferral: .....	3
Fee Refunds: .....	4
Professional Liability Insurance: .....	4
Exam Testing Site, Date & Time Confirmation: .....	4
Exam Assignment & Schedule Changes: .....	4
Policies for Reexamination and Remediation .....	5
Content, Criteria & Scoring System - Overview.....	5
Content.....	5
Scoring System.....	5
Performance Criteria Definitions.....	6
Penalty Deductions .....	7
Standards for the Conduct of the Examination.....	8
General Directives and Information ( <i>listed in alphabetical order</i> ).....	8
Schedule .....	11
Examination Flow and Requirements .....	12
Checklist of Required Materials and Instruments .....	13
Grading Criteria .....	13
Progress Form.....	13

# CENTRAL REGIONAL DENTAL TESTING SERVICE

## RESTORATIVE EXAMINATION FOR AUXILIARIES

### Introduction

This manual has been designed to assist candidates in their preparation for this exam. The general directives and information for the conduct of the examination are outlined below.

**Purpose:** The purpose of this examination is to assess the candidate's professional knowledge, skills, abilities, and judgment (KSAJ's) as applied in clinical restorative treatment procedures. The procedures in this examination are a representative sample of the approved services in statute and/or rule for auxiliaries to complete in the practice of general dentistry.

**CRDTS:** The Central Regional Dental Testing Service, Inc. (hereinafter abbreviated as CRDTS) is an independent testing agency which administers clinical competency examinations 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.

**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. Such observers are authorized to participate in calibration and monitor all portions of the examination and may evaluate from time to time; however, they do not assign grades or participate in the grading process.

### Application Information and Requirements

Qualified candidates may apply to take the auxiliary restorative examination by applying 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. 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.

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

**Confirmation of Training:** Candidates applying to take the restorative examination must submit proof of training at the time of application verifying appropriate educational and clinical training. Programs (dental hygiene programs, dental assisting programs, continuing education courses) with multiple applicants may submit one blanket letter on official letterhead with a list of all eligible students verifying training to place restorations.

**Online Application:** Candidates are asked to provide the following:

**Testing Site Selection:** Every effort will be made to grant applicants their first choice in testing sites. If a candidate's first choice is not available, the candidate's second choice will be granted.

**Social Security Number:** Candidates must enter their US government-issued social security number. The social security number will be encoded for security purposes, and a new 10-digit CRDTS ID number will be generated. When the candidate's examination results are processed, the 10-digit CRDTS ID number will connect the results back to the candidate's permanent record.

**Photograph:** Candidates must upload and submit a digital photograph. The photograph must be recent and of passport quality. It may be in black & white or color, JPG/JPEG, FIG, or PNG formats, square (2"x2") and must have minimal resolution of 200x200 and maximum resolution of 500x500.

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

**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 \$25 processing fee and held until the missing item(s) and the fee are received in CRDTS Central Office. Once an exam site has closed, no additional applications will be processed and forfeiture of fees may apply.

**Initial Examination Application and Fee:**

The restorative auxiliary examination fee is \$395.00 and includes application for one attempt at the examination. The fee must be paid at the time of application. Applications must be completed online at [www.CRDTs.org](http://www.CRDTs.org) Payment submitted must be for the exact amount and can be paid online via VISA or Mastercard or by cashier's check or money order with the applicant's CRDTs ID number written in the lower left-hand corner. PERSONAL CHECKS WILL NOT BE ACCEPTED AND WILL BE RETURNED TOGETHER WITH THE APPLICATION TO THE APPLICANT.

**Retest Examination Fee:**

Candidates unsuccessful with one or both restorations must apply and pay the retake fee of \$395 prior to retesting. 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.

**Administrative Fee:**

An administration fee of \$25 is included in the above examination fee. This administrative fee is non-refundable and deducted from all returned application fees.

**Site Fee:**

The school may charge a site fee/rental fee for use of instruments, clinic facilities, manikin heads, supplies, and disposables. A rental charge or deposit imposed by the testing site must be remitted directly to the school.

**Disqualification:**

After applying, candidates may be disqualified to sit for the exam by their Program Director (or designated school official) for any reason within their discretion. Notification of disqualification by the Program Director must be sent to and received at CRDTs Central Office in writing via email prior to the start date of the candidate's scheduled examination.

Depending on timing of the notice, CRDTs refund policy will apply. Candidates who are disqualified shall have access to the examination upon graduation and presentation of a diploma or in a subsequent academic year in which the Director (or designated school official) has appropriately certified the candidate. A new application must be submitted with all required documents and appropriate fee.

**Fee Deferral:**

Under extenuating circumstances, the examination fee may be deferred to a later examination. Requests will be considered on an individual basis when received before the candidate's scheduled exam start date. Requests must be made in writing via email to CRDTs and must include original documentation in support of the request. Notification will be sent immediately after a determination is made. Should a fee deferral be granted, the terms and conditions for future examination will be included. Requests for fee deferral on or after the date of the scheduled examination will not be considered.

**Fee Refunds:**

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

**Professional Liability Insurance:**

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

**Exam Testing Site, Date & Time Confirmation:**

Candidates will receive an email approximately 10 days after the deadline date for their assigned exam which will include the following information, attachments and/or links:

- A letter from CRDTS confirming your assigned exam site, exam date and exam time. This letter will also include your newly assigned one- or two-digit Candidate Number.
- An attached letter from the school serving as a testing site providing general information about their facilities, policies, and usage fees. This letter may also contain information related to nearby hotels and other information and/or forms which are required by the testing site. This letter will also include information on the school's "Testing Site Fee" with a deadline for payment: All testing sites charge a site fee for use of their clinic facilities, supplies and disposables. Testing sites set their own fee and deadline for advance payment. The "Testing Site Fee" must be remitted to the school, not to CRDTS.

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

**Exam Assignment & Schedule Changes:**

Examination assignments (day and time of testing) are considered final when issued and emailed to the candidate. School personnel do not have the authority to accept a candidate for examination at their site or to make assignment changes within an examination series. Such arrangements made between school personnel and candidate may preclude the candidate from being admitted to the examination, as well as forfeiture of fee.

## **Policies for Reexamination and Remediation**

Candidates who are unsuccessful must submit a new application and pay the examination fee of \$395. Some sites may offer a retake immediately after the scheduled exam groups. The candidate letter will clarify if a same-site retake opportunity is available. When retaking the examination at the same site, only the unsuccessful restoration(s) need(s) to be completed. Candidates who do not retake on site must complete both restorations at a subsequent clinical exam site. Candidates who are retaking the examination must fulfill current examination requirements since the examination format is periodically redesigned.

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

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

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

## **Content, Criteria & Scoring System - Overview**

### **Content**

Candidates must complete two restorations on a typodont.

- Tooth #3: Class II MO Amalgam Restoration **OR** Class II MO Composite Restoration
- Tooth #9: Class III ML Composite Restoration

### **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 75/100 to be a demonstration of sufficient competence; and participating State Boards of Dentistry have agreed to accept that standard. To achieve "CRDTS status" and be eligible for licensure in a participating state, candidates must achieve a score of 75 or more on the 100-point examination.

## Performance Criteria Definitions

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.

- **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 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, 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, additional care provided, possibly temporization in order to sustain the function of the tooth and oral health and well-being.

A rating is assigned for each criterion in every procedure by three independent examiners. 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 an 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 examiners, **no points are awarded for that procedure or for the Examination Part**, even though other criteria within that procedure may have been rated as satisfactory. A description of the number of criteria that are evaluated for the procedures appears below:

Class II Amalgam Finished Restoration #3MO	7 Criteria* OR
Class II Composite Finished Restoration #3MO	7 Criteria*
AND	
Class III Composite Finished Restoration #9ML	7 Criteria*

\* 1 category split into 2 for clarity; scored as 1 criterion

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

If no **critical deficiency** has been confirmed by the examiners, the total score for each of the procedures is computed by adding the number of points that the candidate has earned, and that sum is divided by the number of possible points for both procedures. If a **critical deficiency** has been confirmed by the examiners, an automatic failure is recorded for both the procedure and the Examination. An example for computing scores that include no critical deficiency is shown below.

PROCEDURE	# CRITERIA	POINTS EARNED	POINTS POSSIBLE	COMPUTED SCORE
Posterior Amalgam Restoration	7 Criteria	26	28	92.85
Anterior Composite Restoration	7 Criteria	24	28	85.71
<b>TOTALS</b>	14 Criteria	50	56	89.28

Although there are 2 procedures that are scored separately for restorative clinical skills, **within the exam, a compensatory system** is used to compute the final score, as long as there is no **critical deficiency**. 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. For example, the Amalgam Restoration has a total of 7 scorable criteria which represents 28 possible points out of the total of 56 possible points. As shown in the example above, the candidate earned 50 out of 56 possible points for the 2 procedures for a final score of 89.28 points. If any penalties were assessed, the points would be deducted as percentage points from the final score.

### Penalty Deductions

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 or dismissal from the exam in any of the clinical procedures.

- Violation of universal precautions or infection control; gross asepsis; operating area is grossly unclean, unsanitary, or offensive in appearance; failure to dispose of potentially infectious material and clean the operatory after individual examinations
- Poor Professional Demeanor--unkempt, unclean, or unprofessional appearance; inconsiderate or uncooperative with other candidates, examiners or testing site personnel
- Improper Operator/ Manikin position

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

- Violation of Examination Standards, Rules or Guidelines
- Treatment of teeth or surfaces other than those assigned
- Gross damage to an adjacent tooth

## 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. 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 examination 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.

## General Directives and Information *(listed in alphabetical order)*

- **Anonymity.** The anonymous testing procedures for the examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of a candidate, or relate or connect the 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 or evaluation will take place off-site. All examination forms and materials are identified only by candidate number.
- **Approved Communication.** All approved communication must be in English. Communication between candidates and Examination Officials must be in English.
- **Assigned Operatories.** The candidate shall work only in the assigned clinic, operatory or laboratory space.
- **Assigned Procedures.** The candidate must perform only the treatment and/or procedures assigned. Performing other treatment or procedures is strictly prohibited.
- **Auxiliary Personnel:** Use of Assistants. Auxiliary personnel are not permitted to assist at chairside during the manikin examinations.

- **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 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.
- **Electronic Equipment.** Unauthorized use of cell phones or any electronic equipment or the taking of photographs in clinic areas by the candidate during any part of the examination is prohibited.
- **Equipment Failure.** In case of equipment failure, the Coordinator must be notified immediately so the malfunction may be corrected.
- **Equipment: Use/Misappropriation/Damage.** No equipment, instruments, or materials shall be removed from the examination site without written permission of the owner. Nonpayment of fees for rental of space or equipment will be treated as misappropriation of equipment. 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.
- **Evaluation Procedures.** Candidate performance will be evaluated by three independent examiners. Candidates are not assigned specific examiners.
- **Examination Completion and Start/Finish Times.** All procedures of the examination shall be completed within the specified time frame 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.
- **Examination Guidelines.** Violation of the published standards, guidelines and requirements for the examination will result in failure.
- **Examination Materials.** CRDTS examination materials distributed by the testing agency may NOT be removed from the examining area, nor may unauthorized personnel review the forms.
- **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. Use of unauthorized materials will result in failure of the entire examination.

- **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.
- **Feedback Forms:** Candidates have an opportunity to provide input about the examination. Blank feedback forms are included in the candidate packet and can be completed at the conclusion of the exam. The Coordinator will inform candidates where to place completed feedback forms. They are NOT returned to the candidate packet, and they are anonymous. Candidates are encouraged to complete the forms honestly and thoughtfully.
- **Identification Badges.** Candidate ID badges must be worn during the exam.
- **Infection Control Standards.** During all manikin clinical procedures, the candidate must follow the most current recommended infection control procedures as published by the CDC. The operatory and/or operating field must remain clean and sanitary in appearance.
- **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.
- **Simulated Patient/Operator Positioning** - The correct simulated patient/operator position intended to preserve the candidate's optimal working posture must be maintained during the examination and will be observed by the Coordinator.
- **Submission of Examination Form.** All required forms must be turned in before the examination is considered complete.
- **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.
- **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.
- **Unauthorized Personnel.** Only authorized personnel will be allowed in the examining and clinic areas. No visitors are allowed.

## Schedule

Candidates will be informed of the day and date of their assigned group in advance of the examination date. Candidates will have 1.5 hours to complete the restorative examination. An EXAMPLE examination schedule follows. Times may be different at different exam sites, but the 30-minute set-up time and the 90-minute examination time remain consistent at all sites.

<b>Class II and III Manikin Procedures</b>	
<b>TIME</b>	<b>GROUP</b>
<b>6:45</b>	Candidate check-in
<b>7:00</b>	Group A Setup
<b>7:30</b>	Exam Starts
<b>9:00</b>	Exam Stops
<b>9:45</b>	Candidate check-in
<b>10:00</b>	Group B Setup
<b>10:30</b>	Exam Starts
<b>12:00</b>	Exam Stops
<b>12:45</b>	Candidate check-in
<b>1:00</b>	Group C Setup
<b>1:30</b>	Exam Starts
<b>3:00</b>	Exam Stops

## Examination Flow and Requirements

Candidates should arrive at least 15 minutes before their assigned group time with their photo ID and all necessary equipment and supplies.

The CRDTS coordinator will check IDs, distribute examination packets, and conduct a brief Q&A prior to escorting candidates into the clinic.

Clinic operatories/cubicles will be set up with a chair mounted pole supplied by the school, and a typodont with facial shroud supplied by CRDTS. Candidates have 30 minutes to set up their cubicle to their satisfaction. Candidates are responsible for ensuring that all equipment is compatible with the testing site attachments. Arrangements for rental handpieces and/or other equipment may be made through the testing site. It is suggested that candidates check well in advance with the Site Coordinator of the school selected for the equipment requirements at the testing site. Unless otherwise instructed, the candidate will need to provide their own:

- i. A4 or A4B composite or A1 flowable
- ii. Handpiece
- iii. Unscratched, clear, front-surface, non-disposable, #4 or #5 mouth mirror
- iv. Metal periodontal probe – 1mm marks
- v. A sharp #23 explorer OR other similar Shepherd's Hook-type explorer

The Coordinator will sign the progress form to indicate the typodont is satisfactorily mounted and the candidate is ready to start the exam.

All candidates start the exam at the same time, announced by the Coordinator.

Correct patient/operator position must be maintained while operating. Throughout the manikin procedures, the treatment process will be observed by the CRDTS Coordinator and evaluated as if the manikin were a live patient. With the exception of having the manikin wear protective eyewear, the manikin is subject to the same treatment standards as any patient. The facial shroud may not be displaced other than with those retraction methods which would be reasonable for a patient's facial tissue.

### Materials:

- Only A4 or A4B composite shades and only A1 flowable shades are allowed.
- A resin bonding agent must be utilized.
- No composite surface sealer, flowable or unfilled resin/glaze(s) may be applied to any surface of the finished restoration.
- Polishing agents are allowed but not recommended.

**Standardized Floss:**

Proximal contact is a critical part of the evaluation, and the candidate should be aware that examiners will be checking contacts visually and with approved, standardized dental floss. For either procedure, the candidate should be familiar with the properties of the material being used and should be sure to allow sufficient time for any material requirements (i.e., amalgam set time).

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](http://www.oralhealthproducts.com) for more information.

**Isolation Dam:**

The Class II Composite Restoration must be placed under isolation dam. It can be removed to finish the restoration. In order to avoid evulsion, no clamps should be placed on the teeth to be treated; clamps should be placed on nearby teeth.

**Evaluation and Check -Out:**

When candidates finish their procedures, they should ask the Coordinator to come to their cubicle. The Coordinator will take the typodont, initial the Progress form, and collect the ID badge and candidate packet. The candidate may then clean the operatory and set it up for the next candidate in the subsequent group. After completing the candidate feedback form and placing it in the envelope provided, candidates may leave the clinic area.

The treated typodont will be maintained by CRDTS as part of the candidate's examination record.

**Checklist of Required Materials and Instruments**

- ✓ Picture ID for admission to the examination
- ✓ This candidate manual
- ✓ Dental mirror, clean and unscratched
- ✓ Cotton pliers
- ✓ Articulating paper and holder
- ✓ Handpiece compatible with testing site attachments
- ✓ Operative instruments
- ✓ Instrument tray
- ✓ Other materials not supplied by the testing site (refer to testing site letter for clarification)

**Grading Criteria**

The following pages list the grading criteria for this examination.

**Progress Form**

An Example of the Progress Form is included at the end of this manual.

## 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 .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, modification, or recontouring of tooth structure contiguous to the restoration.
ACC	There is minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure contiguous to the restoration. (Enameloplasty)
SUB	There is evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure contiguous to the restoration. (Enameloplasty)
DEF	There is gross enameloplasty resulting in the exposure of dentin.

## 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

Fractured Restoration

## POSTERIOR 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 .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 evidence of unwarranted or unnecessary removal or recontouring of tooth structure contiguous to the restoration.
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 minimal evidence of unwarranted or unnecessary removal, or recontouring of tooth structure contiguous to the restoration. (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. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm.
DEF	There is gross enameloplasty resulting in the exposure of dentin.

## POSTERIOR 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.

## POSTERIOR COMPOSITE FINISHED RESTORATION

### Critical Errors

#### Fractured Restoration

The restoration is debonded and/or movable in the preparation.

**ANTERIOR CLASS III COMPOSITE FINISHED 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 .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 lingual 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 lingual 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 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 minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure contiguous to the restoration. (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. (Enameloplasty) Excess present that is not contiguous with the restoration greater than 0.5mm.
DEF	There is gross enameloplasty resulting in the exposure of dentin.

## ANTERIOR 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.

## ANTERIOR COMPOSITE RESTORATION

### Critical Errors

Restoration is debonded.

**RESTORATIVE PROCEDURES**  
**Treatment Management**  
**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 SIMULATED GINGIVA**

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

Write Candidate # here

Place Candidate Label Here

# CRDTS AUXILIARY RESTORATIVE PROGRESS FORM

Start Time: \_\_\_\_\_

Finish Time: \_\_\_\_\_

*CRDTS will provide the candidate a pre-assembled typodont and oral cavity cover, which will be set up in an operatory labeled with the candidate's number.*

**Examination Procedure:**

- Proctor checks candidate photo IDs, distributes candidate packets, conducts short Q&A
- Candidates enter clinic and set up operatory – 30 minutes allowed. Candidates confirm that typodont # and candidate # match. Proctor checks set up and signs form.
- Proctor announces start time – 90 minutes allowed. Candidates write start and finish times on this form
- Candidates notify Proctor when finished with the exam
- Proctor checks typodont, helps with dismantling, collects typodont, Progress Form, ID badge, and Candidate Packet
- Candidate completes Feedback Form and places it in the envelope provided
- Candidate cleans operatory and leaves it ready for the next candidate (unless in final group)
- Candidate checks out with Site Coordinator (if required by site)

## TYPODONT CHECK

CRDTS Proctor Number

**Initial**

**Final**

CRDTS Proctor Number

Examiner #1	Examiner #2	Examiner #3
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## FINAL EVALUTION

**Notes and Comments**

Candidates	Examiners Only