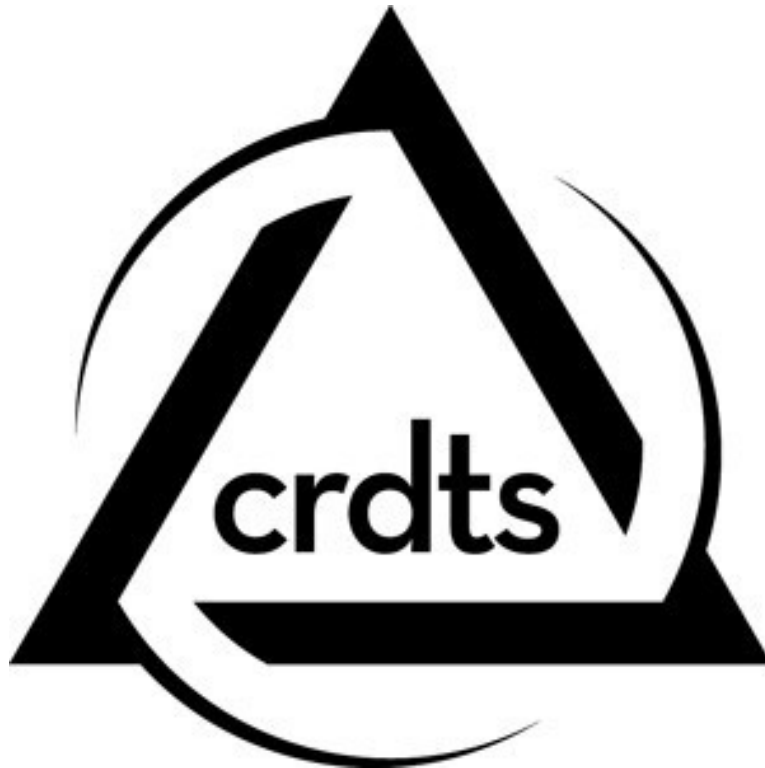


**DENTAL
EXAMINATION
OVERVIEW, POLICY
AND PROCEDURES**

Class of 2024



A National Dental Examination

As administered by:

Central Regional Dental Testing Service, Inc.

1725 SW Gage Blvd.

Topeka, Kansas

66604

(785) 273-0380

www.crdts.org

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

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Examination Overview

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Patient-Based or Simulated Patient Examination

Part IV: Periodontal Examination

Part V: Restorative Examination

Visit our website: www.crds.org for specific examination/deadline date(s)

Complete applications and fees must be **received** on or before deadline dates in order to be processed.

There is no limit on how many times you may take the CRDTS exam. It is up to the candidate to contact their State Boards for current policies and regulations.

RELEASE OF SCORE REPORTS

Patient and Simulated Patient Examinations: Scores will be released the same day that all procedures have been completed. Fees for retakes must be paid by 11 P.M. of the night preceding retake date. **Simulated patient exams evaluated off-site will be reported 1-2 days after grading.**

CENTRAL REGIONAL DENTAL TESTING SERVICE

DENTAL CANDIDATE'S MANUAL

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

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

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

CRDTS Member States: The States of Alabama, Arizona, Arkansas, California*, Georgia, Hawaii*, Idaho, Illinois, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, New Mexico, North Dakota, South Carolina, South Dakota, Texas, Utah, Washington, West Virginia, Wisconsin and Wyoming have joined in the formation of CRDTS as member states. *Accepts CRDTS Hygiene Only

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

CRDTS Recognizing States and Other Jurisdictions: In addition to the member states listed above, several non-member states also recognize the results of the CRDTS examination. There are often restrictions, limitations or additional requirements so candidates are encouraged to contact the State Board where they wish to seek licensure in order to verify the correct licensure requirements at the time of their application, because licensing requirements and recognizing jurisdictions may have changed.

Results from the CRDTS examination are automatically distributed to the secretaries of all the member State Boards which are listed above, as well as those non-member states which recognize CRDTS' results and have requested routine receipt of examination results. As the testing agency responsible for administering the examination, CRDTS has provided to the Boards of the recognizing states information sufficient to establish that a score of 75 or more on each part of the examination may represent an acceptable demonstration of competence to practice dentistry. However, each State Board of Dentistry is

responsible for determining whether a candidate has fulfilled its standards and requirements for licensure. The State Boards' determinations are controlled by state law; the requirements may not be uniform. Each licensing jurisdiction may use the examination results to the extent authorized by its statutes.

Mission Statement: To provide the dental examination community with test construction and administrative standardization for national uniform dental and dental hygiene clinical licensure examinations. The schedule of these examinations, when delivered in the Curriculum Integrated Format, allows for early identification of deficiencies or weaknesses within clinical skill sets and provides opportunities for remediation in an educational environment. These examinations will demonstrate integrity and fairness in order to assist State Boards with their mission to protect the health, safety and welfare of the public by assuring that only competent and qualified individuals are allowed to practice dentistry and dental hygiene.

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

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

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

1. CRDTS will provide a consent form that documents the treatment the patient will receive, the fact that the candidate is not a licensed dentist, and a statement that the services provided during the exam may not complete their treatment plan or totally fulfill their oral health needs. The consent form must be executed before the patient can be accepted.
2. CRDTS will provide a medical history form that screens for systemic conditions or medical considerations that might put the patient at risk during the examination or require premedication in order for them to participate. The medical history must be completely filled out and appropriate precautions taken before the patient can be accepted.
3. Once a preparation has been cut to "ideal" dimensions, any modifications that are necessary must be properly documented, and reviewed by an examiner before being carried out.
4. If a pulp exposure should occur, or treatment is suspended or terminated for any reason, CRDTS will complete a Follow-Up Form to document what additional treatment is necessary, who will provide it, and who will be financially responsible. The patient is provided a copy of this form; and the candidate must come to the exam with a "follow-up" plan about how the patient will be provided a continuum of care after the exam if such care should be needed.
5. In the event of a treatable pulp exposure when the candidate can place a pulp cap and continue the exam, the patient will be given a form that advises them of what has happened and what additional treatment may be required in the future.
6. When patients are checked-in, examiners will review the medical history, consent form and treatment selection to see if it is appropriate, meets the criteria and is justified radiographically and clinically. Throughout the examination, examiners will be monitoring patients to see that they suffer no unnecessary discomfort.

The Curriculum Integrated Format (CIF) addresses many of the ethical concerns that have been raised in recent years about the use of patients in clinical examinations. CIF is designed to ensure that candidates have time and opportunity to recruit patients of record who are part of a continuum of care with an appropriately sequenced treatment plan. It is the responsibility of candidates to solicit patient participation in an ethical manner. The candidate should fully inform a prospective patient about the purpose, the process and the importance of a board examination, including the time involved, and the number of individuals who will be examining them. Copies of health histories and treatment consent forms should be downloaded from the internet at www.crds.org and used to screen a patient's health condition and plan an appropriate response to any medical issues that may impact the patient's well-being during and after the examination. The patient should be fully informed about their entire treatment plan, advised of alternative options or courses of treatment that might be advantageous to them, and how the procedure(s) to be completed during the examination are sequenced in a plan "with due consideration given to the needs, desires and values of the patient." The patients should also be advised of any benefits that may reasonably be expected as a result of participation. In the process of soliciting and screening patients, candidates should remain in compliance with the ethical considerations promulgated by the ADA Council on Ethics, Bylaws and Judicial Affairs and refrain from the following:

1. Reimbursements between candidates and patients in excess of that which would be considered reasonable for remuneration for travel, lodging, meals or loss of hourly wages.
2. Remuneration between licensure applicants or dental practitioners for acquiring patients.
3. Utilizing patient brokering companies.
4. Delaying treatment beyond that which would be considered acceptable in a typical treatment plan (e.g. delaying treatment of a carious lesion for 24 months).
5. Allowing themselves to be "extorted" by individuals who agree to participate in the examination and then refuse to come at the appointed time unless they are paid a fee.

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

CRDTS Status: 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** within each Part of the examination.

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

1. **Central Regional Dental Testing Service, Inc. (CRDTS)** - a testing service as described above; the results of a CRDTS examination can be submitted to any recognizing state when applying for licensure. COMPLETION OF THE CRDTS' EXAMINATION ALONE WILL NOT QUALIFY ANY CANDIDATE FOR LICENSURE. OTHER REQUIREMENTS WITHIN EACH OF THE STATES MUST BE MET.
2. **Testing Site** - a school or independent site that makes its clinical or simulated laboratory facility available for a CRDTS examination. The site may have its own forms or specific procedures which

may be required of the candidate in order to participate in an examination at that site. In addition, the candidate must have cash or check as required by the respective institution, payable to that testing site (not CRDTS) for materials and equipment used during the examination. Payment must be made before the examination; and proof of payment must be provided at the conclusion of the exam. No scores will be released without satisfactory payment.

3. State Board of Dentistry - the agency to which a candidate must individually apply for licensure in a jurisdiction. Candidates must inform themselves of the requirements of the state(s) in which they wish to be licensed and complete an application with the individual jurisdiction(s).

The candidate should address questions to the appropriate agency.

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

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

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

Test Development: In all aspects of test development, administrative protocol and evaluation methodologies, CRDTS strives to be aligned with and guided by:

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

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

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

Part I: Diagnosis and Comprehensive Treatment
Planning (DCTP) Written Examination (Optional)

Simulated Patient Examination

Part II: Endodontics

Part III: Prosthodontics

Patient-Based or Simulated Patient Examination

Part IV: Periodontics

Part V: Restorative

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 patients from time to time; however, they do not assign grades or participate in the grading process.

Curriculum Integrated Format (CIF): This format is the pre-graduation licensure examination offered to third and fourth year dental students and graduate students of record. The Curriculum Integrated Format affords candidates the opportunity to successfully demonstrate critical clinical competence in basic clinical procedures required by CRDTS' recognizing jurisdictions for licensure. The progressive sequencing of this format provides the opportunity, when necessary, for students to have easy access to remediation within the dental school curriculum as well as for timely issuance of licenses upon graduation.

Curriculum Integrated Format versus Traditional Format: Both of these examination formats are identical in content, criteria and scoring. The major difference between the two formats is in the time-sequencing of how the examination is administered. The Traditional Format examination is administered in its entirety over the course of three days to all eligible candidates near the end of the academic year. The Curriculum Integrated Format examination is administered in segments over the course of several months to eligible dental students and during graduate programs in dental school. If you are a dental student of record and have verified that your dental school is participating in the Curriculum Integrated Format, then you are considered an Integrated Candidate. Dental students of record from other schools or from schools choosing not to participate in the Curriculum Integrated Format as well as practitioners seeking licensure are considered Traditional Candidates. There are separate application policies and deadlines for each format so please review those portions carefully to be sure you've received the correct information and documents.

Examination Dates: Specific examination and deadline dates for participating dental schools can be found on the CRDTS website (www.crdts.org) and are also available through the Site Coordinator at each school.

CONTENT, CRITERIA & SCORING SYSTEM - OVERVIEW

CONTENT: PARTS I, II, III, IV & V

Part 1: DIAGNOSIS AND COMPREHENSIVE TREATMENT PLANNING (DCTP) WRITTEN EXAMINATION – 100 Points

CONTENT	FORMAT
Written examination composed of multiple 4-question mini-cases that measure a candidate’s ability to diagnose, treatment plan and manage clinical situations that are commonly encountered in entry level practice.	- Written Exam - Time: 45 Minutes -This part of the exam is optional based upon the jurisdiction in which the candidate is to practice.
Diagnosis 30% Oral Pathology, Oral Medicine, Radiographic Assessment, Systemic Health, Medical and Dental Risk Factor Assessment	
Comp. Treatment Planning/ Phasing of Treatment 50% Periodontics 7 % Endodontics 8 % Oral Surgery 10 % Restorative Dentistry 8 % Removable Prosthodontics 10 % Fixed Prosthodontics 7 %	
Treatment / Re-evaluation of Treatment 20%	

PART II: ENDODONTICS EXAMINATION – 100 POINTS

CONTENT	FORMAT
1. Endodontic access opening only on tooth #14, a multi-rooted artificial tooth. 2. Endodontic access, canal instrumentation and obturation on tooth #8, a single-canal artificial tooth.	- Performed on a Simulated Patient - Time: 2.5 hours

PART III: FIXED PROSTHODONTICS EXAMINATION – 100 POINTS

CONTENT	FORMAT
1.Preparation of tooth #5, a single-layered artificial tooth, for a porcelain fused to zirconia crown as one abutment for a 3-unit bridge. (The bridge is not fabricated for this examination.) 2.Preparation of tooth #3, a single-layered artificial tooth, for a Monolithic Zirconia Ceramic Crown as the other abutment for the same 3-unit bridge. Both preparations must be parallel to each other. 3.Bridge Factor evaluates the line of draw for the bridge abutment preparations. 4.Preparation of tooth #9, a single-layered artificial tooth for an Anterior Lithium Disilicate Ceramic Crown.	- Performed on a Simulated Patient - Time: 4.0 hours

PART IV: PERIODONTAL PATIENT BASED EXAMINATION - 100 POINTS

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

PART IV: PERIODONTAL SIMULATED PATIENT EXAMINATION - 100 POINTS

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

PART V: RESTORATIVE PATIENT-BASED EXAMINATION – 100 POINTS

CONTENT	FORMAT
Class II Amalgam –Preparation Class II Amalgam – Restoration OR Class II Composite –Preparation Class II Composite –Restoration OR Class II Slot Composite- Preparation Class II Slot Composite – Restoration AND Class III Composite –Preparation Class III Composite – Restoration	- Performed on a Patient

PART V: RESTORATIVE SIMULATED PATIENT EXAMINATION - 100 POINTS

CONTENT	FORMAT
The Restorative Clinical Examination consists of four procedures: Place restorations in 2 pre-prepped teeth on 29 DO or 18MO, 23DL and prepare 2 teeth with simulated decay on 9DL, 14MO or 4DO. For the posterior procedures, candidates may choose to prepare/place a Class II Amalgam, or a Class II Composite: 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	- Performed on a Simulated Patient

Part I: Diagnosis and Comprehensive Treatment Planning (DCTP) written examination

CRDTS Diagnosis and Comprehensive Treatment Planning (DCTP) written examination content was determined by analyzing Frequency x Importance in Oral Health Criticality ratings.

The **CRDTS Diagnosis and Comprehensive Treatment Planning (DCTP)** written examination is composed of multiple 4-question mini-cases that measure a candidate's ability to diagnose, treatment plan and manage clinical situations that are commonly encountered in entry level practice. Each mini-case is accompanied by a combination of charting, radiographs, photographs and/or other supporting images or data. Examination content focuses on diagnosis, assessment, and complex treatment planning in operative dentistry, fixed and removable prosthodontics, endodontics, periodontics, oral pathology, oral surgery, and implant dentistry. All questions in the CRDTS Diagnosis and Comprehensive Treatment Planning (DCTP) written examination are presented as single answer, multiple choice items developed following procedures outlined in the Standards for Educational and Psychological Measurement (AERA, APA, NCME, 2014). They are written and reviewed by licensed dental professionals. The examination is constructed according to guidelines established by dental schools accredited by the Commission on Dental Accreditation (CODA). After administration, items are reviewed for difficulty, discrimination, and distractor performance.

Basic concepts in item and test analysis were completed in December 2021. Best practices for post 2022 exam season examination analysis of the CRDTS Diagnosis and Comprehensive Treatment Planning (DCTP) written examination included evaluations of item difficulty, item discrimination and item distractors. Changes as needed will be addressed and determined by the examination development committee in conjunction with psychometric analysis provided by Alpine Testing Solutions.

There are 128 score points possible. The final score is calculated by dividing the total points earned from correct answers by the total score points possible. A score of 75% or greater is required to pass this portion of the examination.

The DCTP Written Examination is a 45 minute timed examination given on-site on a computer tablet. This part of the examination is **OPTIONAL**.

***Information from this point forward will be included for Parts II – V only.**

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 for each procedure within 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.**

PARTS II – V: SCORING SYSTEM FOR PATIENT-BASED AND 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 Parts II, III and 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 Parts II, III and V and the number of criteria that are evaluated for the procedures in each of those Parts appears below:

Part II: ENDODONTICS EXAMINATION – 100 Points

The Endodontics Examination is a simulated patient examination which consists of two procedures: an access opening on an artificial posterior tooth and an access opening, canal instrumentation and obturation on an artificial anterior tooth. The criteria for these procedures are:

Anterior Endodontics	12 Criteria
Posterior Access Opening	5 Criteria

Part III: FIXED PROSTHODONTICS – 100 Points

The Prosthodontics Examination is a simulated patient examination which consists of four procedures completed on artificial teeth: a Monolithic Zirconia Ceramic Crown Preparation as a terminal abutment for a 3-unit bridge, a porcelain-fused-to-zirconia crown preparation as an abutment for a bridge, the bridge factor which evaluates the line of draw for the bridge abutment preparations, and an Anterior

Lithium Disilicate Ceramic Crown Preparation on an anterior central incisor.

Monolithic Zirconia Ceramic	9 Criteria
Porcelain-Fused-to-Zirconia	10 Criteria
Bridge Factor	2 Criteria
Anterior Lithium Disilicate Ceramic	11 Criteria

PART IV: PERIODONTAL PATIENT BASED EXAMINATION – 100 Points

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

PART IV: PERIODONTAL SIMULATED PATIENT EXAMINATION – 100 Points

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

Part V: RESTORATIVE PATIENT-BASED EXAMINATION– 100 Points

The patient-based Restorative Clinical Examination consists of four procedures as specified below; for the posterior procedure, candidates may choose to place a Class II Amalgam or a Class II Composite:

Class II Amalgam Preparation	12 Criteria
Class II Amalgam Finished Restoration	8 Criteria*
OR	
Class II Composite Preparation	11 Criteria

Class II Composite Finished Restoration	8 Criteria*
OR	
Class II Composite Slot Preparation	9 Criteria
Class II Composite Slot Restoration	8 Criteria*
AND	
Class III Composite Preparation	7 Criteria
Class III Composite Finished Restoration	9 Criteria*

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

Part V: RESTORATIVE SIMULATED PATIENT EXAMINATION – 100 Points

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

One Class II Composite or Amalgam Preparation	11/12 Criteria
One Class II Composite* or Amalgam Restoration	8/8 Criteria
AND	
One Class III Composite Preparation	7 Criteria
One Class III Composite Finished Restoration	8 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 Examination Procedure has been converted to a basis of 100 points.

If no critical deficiency has been confirmed by the examiners, the total score for each of the procedures in Parts II, III and V are computed. If a critical deficiency has been confirmed by the examiners, an automatic failure is recorded for the procedure. An example for computing scores that include no critical deficiency is shown below for Part III:

PROCEDURE	# CRITERIA	POINTS EARNED	POINTS POSSIBLE	COMPUTED SCORE
Monolithic Zirconia Ceramic	9 Criteria	27	36	75.00
Porcelain-Fused-to-Zirconia	10 Criteria	34	40	85.00
Bridge Factor	2 Criteria	6	8	75.00
Anterior Lithium Disilicate Ceramic	11 Criteria	38	44	86.36

For procedures in Parts III and V, the computed score for each procedure is *not averaged*, but instead is numerically weighted by the ratio of its number of scorable criteria to the total number of scorable criteria in the procedure. For example, the Monolithic Zirconia Ceramic Crown Preparation has a total of 9 scorable criteria which represents 36 possible points. If any penalties were assessed, the points would be deducted as percentage points from the procedure score within Part III.

PENALTY DEDUCTIONS

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

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

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. Poor Patient Management--disregard for patient welfare or comfort; inadequate anesthesia* (10 points)
4. Improper management of significant history or pathosis* (10 points)
5. Inappropriate request for extension or modification* (10 points)
6. Unsatisfactory completion of required modifications* (10 points)
7. Improper Operator/Patient/Manikin position (1 point)
8. Improper record keeping (1 point)
9. Improper treatment selection*

Periodontal Treatment Selection Penalty Points*

- a. Penalty points are assessed for Treatment Selections that do not meet the described criteria
- b. 7 penalty points for 1st rejection
- c. 7 penalty points for 2nd rejection
- d. No additional penalty points deducted for subsequent rejections but an acceptable Treatment Selection must be submitted within the allotted time limits

Restorative Treatment Selection Penalty Points*

- a. Penalty points are assessed for Treatment Selections that do not meet the described criteria
 - b. 5 penalty points for 1st rejection on either procedure
 - c. No additional penalty points deducted for subsequent rejections but an acceptable Treatment Selection must be submitted within the allotted time limits
10. Improper liner placement* (10 points)
 11. Inadequate isolation* -The isolation dam is inappropriately applied, torn and/or leaking, resulting in debris, saliva and/or hemorrhagic leakage in the preparation, rendering the preparation unsuitable for evaluation or the subsequent manipulation of the restorative material. (1 point)
 12. Corroborated errors for Tissue Management on all Periodontal procedures – Penalty points are assessed for any unwarranted areas of tissue trauma caused by the candidate to extra/intra oral tissues resulting in injury to the patient which are inconsistent with the procedures performed.
 - a. 5 points for each area
 - b. **Critical Error:** A tissue trauma critical error, resulting in failure of the examination, will be assessed if any of the following exist:
 - i. Damage to 3 or more areas of gingival tissue, lips or oral mucosa located anywhere within or near the Treatment Selection
 - ii. An amputated papillae
 - iii. An exposure of the alveolar process
 - iv. A laceration or damage that requires suturing or perio packing
 - v. An unreported broken instrument tip found in the sulcus

- vi. One or more ultrasonic burns requiring follow-up treatment
- 13. Corroborated errors for Treatment Management criteria on all Restorative procedures

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

1. Temporization or 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. Gross damage to an adjacent tooth
5. Failure to recognize an exposure
6. Unavoidable mechanical exposure which is poorly managed or irreparable
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 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. Inability to carry out instructions for modifications that any competent practitioner should be able to complete
 - c. Failure to recognize the need for a critical alteration of the preparation beyond the assigned surfaces, such as a fracture or defect that must be eliminated by the extension of the preparation
 - d. Administration of anesthesia before approval of Medical History by Clinic Floor examiners*

The penalties or deficiencies listed above do not imply limitations, since obviously some procedures will be classified as unsatisfactory for other reasons, or for a combination of several deficiencies. Corroborated errors for the treatment management criteria for each Restorative procedure – Simulated Patient and Patient-based will be deducted as penalty points from the procedure total. If any restorative procedure is unacceptable for completion during the patient-based examination, any preparations must be temporized, the patient must be adequately informed of any deficiencies, and a "Follow-up Form" must be completed.

*** - Patient-based penalties only**

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

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

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

CANDIDATE QUESTION & ANSWER SESSION & PART 1: DIAGNOSIS AND COMPREHENSIVE TREATMENT PLANNING (DCTP) WRITTEN EXAM

Candidates are expected to review the appropriate Candidate Orientation online at www.crdts.org. There will be a question-and-answer session the day before the examination begins. Please review your confirmation materials for the schedule. Candidates must bring a government-issued photo ID. Check-in will begin 15 minutes prior to the session.

For candidates taking the Diagnosis and Comprehensive Treatment Planning (DCTP) Written Examination it may be given immediately after the Q and A session.

PERIODONTAL EXTRA/INTRA ORAL ASSESSMENT OSCE (only if taking Simulated Patient Periodontal Examination)

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

FLEX-TIME SCHEDULE: Time blocks have been designated for each portion of the simulated patient procedures. Every candidate is allowed a maximum of 4 hours for the Prosthodontic Exam and 2.5 hours for the Endodontic Exam. Should candidates complete their prosthodontic procedures early, they can take a short break and then begin their endodontic procedures by checking in with the Clinic Floor Examiner who will assign a two and a half hour start and finish time. Beginning endodontic procedures early does NOT increase the maximum time allowed as indicated above.

TIME MANAGEMENT FOR PATIENT-BASED EXAMINATIONS

In scheduling patients and planning the utilization of time, the candidate should consider the fact that the time allowed for the entire examination **includes the time during which the patient(s) will be at the evaluation station for grading.**

For patient-based procedures, if multiple patients are used:

Restorative Procedures: the operatory may **not** be prepped for a new patient until the procedures for the previous patient have been completed, evaluated, the patient has been dismissed from the examiner station and instructions from examiners, if any, have been completed and checked by a CFE.

Periodontal Procedures: the operatory may be prepped for a new patient for a restorative procedure as soon as the periodontal patient has been sent to the examiner station for the final evaluation.

Candidates will not be allowed to begin their **second** preparation if the lesion has not been accepted **30 minutes** prior to the preparation submission deadlines outlined above.

In order to minimize wait times in the evaluation station, candidates in Groups B and D may begin and complete their Periodontal procedures after their first Restorative restoration is complete. This will reduce wait times in the evaluation station and prevent a backlog for evaluation at the end of the day. The minimum time patients will be in the evaluation station is 30 minutes per procedure—possibly longer, depending on the time of day. Times may vary according to the procedure being evaluated, the testing site and the number of candidates.

For patient-based sections, each restorative procedure requires a separate evaluation in the Evaluation Station and deadlines are published in this manual at which the patient **must be in line at the Exam desk**

for the various final evaluation procedures. If patients with restorative preparations are not in line for final evaluation by the required time, the prepared teeth will need to be temporized. If patients with finished restorations are not in line by the required deadline, the restorations will not be graded. The restoration will either be requested to be removed and the tooth preparation temporized by the candidate as directed by the Chief Examiner or be allowed to remain as a temporary restoration. The Chief Examiner will advise the candidate as to the decision and will also inform the patient. A follow-up form must be completed.

PATIENT-BASED DEADLINES:

1. Initial Treatment Selection Approval 1.5 hours prior to End of Exam
2. Periodontal Resubmissions/Restorative Preparations 1.0 hour prior to End of Exam
3. Periodontal Final Eval/Restorative Restorations By End of Exam Deadline

STANDARDS FOR THE CONDUCT OF THE EXAMINATION

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

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

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

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

Standards for Parts I – V: Patient and Simulated Patient Examinations

1. **Anonymity.** The anonymous testing procedures for the examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of a candidate, or relate or connect the patient or work-product graded or to be graded to a particular candidate. The candidate's name and school information should not appear on any examination forms, materials, or instruments. Grading examiners will be physically isolated from the candidates in a separate area of the clinic and the movement of patients from the clinical area to the grading area shall be controlled by the use of testing agency messengers/assistants. All examination forms and materials are identified by the candidates' identification number which is assigned prior to the examination.
2. **Approved Communication.** All approved communication must be in English. Candidates may communicate with their patient in another language but communication between candidates and Examination Officials must be in English.

3. **Assigned Operatories.** The candidate shall work only in the assigned clinic, operatory or laboratory spaces.
4. **Assigned Procedures.** The candidate must perform only the treatment and/or procedures assigned. Performing other treatment or procedures is strictly prohibited.
5. **Auxiliary Personnel: Use of Assistants.** Auxiliary personnel are not permitted to assist at chairside during the simulated patient examinations. Auxiliary personnel are permitted to assist at chairside during periodontal and restorative patient-based examinations. Assistants must be 18 years of age. Dentists, dental hygienists and dental therapists (any graduate, licensed or unlicensed), final year dental, dental hygiene or dental therapy students may not act as chairside assistants during the restorative and periodontal examinations.
 - a. Assistants will be required to insert either a valid photo ID or a copy thereof into a provided badge to be worn during the examination.
 - b. For each clinical procedure the candidate must list the name of his/her assistant on the Progress Form.
 - c. Candidates are responsible for the conduct of their auxiliaries during the examination.
 - d. Auxiliaries are not permitted to advise, evaluate or perform the expanded duties normally provided by a dentist
6. **Check-Out Procedures.** The items specified below should be enclosed in the original Candidate packet envelope and provided to the examination representative at the completion of the examination:
 - Identification badge
 - Legal Consent/Medical History forms for all patients*
 - Progress Forms with labels placed
 - Radiographs (attached or on a disk from school) for patient procedures*
7. **Clinic Attire.** Clinic attire that meets CDC and OSHA standards must be worn in clinic areas. No bare arms or legs, or open-toed shoes are allowed in the clinic areas. Lab coats, lab jackets, and/or long-sleeved protective garments are all acceptable. Color and style are not restricted. There must be no personal or school identification on clinic attire other than the candidate identification badge.
8. **Electronic Equipment.** The use of cellular telephones, pagers, CD's, radios (with or without earphones) and other electronic equipment by candidates, patients and assistants is prohibited within the clinic and scoring areas. All cellular telephones must be off and stored with personal belongings. In addition, the use of electronic recording devices by the candidate, an auxiliary, or a patient during any part of the examination; or the taking of photographs during the evaluation or treatment procedures is prohibited.
9. **Equipment Failure.** In case of equipment failure, the Chief Examiner must be notified immediately so the malfunction may be corrected.
10. **Equipment: Use/Misappropriation/Damage.** No equipment, instruments, or materials shall be removed from the examination site without written permission of the owner. Nonpayment of fees for rental of space or equipment will be treated as misappropriation of equipment. Willful or careless damage of typodonts, manikins or shrouds may result in failure and any repair or replacement costs must be paid by the candidate before examination results will be released.

11. **Evaluation Procedures.** Candidate performance will be evaluated by three independent examiners. Candidates are not assigned specific examiners.
12. **Examination Completion and Start/Finish Times.** All procedures of the examination shall be completed within the specified time frame in order for the examination to be considered complete. Any examination procedures performed outside the assigned time schedule will be cause for the examination to be considered incomplete and will result in failure. Treatment procedures may not be initiated prior to the established starting time(s) and must be completed by the established finish time(s). Violation of this Standard will result in failure of the examination.
13. **Examination Guidelines.** Violation of the published standards, guidelines and requirements for the examination will result in failure.
14. **Examination Materials.** CRDTS examination materials distributed by the testing agency may NOT be removed from the examining area, nor may the forms be reviewed by unauthorized personnel.
15. **Extraneous materials.** Only those materials distributed or authorized by CRDTS may be brought to the examining area. Authorized materials include only your Candidate's Manual which may include handwritten notes on the pages provided; additional pages, texts or documents are prohibited. Impressions, registrations, overlays, stents, or clear plastic shells of any kind as well as models or pre-preparations are not permitted to be brought to the examination site. Use of unauthorized materials will result in failure of the entire examination.
16. **Failure to Follow Directions.** Failure to follow directions and instructions from examiners will be considered unprofessional conduct. Unprofessional conduct and improper behavior are cause for dismissal from the examination and will result in failure of the examination. Additionally, the candidate shall be denied re-examination by CRDTS for one full year from the time of the infraction.
17. **Feedback Forms: Patient*/Candidate.** Candidates and their patients have an opportunity to provide input about the examination. In an effort to continually improve our examination, feedback from the perspective of both the candidates and patients is one of the best ways to gather this information. The Feedback Forms for candidates and patients will be included in the candidate's packet. They are not required but will be collected separately from the candidate's packet to ensure that the candidate's examination results will in no way be affected by any feedback the candidate or the candidate's patients might have. Candidates and patients are encouraged to complete the forms honestly and thoughtfully before checking out.
18. **Identification Badges.** During the examinations, candidate ID badges must be worn at all times.
19. **Infection Control Standards.** During all patient treatment procedures and during simulated patient clinical procedures, the candidate, as well as the assisting auxiliary, must follow the most current recommended infection control procedures as published by the CDC. The operatory and/or operating field must remain clean and sanitary in appearance.
(www.cdc.gov/oralhealth/infectioncontrol/guidelines)
20. **Instruments and Equipment.** All necessary materials and instruments for the clinical procedures, other than the operating chair, light and dental unit must be provided by the candidate. All equipment

must be compatible with the testing site attachments. Arrangements for rental handpieces and/or other equipment may be made through the testing site. Sonic/ultrasonic instruments are permissible, but they must be furnished by the candidate along with the appropriate connection mechanisms. Air-abrasive polishers are NOT permissible. It is the responsibility of the candidate to arrange for his/her own handpiece, sonic/ultrasonic and all other equipment necessary to complete the clinical examination. It is suggested that all candidates check well in advance with the Site Coordinator of the school selected for the equipment requirements at the testing site.

21. The following instruments and equipment are specifically **required** and must be provided by the candidate for this examination:
- a. Unscratched, clear, front-surface, non-disposable, #4 or #5 mouth mirror
 - b. Metal periodontal probe – 1mm marks
 - c. #11/12 explorer for the Periodontal Examination
 - d. A sharp #23 explorer OR other similar Shepherd’s Hook-type explorer
 - e. Patient eye protection (personal eyewear is acceptable)*
 - f. Patient napkin holder (chain, self-adhesives, clips, etc.)*
 - g. Blood pressure measuring device*
 - h. Instrument tray for transporting instruments*

Candidates are expected to provide the required instruments, in good condition. A penalty (10 points) may be applied for any instruments submitted in poor condition after 1 request by examiners to provide adequate instrument(s) i.e., clouded, scratched mirrors, excessively dull or bent explorers, etc. Clinic Floor Examiners will approve any instrument submissions thereafter, no further penalty will apply, only loss of time.*

22. **Interpreters***. For patient-based procedures candidates can employ the services of an interpreter when their patient does not speak English or is hearing impaired and their hearing loss cannot be corrected. (This is particularly important when the patient has a history of medical problems or is on medications.) Faculty members, dentists and dental hygienists (licensed or unlicensed), third or fourth year dental students, and final year dental hygiene students may not act as interpreters during the periodontal and restorative examinations. Candidates are responsible for the conduct and remuneration of their interpreter during the examination.
23. **Local Anesthesia***. For patient-based procedures, injectable local anesthetics may be administered to patients for the Periodontal and Restorative Examinations. Candidates must request and receive approval for the administration of local anesthetics prior to each separate administration. Inhalation, Kovanase (applied nasally) or intravenous analgesia/anesthetics are not permitted for the examinations.
24. **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.
25. **Radiographs***. Appropriate radiographs must meet the requirements as published in the examination guidelines for patient-based procedures. Any alteration of radiographs will result in failure of the examination.

26. **Submission of Examination Records.** All required records must be turned in at the Examiner Desk before the examination is considered complete.
27. **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.
28. **Tissue Management.** There shall be no unwarranted damage to either hard or soft tissue during patient-based procedures or to simulated hard or soft tissues during simulated patient procedures. Incompetent or careless management of tissue will result in a score reduction.
29. **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.
30. **Treatment Consent*.** In order for a patient to be acceptable for the clinical portions of the examination, the candidate must complete a "Treatment Consent Form" for each patient. The forms are included in the candidate's application packet and may be completed prior to the examination date; however, they must be presented to the examiners at the time of patient check-in. Patients under the age of legal consent for the state in which the examination is being given must have the Consent Form signed by the parent or guardian. This form must be completed for each clinical patient.
31. **Treatment Selection*.** For any patient-based procedures, candidates must make treatment selection decisions independently (without the help of faculty and/or colleagues). The candidate must provide a treatment selection that fulfills examination requirements for each procedure. Treatment selections must be presented during the time allotted in the examination schedule, with sufficient time available to complete the treatment by the examination deadlines.

* - Patient-based examinations only

Standards that are specific to each examination (Parts II – V) are listed under each of the appropriate examination manuals.

GENERAL GUIDELINES FOR CLINICAL EXERCISES

1. **Progress Forms:** At the examination, color-coded Progress Forms will be issued which will contain a record of the treatment, examiner signatures for all completed portions of the examination, and progress notes from the candidate to examiner as appropriate to the course of treatment. A black ball-point pen shall be used for all notations on the Progress Forms. Pre-operative radiographs must also be available for viewing for the patient-based Anterior and Posterior procedures.
2. **Unauthorized Personnel*:** Only authorized personnel will be allowed in the examining and clinic areas. Only the patient, the candidate, the chairside assistant and the interpreter (if necessary) are allowed in the operatory during patient treatment sections. No visitors are allowed.
3. **Performance Standards:** The candidate's clinical performance on all sections will be rated according to specific criteria. The performance criteria and the standards by which the examination is conducted are provided to the candidate within this manual.

4. **Penalty Deductions:** Throughout the examination, the candidate's professional conduct and clinical performance will be evaluated. A number of considerations will weigh in determining the candidate's final grades and penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and described within this manual.
5. **Reasons for Dismissal:** In addition to the standards of conduct expectations, the following list is provided as a quick reference guide for candidates. While the following is not an all-inclusive listing, it does provide examples of behaviors that may result in dismissal/failure of the examination:
- Using unauthorized equipment at any time during the examination process.
 - Altering patient records or radiographs.*
 - Performing required examination procedures outside the allotted examination time.
 - Failure to follow the published time limits and/or complete the examination within the allotted time.
 - Receiving assistance from another practitioner including but not limited to; another candidate, dentist, University/School representative(s), etc.
 - Exhibiting dishonesty.
 - Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient and/or total disregard for patient welfare, comfort and safety.*
 - Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, patients and/or exam personnel.
 - Misappropriation or thievery during the examination.
 - Noncompliance with anonymity requirements.
 - Noncompliance with established guidelines for asepsis and/or infection control.
 - For the purpose of the board licensure examination, candidates found charging patients for services performed.*
 - Use of unauthorized documents or materials in patient care or evaluation areas.
 - Use of cellular telephones, pagers or other electronic equipment in patient care areas.
 - Use of electronic recording devices by the candidate, an auxiliary, or a patient during any part of the examination; or the taking of photographs during the evaluation or treatment procedures.
6. **Patient's Agreement to Partial Treatment Plan*:** It must be recognized that in many instances the treatment that is provided during a clinical examination represents only a portion of the care that is appropriate for the patient within a comprehensive treatment plan. The patient must be advised that only a portion of their individual treatment plan can be completed during the clinical Board examination and that further restorative and periodontal care will likely be required either before or after the examination is completed. Periodontal patients should be informed that subgingival treatment will occur on selected teeth, therefore, timely completion of their periodontal treatment is recommended. The patient will also be apprised of incomplete treatment in the Treatment Consent Form they are asked to sign prior to the examination.
7. **Follow-Up Care*:** If treatment provided during the patient-based examination cannot be satisfactorily completed, (such as an exposure requiring endodontic treatment), arrangements must be made for the patient to receive follow-up care. A Follow-Up Form will be provided so a record is maintained of the patient's needs. **The candidate should give prior consideration to what arrangements might need to be made for his/her patients to receive follow-up care. Such arrangements would include who will**

provide the treatment and who will be financially responsible.

8. **Authorized Photography:** At some selected test sites, oral photographs may be taken randomly during the examination by an authorized photographer retained by CRDTS. The purpose is to capture a broad representation of actual procedures which can be used for examiner calibration exercises. The photographs will include no identification of either the patients or candidates. An announcement will be made or a notice will be distributed to inform patients and candidates when photographs are authorized at a site. * - Patient-based examinations only

EXAMINATION CHECK-OUT

Patient/Candidate Feedback Forms

Candidates and their patients have an opportunity to provide input to CRDTS about the examination. CRDTS wishes to continually improve its examination program, and feedback from the perspective of both candidates and patients is one of the best ways for CRDTS to gather ideas on how to do this. The Feedback Forms for candidates and patients have been included in the candidate's packets. They are not required, and will be collected separately from the candidate's packet to ensure that the candidate's examination results will in no way be affected by any feedback the candidate or the candidate's patients might have. Therefore, CRDTS encourages candidates and patients to complete the forms honestly and thoughtfully before checking out.

Check-Out Procedure – Patient Based Exam

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

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

1. Pre-operative and post-operative radiographs
 - a. Any radiographs that were requested and then returned to the candidate during the examination must be submitted, clearly marked for identification. The complete mouth series for the periodontal patient need not be submitted. (If the testing site requires that radiographs be returned with board patient records, the candidates must submit duplicates of the required radiographs.)
2. Completed Progress Forms (with any conventional or printed digital pre-op radiographs attached)
3. Identification badge
4. Consent Forms for each clinical patient
5. Medical History forms for each clinical patient
6. Testing Site Fee Receipt

Check-Out Procedure – Simulated Patient Exam

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

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

1. Completed Progress Forms (with any conventional or printed digital pre-op radiographs attached)
2. Identification badge
3. Testing Site Fee Receipt

EXAMINATION APPLICATION POLICIES

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

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

1. **Application Deadline:** The application deadline is approximately 40 days before the date of the examination. Applications and all documentation/fees must be received on or before the published application deadline date. (See www.crdts.org or inside cover of Manual for exam/deadline dates.)
2. **Social Security Number:** Candidates must enter their US government-issued social security number when applying online. Candidates without a social security number must contact CRDTS Central Office. The social security number will remain a part of the candidate's secure record. A 10-digit CRDTS ID number will be assigned, appear on all the candidate's examination forms and become the Username for login to CRDTS website. When logged-in, candidates will be able manage their information and view application documents, examination results. This 10-digit CRDTS ID number will connect the results back to the candidate's permanent record.
3. **Photographs:** Candidates must submit a digital photograph. The photograph **MUST BE RECENT**, passport quality, it may be in black & white or color, JPG/JPEG, FIG, or PNG formats, square and have minimal resolution of 200x200 and max resolution of 500x500.
4. **Signature of Candidate:** The candidate will sign the online application electronically. The electronic signature is legally binding and has the full validity and meaning as the applicant's handwritten signature. With the signature the applicant acknowledges that he/she has read and understood the application and the CRDTS Dental Candidate Manual and agrees to abide by all terms and conditions contained therein.
5. **Initial Examination/Application Fee:** The appropriate examination fee must be paid at the time of application. Fees may be found online under the Examinations – Dental tab. **Payment submitted must be for the exact amount and can be paid online via credit card or by cashier's check or money order with the applicant's CRDTS ID number written in the lower left- hand corner. No personal checks will be accepted.**
6. **Administrative Fee:** An administration fee of \$200 is included in all examination fees described herein. This administrative fee is non-refundable and deducted from all returned application fees. Under certain circumstances, an additional administrative fee may be imposed. In such cases the candidate will be notified accordingly.
7. **Site Fee:** The school may charge a site fee/rental fee for use of instruments, clinic facilities, manikin heads, supplies, and disposables. Some sites require that all instruments be supplied by the school. A rental charge or deposit imposed by the testing site must be remitted directly to the school.
Candidates taking the examination at a dental school other than their own are encouraged to visit the

site prior to the time of the examination to become familiar with the school. It is the responsibility of the candidate to make arrangements with the school for the provision of instruments, radiographic equipment and to ascertain whether the Acadental ModuPRO™ Typodont will be mounted in a lab or at the operatory chair so that the appropriate equipment for mounting can be available.

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

REQUIRED DOCUMENTATION

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

1. Proof of Graduation:

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

2. **Professional Liability Insurance:** Insurance in the amount of \$1,000,000 / \$3,000,000 is required. The Medical Protective Company of Fort Wayne, IN, in cooperation with CRDTS, will provide complimentary professional liability coverage, in the required amount, for all candidates and their dental assistants taking the patient-based portions of this examination during the current academic school year. Candidates must submit the Student Dental Board Coverage Application with their initial application for patient-based portions of the examination. This application for coverage will apply to all CRDTS licensing exams a candidate may have to take for a period of 12 months.

ADMINISTRATIVE POLICIES

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

1. Curriculum Integrated Format

- a. **Site Selection:** The initial offering of the Parts I, II and III simulated patient examinations will be at the dental school at which the applicant is enrolled as a dental student. One of the objectives of the Curriculum Integrated Format is for candidates to take the initial offerings of the Parts I, II and III simulated patient examinations and the Parts IV and V patient-based or simulated patient examinations at their own school.
- b. **Examination Completion:** All parts of the examination must be successfully completed by June 30th of the graduation year. If the parts to this examination are not successfully completed accordingly, regardless of the reason, all parts to this examination must be taken following the graduation from dental school, utilizing the Traditional Format or in a subsequent academic year in which the candidate is recertified by the Dean as a student of record. A new application must be filed together with appropriate documentation, including a diploma or updated letter of certification, and applicable fees. This constitutes a new examination series and the rules for the respective format of that series shall apply.
- c. **Clinical Exam Schedule/Sequence:** The initial offering of the **Parts I, II and III simulated patient** examinations for DCTP, endodontic and fixed prosthodontic procedures will take place at the candidate's school of attendance on a specified date(s) in the Fall. Retake opportunities will be available, the first on-site, and the second on a specified date(s) December – April. Future retest opportunities will be administered at select dental schools that may or may not be the candidate's school of attendance. The initial offering of the **Parts IV and V patient-based or simulated patient** examinations for restorative and periodontal procedures will take place at the candidate's school of attendance on a specified date(s) in February – early April.

The first retest opportunity will be on-site. Future retests will be administered at select dental schools that may or may not be the candidate's school of attendance. The schedule for these examinations may vary, please check the exam schedule online and your confirmation letter.

2. Traditional Format

- a. **Site Selection:** The initial offering of these examinations, Parts I, II, III, IV & V (Patient-Based and Simulated Patient Examinations) is administered during the Spring testing period will be at select dental schools. Any exam having an insufficient number of candidates by the Application Deadline may be cancelled. If this happens, a candidate will receive a full refund of their examination fee(s).
- b. **Examination Completion:** Candidates who are taking the Traditional Format must successfully

complete all Parts of the Examination within 12 months of the date of their initial clinical examination. Candidates who do not successfully complete the examination within these time limits must retake the entire examination in the Traditional Format.

3. **Retests Parts I, II, III, IV & V:** Retake time is allotted to a 5-hour maximum time limit. A score is reported for each of the procedures of the CRDTS dental examination. If one or more procedures within an examination part are failed, only those failed procedures must be retaken. **In the case of a sub 75% score in the Prosthodontic Bridge Factor, previous scores for teeth #3 and #5 will be negated and the retake will consist of the PFZ, MZC and Bridge Factor procedures.** For Restorative Patient-Based procedures, if the 2nd procedure is not completed successfully, candidates will only need to retake that particular procedure upon retest. Should the candidate be unsuccessful on the first Restorative Procedure, both procedures will need to be retaken at a later date.

When applicable, the alternate treatment selection procedure will be required when retaking Part V.

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

CRDTS RETAKE TIME CHART (5 hour limit)		
Procedure	Patient-Based	Simulated Patient
DCTP Written Exam	45 minutes	45 minutes
Endo/Anterior Procedure		1.5 hours
Endo/Posterior Procedure		1 hour
Prosth/PFZ Crown #5		1 hour and 20 minutes
Prosth/MZC Crown #3		1 hour and 20 minutes
Bridge Factor #3 and #5		2 hours and 40 minutes
Prosth/ALDC Crown #9		1 hour and 20 minutes
Perio	3 hours	2 hours and 15 minutes
Rest/Anterior Preparation & Restoration	3 hours	
Rest/Posterior Preparation & Restoration	3 hours	
Rest/Anterior Preparation		1 hour and 15 minutes
Rest/Posterior Preparation		1 hour and 15 minutes
Rest/Anterior Restoration		45 minutes
Rest/Posterior Restoration		45 minutes

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

It is the responsibility of the candidate to obtain and complete all requirements for remedial education in accordance with the requirements of the licensing jurisdictions in which they seek to obtain licensure.

CRDTS does not assume any responsibility in providing this information or in monitoring the completion of such requirements prior to examination.

5. **Incomplete Applications:** It is the candidate's responsibility to ensure that all application requirements are met and that all required items are received in CRDTS Central Office **prior** to the Application Deadline. All applications with incorrect or missing information, documentation or fees will be assessed a \$200 fee and held until the missing item(s) and/or fees are received in Central Office. Once an exam site has closed, no additional applications will be processed and forfeiture of fees may apply.

It should be noted that for applications, fees **and** required documentation, the testing agency uses the **date of receipt** and assumes no responsibility for insufficient postage or delays caused by the post office or other delivery agencies. Applications will be processed on a first come, first serve basis for candidates who are not students at the testing site.

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

- Examination Fee payable to CRDTS (credit card online, Cashier's Check or Money Order) Retake Fee: See Retake Examination Fee
- Notarized copy of diploma or Certification letter for 1st time applicants
- Non-accredited Graduates – Photocopy of diploma and letter from State board
- Student Dental Board Coverage Application – required for patient-based examinations

Disqualification: A candidate may be disqualified by the Dean of the dental school that the candidate attends at any time after application is made in the event the candidate ceases to be a senior student of record or for any other reason within the discretion of the Dean after acceptance of application. Notification of disqualification by the Dean (or designated school official) must be received by the testing agency, in writing or by facsimile **in advance of the start date of a scheduled examination**. Notification by any other source or in any other manner is not recognized or accepted. Facsimiles must be immediately followed by a letter to the testing agency with the required signature of the Dean (or designated school official). Acceptance of disqualification is considered final. Once disqualified, a candidate will not be reinstated for the Traditional Format examination during that academic year. Candidates who are disqualified shall receive a refund of the exam fee minus an administrative fee of \$200. Candidates who are disqualified during the Curriculum Integrated Format examination schedule shall have access to the Traditional Format of the examination upon graduation and presentation of a diploma or in a subsequent academic year in which the candidate has been appropriately certified by the Dean (or designated school official) as a senior student of record. A new application must be submitted together with all required documentation and appropriate fee. All applicants will be notified by the testing agency when official notification of disqualification has been received and recorded.

6. **Schedule Changes:** The examination assignment schedule (Day 1 and Day 2 assignments) is considered final when issued and emailed to the candidate. Request for change will not be considered or made once the schedule has been distributed. School personnel do not have the authority to accept a candidate for examination at their site or to make assignment changes within an examination series. Such arrangements concluded between school personnel and candidate may preclude the candidate from

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

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

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

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

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

Candidates: Scores will be reported to candidates online; upon successful completion of all procedures within the examination part, a results letter will be sent via mail to the candidate's permanent address. For online access to scores, candidates may Log-In at www.crdts.org using their assigned CRDTS ID and password. The 'Candidates' tab will allow access to scores. Scores will also be reported to the dental school of graduation if the candidate is a current graduate. For Parts I – V, candidates whose total score on any procedure is less than 75 can review their scores online, including an itemization of their deficiencies. For patient-based and simulated patient examinations scores will be released the same day that all procedures have been completed.

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

Current year graduates will receive a mailing containing a history of scores as well as a certified copy of the final results in a separate, sealed envelope to be mailed directly to the licensing state of their choice. DO NOT OPEN the 2nd sealed envelope.

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

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

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

If the candidate wishes to have the Candidate's Manual sent along with the scores to provide an explanation of scores, the fee is an additional \$25. An additional fee of \$4 is charged to have the scores notarized. **A credit card must be used when requesting a duplicate score report online.** No personal checks will be accepted. Please access the CRDTS' website (www.crdts.org) or contact the CRDTS Administrative Office for more information.

COMPLAINT REVIEW PROCESS

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

Administrative Office or from the CRDTS website; documentation for the complaint must be typed or written on this form.

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

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

POLICY FOR TESTING OF DISABLED CANDIDATES

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

1. Timing of request: Submit, in writing together with the application, a request and all documentation for the auxiliary aid or modification. Requests received after the application date or retroactive requests will not be considered.
2. Documentation verifying disability: Provide documentation of the need for the auxiliary aid or modification. If the candidate is a student in an accredited school, a letter from a school official fulfills this requirement. Otherwise, a letter from the appropriate health care professional is required.
3. Modification(s) needed: Request in writing the exact auxiliary aids or modifications needed and indicate the exact portion(s) of the examination for which such auxiliary aid or modification will be needed.

In providing such auxiliary aids or modifications, the testing agency reserves the ultimate discretion to choose between effective auxiliary aids or modifications and reserves the right to maintain the security of the examination. All information obtained regarding any physical and/or learning disability of a candidate

will be kept confidential with the following exceptions:

1. Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification; and
2. First aid and safety personnel at the test site may be informed if the disability might require emergency treatment.

LOCATION OF TESTING SITES & LICENSURE INFORMATION

Contact information for the above can be found online at www.crdts.org > Contacts tab Questions can be emailed to info@crdts.org or by calling 785-273-0380

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

CHECKLIST OF REQUIRED MATERIALS AND INSTRUMENTS

ORIENTATION:

- Picture ID for admission to orientation
- This Candidate Manual

CLINICAL EXAMINATION:

- This Candidate Manual
- Sphygmomanometer*
- Pre-op Restorative Radiographs and Periodontal Radiographic Survey*
- Completed Medical Histories and Consent Forms*
- Progress forms with anesthesia record* completed, if applicable
- Completed Periodontal Treatment Selection Screening Worksheet*
- #11/12 explorer
- Metal periodontal probe with 1 mm markings
- Sonic/ultrasonic scaler (optional)
- 2 x 2 Gauze
- Sharp traditional explorer for caries detection (such as a Shepherd's Hook)
- Dental mirror, clean unscratched
- Cotton Pliers
- Articulating paper and holder
- Handpiece compatible with testing site attachments
- Operating instruments
- Instrument Tray

*Patient-based procedures only

GLOSSARY

Glossary of Words, Terms and Phrases

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

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

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

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

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

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

Pulp exposure (reparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.
Pulpal wall	An internal cavity surface perpendicular to the long axis of the tooth. Also pulpal floor.
Pulpoaxial line angle	The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.
Pulpotomy	The surgical amputation of the vital dental pulp coronal to the cemento-enamel junction in an effort to retain the radicular pulp in a healthy, vital state.
Resistance Form	The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.
Retention Form	The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.
Root planing	A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.
Scaling	Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.
Surface Sealant - composite resin restoration coating	After polishing, the application of the unfilled resin (bonding agent) of the composite resin system to the surface of the restoration to fill porosities or voids in the body of the restoration or at the margins or to provide a smooth surface to the restoration followed by curing.
Sealers	<p>Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity.</p> <ol style="list-style-type: none"> a. Varnish: A natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether. Examples include Copalite, Plastodont, Varnish, and Barrier. b. Resin Bonding Agents: Include the primers and adhesives of dentinal and all-purpose bonding agents. Examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.
Shade (restoration)	The color of a restoration as defined by hue, value, and chroma which is selected to match as closely as possible the natural color of the tooth being restored.
Shoulder Preparation	Finish line design for tooth preparation in which the gingival floor meets the external axial surfaces at approximately a right angle.

Sonic scaler	An instrument tip attached to a transducer through which high frequency current causes sonic vibrations (approximately 6,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Sound Tooth Structure	Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer.
Stain - Extrinsic	Stain which forms on and can become incorporated into the surface of a tooth after development and eruption. These stains can be caused by a number of developmental and environmental factors.
Stain - Intrinsic	Stain which becomes incorporated into the internal surfaces of the developing tooth. These stains can be caused by a number of developmental and environmental factors.
Sterilization	A heat or chemical process to destroy microorganisms.
Straight-line Access	An access preparation that allows for an unimpeded path from the occlusal surface to the apex or to the first point of canal curvature.
Supra-occlusion	A tooth or restoration which has excessive or singular opposing tooth contact in centric or excursions when such contact should not be present and should be balanced with the other contacts in the quadrant or arch.
Taper	To gradually become narrower in one direction
Temporary restoration	See Provisional Restoration.
Tissue Trauma	Unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient, such as lacerations greater than 3mm, burns, amputated papilla, or large tissue tags.
Transported Canal	The prepared root canal is over-instrumented, causing deviation from the natural pathway of the anatomical canal.
Ultrasonic scaler	An instrument tip attached to a transducer through which high frequency current causes ultrasonic vibrations (approximately 30,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Uncoalesced	The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.
Under-contoured	Excessive removal of the surface of a restoration so as to cause it to be reduced beyond the normal physiologic contours of the tooth when in health.

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