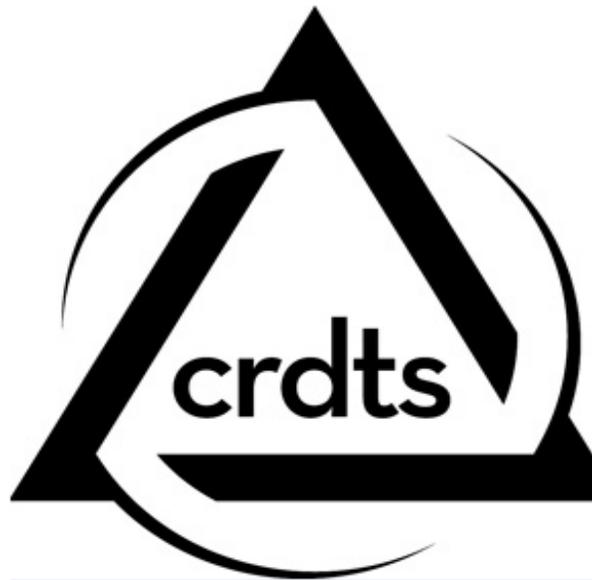


2022

DENTAL HYGIENE

PATIENT BASED EXAM

CANDIDATE'S MANUAL



A National Dental Hygiene Clinical Examination
Central Regional Dental Testing Service, Inc.

1725 SW Gage Blvd.
Topeka, Kansas 66604
(785) 273-0380
(800) 370-0380
www.crdts.org

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

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2022 CRDTS Dental Hygiene Exam Schedule

Check CRDTS website to confirm which exams are Patient Based and/or Simulated Patient (Manikin) Exams

Exam Dates	Exam Site	City	State	Deadline
March 18 – 19	Oregon Institute of Technology	Klamath Falls	OR	February 11
March 25 – 27	Wallace State Community College	Hanceville	AL	February 18
March 25 – 27	Augusta University	Augusta	GA	February 18
April 1 – 3	Colorado Northwestern CC	Rangeley	CO	February 25
April 1 – 3	Atlanta Technical College	Atlanta	GA	February 25
April 8 – 10	Central Georgia Technical College	Macon	GA	March 4
April 8 – 10	Clayton State University	Morrow	GA	March 4
April 8 – 10	Lanier Technical College	Gainesville	GA	March 4
April 22 – 24	University of Hawaii – Manoa	Honolulu	HI	March 18
April 22 – 24	Southern Illinois University	Carbondale	IL	March 18
April 22 – 24	Pima Medical Institute	Albuquerque	NM	March 18
April 22 – 24	Florence Darlington Technical College	Florence	SC	March 18
April 22 – 24	Midlands Technical College	Columbia	SC	March 18
April 22 – 24	Trident Technical College	Charleston	SC	March 18
April 22 – 24	Blinn College	Bryan	TX	March 18
April 22 – 24	Madison College	Madison	WI	March 18
April 29 – May 1	Savannah Technical College	Savannah	GA	March 25
April 29 – May 1	Parkland College	Champaign	IL	March 25
April 29 – May 1	Des Moines Area Community College	Des Moines	IA	March 25
April 29 – May 1	Minnesota State University	Mankato	MN	March 25
April 29 – May 1	University of Nebraska	Lincoln	NE	March 25
April 29 – May 1	North Dakota State College of Science	Wahpeton	ND	March 25
May 6 – 8	Community College of Denver	Denver	CO	April 1
May 6 – 8	Carl Sandburg College	Galesburg	IL	April 1
May 6 – 8	Wichita State University	Wichita	KS	April 1
May 6 – 8	Lake Superior College	Duluth	MN	April 1
May 6 – 8	Waukesha County Technical College	Waukesha	WI	April 1
May 12 – 13	Normandale Community College	Bloomington	MN	April 8
May 13 – 15	Johnson County Community College	Overland Park	KS	April 8
May 13 – 15	St. Louis Community College	Forest Park	MO	April 8
May 13 – 15	Pacific University	Hillsboro	OR	April 8
May 13 – 15	University of South Dakota	Vermillion	SD	April 8
May 13 – 15	Del Mar College	Corpus Christi	TX	April 8
May 13 – 15	Northcentral Technical College	Wausau	WI	April 8
May 20 – 22	Pueblo Community College	Pueblo	CO	April 15
May 20 – 22	Hawkeye Community College	Waterloo	IA	April 15
May 20 – 22	Wharton County Junior College	Wharton	TX	April 15
May 20 – 22	Pima Medical Institute	Seattle	WA	April 15
May 20 – 22	Northeast Wisconsin Technical College	Green Bay	WI	April 15
May 20 – 22	Sheridan College	Sheridan	WY	April 15
June 3 – 5	Fresno City College	Fresno	CA	April 29
June 3 – 5	Oxnard College	Oxnard	CA	April 29
June 3 – 5	Lane Community College	Eugene	OR	April 29
June 3 – 5	Yakima Valley College	Yakima	WA	April 29
June 10 – 12	Concorde Career College	San Bernardino	CA	May 6
June 10 – 12	Diablo Valley College	Pleasant Hill	CA	May 6
June 10 – 12	Concorde Career College	Aurora	CO	May 6
June 10 – 12	Fortis College	Smyrna	GA	May 6
June 10 – 12	Concorde Career College	Dallas	TX	May 6
June 17 – 19	Pima Medical Institute	Houston	TX	May 13
July 22 – 24	Carrington College	Sacramento	CA	June 17
July 22 – 24	Amarillo College	Amarillo	TX	June 17
September 9 – 11	Indian Hills Community College	Ottumwa	IA	August 5
September 9 – 11	Pima Medical Institute	Seattle	WA	August 5
October 14 – 16	Pima Medical Institute	Houston	TX	September 9
December 2 – 4	Fortis College	Atlanta	GA	October 28
December 2 – 4	Lewis & Clark Community College	Godfrey	IL	October 28
December 2 – 4	Milwaukee Area Technical College	Milwaukee	WI	October 28

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CRDTS 2022 HYGIENE PATIENT BASED EXAM CANDIDATE'S MANUAL

Introduction

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

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

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

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

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

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

Jurisdictional Authority: State Boards of Dentistry are 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 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. To evaluate competence, the CRDTS' member State Boards have joined together to develop and administer skill-based examinations in dentistry and dental hygiene that are fair, objective, and meet established principles of measurement for clinical evaluation.

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

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

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

- CRDTS will provide a consent form that documents the treatment the patient will receive, the fact that the candidate is not a licensed hygienist and a statement that the services provided during the exam may not complete their treatment plan or totally fulfill their oral health needs. The consent form must be executed before the patient can be accepted.
- CRDTS will provide a health history form that screens for systemic conditions or medical considerations that might put the patient at risk during the examination or require antibiotic prophylaxis/premedication for them to participate. The health history must be filled out completely and appropriate precautions taken before the patient can be accepted.
- If treatment is suspended or terminated for any reason, CRDTS will complete a Follow-Up Form to document what additional treatment is necessary, who will provide it, and who will be financially responsible. The patient is provided a copy of this form; and the candidate must come to the exam with a "follow-up" plan about how the patient will be provided a continuum of care after the exam if such care should be needed.
- When patients are checked-in, examiners will review the health history, consent form and treatment selection to see if it meets the criteria and is justified clinically. Throughout the examination, examiners will be monitoring patients to see that they do not experience any unnecessary discomfort.

The CRDTS hygiene examination addresses many of the ethical concerns that have been raised in recent years about the use of patients in clinical examinations. It is the responsibility of candidates to solicit patient participation in an ethical manner. The candidate should fully inform a prospective patient about the purpose, the process, and the importance of a board examination, including the time involved, and the number of individuals who will be examining them. Copies of the health history and treatment consent forms should be downloaded from the internet at www.crdts.org and used to screen a patient's health condition and plan an appropriate response to any medical issues that may impact the patient's well-being during and after the examination. Patients should be fully informed about their entire treatment plan, advised of alternative options or courses of treatment that might be advantageous to them, and how the procedure(s) to be completed during the examination are sequenced in a plan with consideration given to the needs, desires, and values of the patient. Patients should also be advised of any benefits that may be expected because of participation. In the process of soliciting and screening patients, candidates should remain in compliance with ethical considerations and refrain from the following:

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

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

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

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

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

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

Application Information & Requirements

CRDTS offers two options for dental hygiene clinical licensure exams: Patient and Simulated Patient (Manikin). These exams require different hardware, software and materials be shipped to exam sites. **Due to these restrictions, candidates are required to choose which exam they will take when they register/apply for an exam and will not be allowed to switch to a different exam type at the site.**

Qualified candidates may apply to take the examination by applying 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 can be uploaded online. Detailed information regarding required documents, fees, test sites, and examination dates/deadlines are outlined on the CRDTS website and in this Manual. A completed application with the appropriate documentation and all fees paid is required to take the examination.

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

Proof of Graduation:

2022 Accredited Graduates: Candidates who have not yet graduated but are in the final semester of their dental hygiene education must submit a "Letter of Certification" (a form provided by CRDTS) signed by their Program Director stating that they will successfully

complete a prescribed course of study in a dental hygiene program accredited by the ADA Commission on Dental Accreditation. The “Letter of Certification” serves to verify that the candidate has demonstrated sufficient clinical competence, is in good standing and is anticipated to have met all school requirements by the time of graduation. For programs with multiple applicants, Program Directors may email one blanket “Letter of Certification” on official letterhead with a list of all eligible graduates.

Pre-2022 Accredited Graduates: Candidates who have graduated from an accredited dental hygiene program before the present year of testing, must furnish a certified or notarized copy of their diploma or provide a letter on official letterhead from their school of graduation signed by the Program Director verifying their name and date of their graduation.

Examination Fee: The examination fee is \$1,025.00 and payment must be made at the time of application. Payment submitted must be for the exact amount and paid online via VISA or Mastercard or by cashier’s check or money order with the applicant’s 10-digit CRDTS ID number written in the lower left-hand corner. Personal checks are not accepted.

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

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

Testing Site Selection: While every effort will be made to grant applicants their first choice in testing sites, it is not always possible to do so. Consequently, candidates are asked to enter three testing site choices.

Social Security Number and CRDTS ID Number: Candidates must enter their US government-issued social security number when applying online. Candidates without a social security number must contact CRDTS Central Office. The social security number will remain a part of the candidate’s secure record. A 10-digit CRDTS ID number will be assigned, will appear on all the candidate’s examination forms, and will become the Username for login to the CRDTS website. When logged in, candidates will be able to manage their information and view examination results. The 10-digit CRDTS ID number will connect the results back to the candidate’s permanent record.

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

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

Other General Application Information and Policies:

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

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

Application Confirmation: Candidates will receive an email acknowledging receipt of their application.

Exam Testing Site, Date & Time Confirmation: Candidates will receive an email approximately 10 days after the deadline date for their assigned exam which will include the following information, attachments and/or links:

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

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

Exam Assignment & Schedule Changes: Examination assignments (day and time of testing) are considered final when issued and emailed to the candidate. School personnel do

not have the authority to accept a candidate for examination at their site or to make assignment changes. Such arrangements made between school personnel and candidate may preclude the candidate from being admitted to the examination, as well as forfeiture of fee. If unusual circumstances warrant a schedule change, the CRDTS Coordinator is the only authorized individual who may consider/authorize approval for such a request.

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

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

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

Incomplete Applications: It is the candidate's responsibility to ensure that all application requirements are met and that all required items are received in CRDTS Central Office prior to the Application Deadline. All applications with incorrect or missing information, documentation or fees will be assessed a \$100 fee and held until the missing item(s) and/or fees are received in CRDTS' Central Office. Once an exam site has closed, no additional applications will be processed, and forfeiture of fees may apply.

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

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

Reporting of Scores

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

Release of Scores to Candidates: Scores will be released to candidates online (via their private CRDTS profile) after each testing group. To access scores online, candidates must log-in to their personal profile using their assigned 10-digit CRDTS ID number and password. The 'Candidates' tab will allow access to scores. In addition, CRDTS will mail candidates two certified copies of their final examination results in sealed envelopes approximately 3-4 weeks after their exam. DO NOT OPEN the second sealed envelope. Candidates should mail the sealed certified copy directly to the licensing state of their choice. For security and confidentiality reasons, no scores can be released by telephone.

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

Release of Scores to Dental Hygiene Schools: Scores will be reported to the dental hygiene school of graduation if the candidate is a current graduate.

Score Report Request: Scores will be sent upon receipt of a request made online via the CRDTS website. The "Score Report Request" link can be found on the CRDTS Homepage, lower left corner. Such requests must include the following:

- Candidate's name, mailing address and telephone number
- Candidate's name at time of examination
- Year in which the CRDTS clinical examination was completed
- Address to where the results are to be sent
- \$50 for up to three score reports

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

Petition for Review / Complaint Review Process

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

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

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

Policy for Reexamination and Remediation

Candidates who are unsuccessful can retest on-site (see ***Policy for On-site Retakes*** below to review eligibility criteria) or retest at a future exam site.

Candidates who are unsuccessful and retest at a future exam site must submit a new application and pay the examination fee of \$1,025.00. Candidates who are retaking the examination at a future exam site must fulfill current examination requirements since the examination format is periodically redesigned.

All portions of the failed examination must be retaken, not just the procedures with deficient performance. The candidate applying for reexamination at a future exam site must provide

documentation that all school requirements have been completed and the candidate has graduated.

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

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

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

Policy for On-Site Retakes

All candidates who are unsuccessful with their **first** ever CRDTS dental hygiene exam attempt (simulated or patient based) will be eligible for the on-site retake option, except for candidates who are unsuccessful for the following reasons:

- Unprofessional conduct
- Critical tissue trauma

More information regarding On-Site Retakes:

- Scores will be available to candidates after each testing group.
- Candidates will need to have access to the internet (i.e.: cell phone or computer) and the CRDTS website to access their score.
- Candidates will need to log into their private CRDTS profile using their 10-digit CRDTS ID number and password to access their score.
- Unsuccessful candidates will receive an online critique listing the reason(s) for failure.
- An additional testing group will be available to accommodate eligible candidates who wish to take advantage of this on-site retake option.
- Candidates will be informed of the exact day/date of the on-site retake group for the exam in their initial exam assignment confirmation email.
- The timing of the on-site retake group will follow the same time schedule as published in this manual.
- Candidates must notify the CRDTS Coordinator of their intent to retake within an hour after scores are released for their initial attempt testing group.
- There is NO fee or payment required for on-site retakes.
(Note: The fee for candidates retaking at a future exam site will remain \$1,025.00).

- No additional documentation from the candidate is needed as the initial application documentation and letter of certification submitted by program directors/school officials will apply for on-site retakes.

NOTE: All exam attempts (e.g., initial, on-site retake and future retake attempts) are reported to State Boards and may affect the State's reexamination remediation requirements. Candidates should carefully consider whether this on-site option is in their best interest.

Policy for Testing of Candidates with Disabilities

Any candidate with a documented physical and/or learning disability that impairs sensory, physical, 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, physical, 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, physical, or speaking skills unless providing such auxiliary aids would fundamentally alter the measurement of the skills or knowledge the examination is intended to evaluate or would result in an undue burden.

To ensure that an auxiliary aid or other requested modification exists and can be provided, it is a requirement that any candidate with a disability requesting such modification or auxiliary aid must:

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

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

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

Online Candidate Orientation – Q&A's

Candidates must watch the Candidate Orientation available on the CRDTS website prior to their examination. It is expected that candidates will view this Online Candidate Orientation PRIOR to their examination and send questions in advance to CRDTS Central Office info@CRDTS.org via e-mail. There will be a brief on-site Q&A session prior to each testing group but due to time limitations, candidates are required to watch the Online Orientation prior to their examination.

Dental Hygiene Examination Content and Scoring Overview

The dental hygiene examination is based on clinical patient treatment, with an evaluation of specific clinical skills, as well as the candidate's compliance with professional standards during treatment. Below is a summary of the specific content and scoring associated with the examination.

Clinical Skill	Scorable Items	x	Points scored per Item	=	Max Points
Extra/Intra Oral Assessment	8		2		16
Periodontal Probing	12		1		12
Scaling/Subgingival Calculus Removal	12		5		60
Supragingival Deposit Removal	6		2		12
TOTAL EXAM POINTS/ MAX SCORE					100

Examination Scoring System

There is one, comprehensive, total score reported by CRDTS for the Dental Hygiene Examination. CRDTS utilizes a criterion-based grading system to differentiate between acceptable and unacceptable performance. Criteria have been established for each clinical procedure. Three examiners independently evaluate all treatment and apply the criteria in assessing performance. For every scorable item that is confirmed as an error by at least two independent examiners, points will be deducted from the 100 possible points.

Penalty Point Deductions

Penalty points for unacceptable treatment selections and Treatment Standards categories will be computed into the score. If a candidate is assessed any penalty points, they will be notified of this fact during the exam via written communication (Instructions to Candidate Form and/or Treatment Standards Form) from the Dental Hygiene Coordinator.

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

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

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

- Improper Record Keeping -2 Points
- Failure to Properly Complete Anesthetic Documentation -2 Points
- Professional Demeanor -2 Points
- Infection Control/Asepsis Violations -2 Points
- Patient Management/Inadequate Pain Control -5 Points
- Tissue Trauma (2 errors allowed / 3 errors constitutes Critical Error) -5 Points
- Time Penalty 1-15 minutes late -10 Points
- Time Penalty 16 or more minutes late DISMISSAL FROM EXAM
- Unprofessional Conduct DISMISSAL FROM EXAM

Critical Errors

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

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

- Damage to 3 or more areas of gingival tissue, lips, or oral mucosa
- An amputated papilla
- An exposure of the alveolar process
- A laceration or damage that requires suturing or periodontal packing
- An unreported broken instrument tip found in the sulcus
- One or more ultrasonic burns requiring follow-up treatment

Professional Conduct

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

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

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

Examples of unprofessional conduct that would result in failure of the examination:

- Falsification or intentional misrepresentation of application requirements.
- Cheating (Candidate will be dismissed immediately).
- Any candidate demonstrating complete disregard for the oral structures, welfare of the patient and/or complete lack of skill and dexterity to perform the required procedures.
- Misappropriation or thievery of equipment during the examination.
- Alteration of examination records and/or radiographs.
- Using unauthorized equipment at any time during the examination process.
- Performing required examination procedures outside the allotted examination time.
- Administering anesthetics without proper authorization and/or supervision.
- Receiving assistance from another practitioner including but not limited to; another candidate, dental hygienist, dentist, faculty, University/College representative(s), etc.
- Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient and/or total disregard for patient welfare, comfort, and safety.
- Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates, patients, and/or exam personnel.
- Noncompliance with anonymity requirements.
- Noncompliance with established guidelines for asepsis and/or infection control.
- Candidates found charging patients for services performed during the examination.
- Unauthorized use of cell phones or any electronic equipment or the taking of photographs patient care areas by the candidate or a patient during any part of the examination.

Exam Time Schedule Overview

Examinations will be conducted over the course of several days with 2 or more groups assigned to each day. Morning groups arrive at approximately 6:30 am and leave at around 12:00 noon. Afternoon groups arrive at approximately 11:30 am and leave around 5:00 pm. In rare instances an early evening group may be scheduled to accommodate testing site requests. Candidates will be informed of their examination date and group assignment in advance and need only report to the school on this date and time.

Example of the Morning Group Approximate Times	
Example of Typical Candidate Experience	~ Time
Candidate and patient arrive at Testing Site	6:30 am
Candidate shows ID and receives Exam Packet	6:45 am
Candidate enters clinic to find chair and set-up	7:00 am
Candidate seats patient, completes forms and signs up for Patient Check-In	7:15 am
Examiners evaluate Candidate's Treatment Selection which takes ~ 45 min	
Patient Treatment Time: Candidate assigned Start Time	8:00 am
Candidate assigned Finish Time (2½ hours later)	10:30 am
Candidate completes treatment and presents patient for Final Evaluation	10:25 am
Examiners Final Evaluation takes ~ 1 hour	
Candidate cleans up, leaves clinic, and waits for patient in designated area	10:45 am
Patient dismissed from Examiner Station	11:30 am
Candidate turns in Exam Packet	11:35 am
Candidate and patient leave Testing Site (e.g., ~5 hours from start to finish)	11:45 am

Example of the Afternoon Group Approximate Times	
Example of Typical Candidate Experience	~ Time
Candidate and patient arrive at Testing Site	11:30 am
Candidate shows ID and receives Exam Packet	11:45 am
Candidate enters clinic to find chair and set-up	12:00 pm
Candidate seats patient, completes forms and signs up for Patient Check-In	12:15 pm
Examiners evaluate Candidate's Treatment Selection which takes ~ 45 min	
Patient Treatment Time: Candidate assigned Start Time	1:00 pm
Candidate assigned Finish Time (2½ hours later)	3:30 pm
Candidate completes treatment and presents patient for Final Evaluation	3:25 pm
Examiners Final Evaluation takes ~ 1 hour	
Candidate cleans up, leaves clinic, and waits for patient in designated area	3:45 pm
Patient dismissed from Examiner Station	4:30 pm
Candidate turns in Exam Packet	4:35 pm
Candidate and patient leave Testing Site (e.g., ~5 hours from start to finish)	4:45 pm

Time Schedule for Treatment Selection Submissions

Morning Groups

Morning Group candidates and their patients may enter the clinic at ~7:00 AM after receiving their Examination Packet from the Dental Hygiene Coordinator.

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

Afternoon Groups

Afternoon Group candidates and their patients may enter the clinic at ~12:00 noon after receiving their Examination Packet from the Hygiene Coordinator.

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

Early Evening Groups

This type of group occurs rarely. If such a group is scheduled at a testing site, the appropriate times for arrival and dismissal will be sent to candidates in their acceptance letter.

On-Site Retake Groups

The exact day/date of the on-site retake group will vary for each exam site but will take place AFTER the end of the regularly scheduled exam as an additional group. The retake group will follow the same time schedule as published for morning and afternoon groups.

All Groups

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

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

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

Treatment Selection Submission Options

Initial Treatment Submission

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

Alternate Submission with Initial Treatment Submission Option

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

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

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

Resubmissions

Candidates can submit up to four treatment submissions, (e.g., an initial submission plus up to three additional resubmissions within the one-hour time limit are allowed if necessary).

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

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

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

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

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

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

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

Attire (Clinical) - Candidates must wear CDC and OSHA mandated clinical attire, and there must be no personal identification on clinic attire other than the CRDTS' candidate picture identification badge. No uncovered arms, legs or open-toed shoes are allowed in the clinic areas. Lab coats and/or long-sleeved protective garments are all acceptable with no restriction on color and style.

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

Disclosing Solution - Candidates and examiners are NOT allowed to use disclosing solution.

Electronic Equipment – There will be no unauthorized use of phones or any electronic equipment or the taking of photographs in patient care areas by candidates or patients during any part of the examination.

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

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

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

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

Extraneous Study Materials - Candidates are encouraged to print out and bring a copy of this Candidate Manual with them to the exam and keep it in their cubicle for easy reference. No textbooks or other study materials are permitted in the candidate's cubicle.

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

Goggles/Face Shield – Candidates must wear Goggles or a Face shield for patient treatment. Loupes and/or prescription glasses may be worn under your face shield.

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

Identification Picture Badges – The candidate ID picture badges (handed out in the Examination Packet) must be worn during the examination.

Infection Control Standards - During all patient treatment procedures, the candidate must follow the most current recommended infection control procedures, as published by the CDC. The operatory must remain clean and orderly in appearance. High volume evacuation must be used when creating any aerosols.

Instruments - Candidates should be familiar with using a periodontal probe with 1,2,3,4,5,6,7,8,9,10 mm markings (Ex: UNC-12) and an 11/12 explorer. These are the instruments examiners will utilize to evaluate each candidate's performance.

CRDTS will provide each candidate with the following sterile instruments:

- Mirror, metal #5 head with #7 handle
- Explorer, metal 11/12 with #7 handle
- Periodontal probe, metal UNC-12 with #7 handle

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

Candidates should also be ready to supply sterile dental hygiene instruments for back-up patients.

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

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

New Technology - New and innovative technologies are constantly being developed and marketed in dentistry. Until such time that 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 during this examination.

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

Patient's Agreement to Partial Treatment Plan - It must be recognized that in many instances the treatment that is provided during a clinical examination represents only a portion of the care that is appropriate for the patient within a comprehensive treatment plan. The patient must be advised that only a portion of their individual treatment plan can be completed during the clinical examination and that further periodontal care will be required after the examination is completed. The patient will also be informed of this fact in the Treatment Consent Form they are required to sign prior to the examination.

Patient Eye Protection -- Candidates are responsible for providing eye protection for their patient during all clinical treatment procedures.

Patient/Operator Positioning - The correct patient/operator position intended to preserve the candidate's optimal working posture must be maintained during the examination and will be observed by the coordinator.

Shared Patients - Candidates are responsible for any inconvenience that may occur due to circumstances surrounding the sharing of patients (e.g., transferring of radiographs etc.). It is the responsibility of the candidates to ask the CRDTS Hygiene Coordinator for a SHARED PATIENT FORM. A copy of this form is included in this manual.

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

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

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

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

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

Visitors/Unauthorized Personnel - Only authorized personnel will be allowed in the examining and clinic areas. Only the patient, the candidate, and the interpreter (if necessary) are allowed in the operatory during patient treatment sections. Visitors are not allowed.

Patient Acceptability and Health History Requirements

- A CRDTS Health History must be completed prior to the exam as part of the patient selection/screening process. A blood pressure reading should be recorded when the patient is selected. It must also be retaken at the testing site the day of the examination to ensure that the patient's blood pressure meets the CRDTS criteria.
- Candidates must ensure the confidentiality of the patient's health history.
- On the day of the exam, the CRDTS Health History will be submitted with the patient at Patient Check-In. This submitted form must reflect the patient's current health. All items marked with an asterisk (*) must be completed on the day of the exam at the testing site. This includes the current blood pressure reading and all medications (prescription, nonprescription, supplements, or pills) being taken by the patient. The candidate must also indicate why each medication has been taken.
- Minimum patient age is 16 years. For minors under the age of 18, a parent or guardian must be available in the waiting area during the exam and must provide written consent.
- Persons with past or current dental professional schooling/training may not be patients for this exam (e.g., dental therapist, dental hygienist/student, dental student, dental assistant, etc.).
- Patients must present with an acceptable blood pressure:
 - 159/94 or below: Can proceed without medical clearance.
 - 160/95 to 179/109: Are accepted only with written a Medical Clearance letter.
 - 180/110 or above: Will not be accepted for this examination.
- Candidates are expected to retake and record the patient's blood pressure at the testing site prior to submitting their patient for check-in. Please advise your patient that their blood pressure may be checked again by examiners in the examiner's station.
- Candidates must follow the 2021 American Heart Association antibiotic premedication recommendations when treating patients at potential risk of infective endocarditis following dental treatment. Additionally, candidates must follow 2012 and 2015 AAOS (American Association of Orthopedic Surgeons) recommendations when treating patients

with joint replacements unless the physician provides a consultation note indicating premedication is needed.

- Medical Clearance letters can be written on the Medical Clearance Form (provided in this manual) or on a separate sheet of paper and must include:
 - A legible statement from a primary care provider or dentist of record written within 30 days of the examination clearly stating the medical concern.
 - A positive statement of how the patient should be managed during the examination (including a statement on the use or non-use of local anesthesia for pregnant patients).
 - The Medical or Dental Provider’s address and phone number.

- Any item on the Health History with a “YES” response MAY require a written Medical Clearance letter if the explanation section indicates the possibility of a significant systemic condition that could affect the patient’s suitability to sit for treatment during this examination.
 - Candidates MUST obtain and submit a written Medical Clearance letter (and provide antibiotic prophylaxis if necessary) for all patients that respond “YES” to any of the following questions: #4.G through #4.M on their Medical History form.

Questions #4.G thru #4.M are as follows:

(These questions are SHADED on the Health History Form.)

YES	NO	4G. Artificial/Prosthetic/Damaged Heart Valve(s)	
YES	NO	4H. History of Infective Endocarditis	
YES	NO	4I. Heart Conditions (Congenital, Atrial Fibrillation)	
YES	NO	4J. Cardiac Medical Devices (including pacemaker, defibrillator, watchman)	
YES	NO	4K. Joint Replacement	
YES	NO	4L. Osteochemonecrosis of the Jaw	
YES	NO	4M. Pregnant	If YES Due Date: _____

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

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

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

Health History Prohibitions are listed below. Patients with these conditions will NOT be accepted for the CRDTS dental hygiene examination under any circumstances:

- Cardiac/Organ transplant recipients (Question 4.A).
- Active tuberculosis. (Question 4.B) Note: A patient who has tested positive for TB or is being treated for TB but does not have the clinical symptoms is acceptable.
- Heart attack, heart surgery (including stents), stroke or chemotherapy treatment within the past six months (Question 4.C-F).
- Any condition or medication/drug history that might be adversely affected by the length or nature of the dental hygiene examination procedures.

Treatment Selection Requirements

- Candidates and dental hygiene faculty are reminded that patient selection is an evaluated portion of the examination and charting calculus is the responsibility of the candidate. Outside assistance from others is prohibited. Violation of this rule is cause for dismissal from the examination and will result in a failure.
- In addition to an acceptable health condition as previously described, the patient must be free of any soft tissue lesions that would contraindicate dental hygiene instrumentation such as multiple ulcerations, carcinomas, and gingival hyperplasia.
- The candidate must evaluate the patient according to CRDTS' criteria. (See Worksheet instructions listed below). The candidate's Treatment Selection must include the proper number and type of TEETH and the proper number of subgingival QUALIFYING CALCULUS DEPOSITS.
- Calculus must meet the definition of “qualifying calculus” as described in this manual to be accepted. Calculus that does not meet the definition of “qualifying calculus” will be denied. Consequently, candidates are encouraged to submit a Treatment Selection that exceeds the minimum requirements.

Qualifying Calculus

- A qualifying deposit of calculus is defined as explorer-detectable subgingival calculus, which is DISTINCT, OBVIOUS, and can be EASILY detected with a #11/12 explorer as it passes over the calculus.
- Qualifying deposits of calculus must be apical to the gingival margin (subgingival) and may occur with or without associated supragingival deposits.
- Qualifying deposits will exhibit such characteristics as:
 - significant enough in quantity to be readily discernible or detectable
 - a definite “jump” or “bump” which is easily detected with one or two strokes
 - a deposit that easily “binds” or “catches” the explorer
 - ledges, rings, spiny or nodular formations

Treatment Selection Criteria

Candidates must submit a Treatment Selection that meets the following criteria:

Teeth

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

Calculus

- At least 1 surface of qualifying subgingival calculus on a minimum of 6 teeth
- At least 12 surfaces of qualifying subgingival calculus
- At least 8 of the 12 qualifying surfaces must be on posterior teeth (posterior teeth = molars and/or premolars)
- At least 3 of the 8 posterior qualifying surfaces must be on molar(s)
- There is no requirement for any of the 12 surfaces to be on anterior teeth but if chosen, no more than 4 of the 12 surfaces can be on anterior teeth

Prohibitions

CRDTS prohibits the submission of TEETH in the Treatment Selection which include any of the following:

- Grade III mobility
- Grade III or IV furcations
- Orthodontic and/or Invisalign brackets, buttons and/or bonded retainers
- Implants
- Partially erupted teeth
- Retained deciduous teeth
- Submitting a TOOTH in the Treatment Selection that contains a prohibition as listed above will result in rejection of the Treatment Selection and a 7-point penalty will be assessed.

Discouraged

In the best interest of the patient and the candidate with entry level skills, CRDTS strongly discourages (but does NOT prohibit) the submission of TEETH in the Treatment Selection which include any of the following:

- Gross caries
- Faulty restorations
- Extensive full or partial veneer crowns
- Multiple probing depths more than 6 mm

Radiographs

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

The following radiographs are required:

- A full mouth periapical survey OR a panoramic radiograph exposed within 3 years of the exam date.
AND
- A bitewing survey with two or four films (positioned either vertically or horizontally)
OR panoramic bitewing images exposed within 1 year of the exam date.

Radiographs must meet the following criteria:

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

Guidance for Screening Potential Patients

- Candidates should use the “Full Mouth Patient Screening” and “Treatment Selection” Worksheets included in this Candidate Manual to screen potential patients. These two worksheets should be copied and used PRIOR to the exam to screen patients to determine if the patient selected meets the CRDTS criteria for patient acceptability.

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

Instructions for the “Full Mouth Patient Screening Worksheet”

Please refer to the completed “Example” worksheet found in the back of this manual.

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

Instructions for the “Treatment Selection Worksheet”

Please refer to the completed “Example” worksheet found in the back of this manual.

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

Performance Requirements

Extra/Intra Oral Assessment

The purpose of this part of the examination is to evaluate the level of a candidate's competency in performing an extra/intra oral assessment along with gathering and documenting baseline data about the patient's oral health status. The candidate is expected to assess and document conditions as being within normal limits or deviations that are either atypical or abnormal. Atypical or abnormal findings, whether pathological or non-pathologic, must be identified by location and briefly described as part of the patient's record, as specified in the criteria. This documentation (for the exam and as expected in the patient-based practice of dental hygiene) aids the dentist and hygienist

in promoting health by identifying potential subclinical disease processes, oral habits, and conditions that need observations over time or requiring specific home care instructions, but also acts to assist medico-legal death investigations.

Performance Criteria for Extra/Intra Oral Assessment

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

Candidate Instructions for Extra/Intra Oral Assessment

- The oral assessment must be performed after the patient has been accepted for treatment and should be rechecked prior to submitting the patient for final evaluation.
- Any significant findings as identified above (and as listed on the Extra/Intra Oral Assessment Form) should be recorded by checking the appropriate box or boxes and then providing the information that is requested.
- If a “location” and/or “brief description” is requested and a candidate fails to record such information, an error will be assessed.
- If no significant findings are present for the category, the candidate should check the Within Normal Limits (WNL) box.

- Do not check BOTH the WNL box and another box within the same category or an error will be assessed.
- If a box is marked incorrectly, the candidate should cross out the error and initial it.
- BLUE INK is preferred on all forms as it is easier for examiners to read.

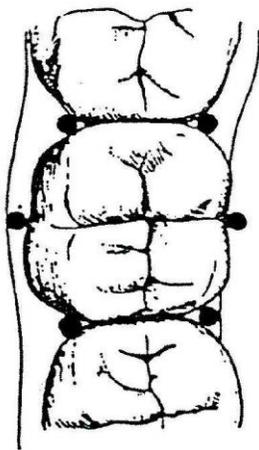
Periodontal Measurements

Performance Criteria for Periodontal Measurements

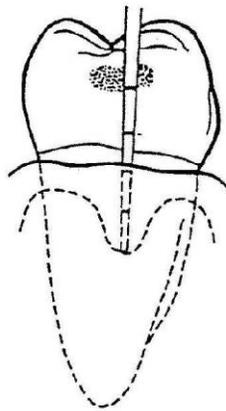
- Two teeth will be randomly chosen from the teeth submitted in the candidate's Treatment Selection to complete the periodontal measurements on.
- The candidate must accurately chart within +/- 1 mm the depth of the gingival sulcus on six aspects of the 2 assigned teeth.
- The six aspects to probe on each tooth are: MF, F-midpoint, DF, ML, L-midpoint & DL.

Candidate Instructions for Periodontal Measurements

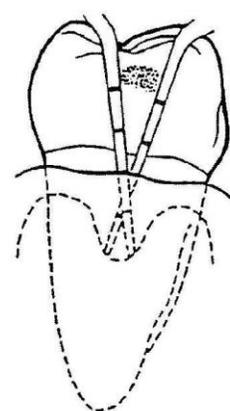
- Periodontal measurements should be recorded AFTER scaling.
- Direct facial and direct lingual readings should be at the MIDPOINT of the tooth with the probe positioned parallel to the root surface and the long axis of the tooth.
- Interproximally, the probe should be positioned with the shank against the contact point and the tip angled slightly into the col, so it is directly beneath the contact area.
- If a tooth is not in contact, the probe should be placed at the midpoint of the proximal surface and the same measurement recorded for both facial and lingual aspects.
- Using light pressure, the tip of the probe should be positioned to the depth of the sulcus at the soft-tissue attachment.
- The illustrations that follow depict the placement of the probe, from both the occlusal, and interproximal perspectives:



***Probe Positions
from Occlusal***



***Probing When
No Contact***



***Interproximal
Angulation***

Scaling/Subgingival Calculus Removal

Performance Criteria for Scaling/Subgingival Calculus Removal

- Twelve (12) surfaces will be evaluated.
- Since most candidates submit Treatment Selections that have 16-20 surfaces of “qualifying” subgingival calculus, the CRDTS Team Captain (aided by the computer and electronics) will select exactly 12 surfaces to evaluate from all the “qualifying surfaces” found in the submission.
- Since candidates do not know which 12 surfaces have been selected for evaluation, they must treat (scale) all surfaces of all teeth submitted in their Treatment Selection.
- The candidate must effectively remove subgingival calculus so that no deposits are detectable with a #11/12 explorer and no calculus is visible when the tissue is deflected with air.
- Candidates are strongly encouraged to utilize local anesthesia to effectively manage patient comfort.

Performance Criteria for Supragingival Deposit Removal

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

Performance Criteria for Tissue Management

- All tissues (extraoral and intraoral) will be evaluated.
- The candidate must effectively utilize sonic/ultrasonic or hand instruments, polishing cups and dental floss so that no unwarranted soft tissue trauma (abrasions, lacerations, or ultrasonic burns) occurs because of the prophylaxis procedure.
- Acceptable performance will have been demonstrated if 100% of all tissue surfaces exhibit no unusual mechanical damage and tissues are well managed.

Administration of Anesthetics

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

- Candidate administers subgingival anesthetic gel (ex: Oraqix®)
- Candidate administers local anesthetic
- Qualified practitioner administers local anesthetic for candidate

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

- In states where local anesthesia administration by dental hygienists is permitted, dental hygiene candidates who submit the required confirmation of training will be allowed to administer local anesthetic to their patient during the examination.
- In states where administration of subgingival anesthetic gels by dental hygienists is permitted, dental hygiene candidates will be allowed to administer subgingival anesthetic gel to their patient during the examination.
- In states where local anesthesia administration by dental hygienists is NOT permitted, dental hygiene candidates will have the opportunity to have a qualified practitioner administer a local anesthetic for them.
- Topical Anesthetics: All candidates are allowed to utilize and apply topical anesthetic without prior authorization. However, proper documentation of its use is required. Due to its limited effectiveness, the use of a topical anesthetic as the only means of pain management is discouraged.
- Inhalation Analgesia/Parenteral Sedation: The administration of inhalation analgesia and/or parenteral sedation is not allowed.
- The technique and/or actual administration of anesthetic will NOT be evaluated.

Documentation of Anesthetic Use

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

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

Protocol for Candidates Qualified to Administer Local Anesthetic

- Candidates who submit “Confirmation of Local Anesthesia Training” as part of their application must administer their own local anesthetic. If the candidate is unable to achieve sufficient pain management, assistance from a qualified practitioner may be requested. No penalties will be applied.
- Candidates who have provided confirmation of the appropriate training to administer local anesthetics with their application will have the symbol “A” printed on their candidate ID badges.

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

- Patients must be accepted for treatment prior to administering anesthetics. Therefore, anesthetics must NOT be administered prior to Patient Check-In.
- Candidates must receive an authorizing signature from the Exam Site Dentist prior to administering anesthetic (subgingival and/or local).
- As a reminder, topical anesthetic does NOT require authorization.
- While many states allow dental hygienists to administer subgingival anesthetic gel without prior authorization, for the purpose of this examination, CRDTS does require such authorization.
- Candidates must bring their own anesthetic (subgingival and/or local) and armamentarium with them to the examination.
- Candidates must locate the Anesthetic Sign-Up Sheet posted in the clinic and indicate on this form that they intend to have the Exam Site Dentist “authorize” the administration of anesthetic. Candidates will record their cubicle number on this Sign-Up Sheet, so the Exam Site Dentist knows which candidates need an authorization signature. The Exam Site Dentist will go to each candidate’s cubicle in the order in which they are signed up.
- The Exam Site Dentist will review the patient’s Health History and sign the section of the Anesthesia Form marked “AUTHORIZATION.”
- Candidates will be allowed to administer a maximum of 2 cartridges (3.6 ml) of anesthetic after receiving their initial authorization signature. If more than 2 cartridges (3.6 ml) of anesthetic are needed during the exam, the candidate must sign-up and receive a second authorizing signature from the Exam Site Dentist prior to administering additional anesthetic. The Exam Site Dentist will record the amount of additional anesthetic that the candidate is allowed to administer on the candidate’s Progress Folder.
- When treatment is complete, the candidate must complete the “Candidate Administered Anesthetics” section of the form. The purpose of this section is to make sure the location, type, and amount of TOTAL (ACTUAL) ANESTHETIC ADMINISTERED BY THE CANDIDATE is documented properly.
- If a local anesthetic or a non-injectable subgingival gel is administered and the documentation section is not completed, a 2-point recordkeeping penalty will be assessed.

Protocol for Candidates Not Qualified to Administer Local Anesthetic

- For those candidates who are NOT qualified to administer local anesthetic, a qualified practitioner will be available and allowed to administer local anesthetic to the patient upon the candidate's request.
- Candidates must locate the Anesthetic Sign-Up Sheet posted in the clinic and indicate on this form that they intend to have the qualified practitioner "administer" the local anesthetic. To assist the qualified practitioner, candidates must have their patient's Health History, Progress Folder, and armamentaria for the administration of local anesthetic.
- Although the dentist or qualified practitioner will administer the local anesthetic, it is the candidate's responsibility to ensure proper documentation of the "Dentist or Qualified Practitioner Administered Local Anesthetics" section is completed.
- If additional anesthetic (beyond what was initially administered) is needed during treatment, the candidate must sign-up again to have the dentist return to their cubicle.

Checklist for Required Exam Materials

On the Day of Exam please bring the following required materials with you:

- Picture ID for admission
- This Candidate Manual
- Completed Patient Health History Form (*Print copy from CRDTS website or manual*)
- Completed Patient Informed Consent Form (*Print copy from CRDTS website or manual*)
- Completed "Patient Screening Worksheet" (*Print copy from manual*)
- Completed "Treatment Selection Worksheet" (*Print copy from manual*)
- Watch or small clock to synchronize with Official Exam Clock
- Pen – BLUE INK IS PREFERRED
- Radiographs
- Blood pressure cuff (Manual/Automatic/Arm/Wrist are all acceptable) & stethoscope
- Supplies/Syringe for local anesthesia and/or subgingival anesthetic gel
- Operator Goggles/Face shield and patient eye protection
- Comfort items for your patient; blanket in case the clinic is cold, reading materials, etc.
- Handpiece and Power scaler (if not provided or available to rent at the school)
- Dental hygiene instruments of choice sterilized and ready for patient treatment

CRDTS will be providing each candidate with the following *after* Initial Patient Check-In:

- A plastic container for transportation of instruments to and from the Evaluation Station
- Dental Mirror
- 11/12 Explorer
- UNC 12 probe



Glossary of Words, Terms and Phrases

Case Type or Grade III Furcation	Complete loss of interradicular bone, with pocket formation that is completely probable to the opposite side of the tooth. Furcation is open from facial and lingual approaches (through and through) but is covered by gingival tissue. The clinician can pass a probe all the way through the furcation to the opposite side. A definite radiolucency in the furcation area is visible on the radiograph.
Case Type or Grade IV Furcation	Loss of attachment and gingival recession making the furca clearly visible on clinical examination. Furcation is through and through with furca visible in the mouth.
Case Type or Grade III Mobility	Severe pathologic mobility, >2mm buccolingually or mesiodistally, combined with vertical displacement. Tooth can be moved in a buccolingual & mesiodistal direction and is vertically depressible in the socket.
Lesion	An abnormal change in structure to skin/body due to injury or disease. A wound or injury. An infected or diseased patch of skin. A structural change in tissue produced by disease or injury.
Qualifying Calculus	<ul style="list-style-type: none">• A qualifying deposit of calculus is defined as explorer-detectable subgingival calculus, which is DISTINCT, OBVIOUS, and can be EASILY detected with a #11/12 explorer as it passes over the calculus.• Qualifying deposits of calculus must be apical to the gingival margin (subgingival) and may occur with or without associated supragingival deposits.• Qualifying deposits will exhibit such characteristics as:<ul style="list-style-type: none">• significant enough in quantity to be readily discernible or detectable• a definite “jump” or “bump” which is easily detected with one or two strokes• a deposit that easily “binds” or “catches” the explorer• ledges, rings, spiny or nodular formations
Critical Error	Unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient, such as lacerations greater than 3mm, ultrasonic burns or amputated papilla.

References

1. AAOS and the ADA Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures Guideline. Rosemont, IL, American Academy of Orthopedic Surgeons, December 2012.
2. AAOS Taking A Bite Out of Dental Prophylaxis Guidelines. Rosemont, IL, American Academy of Orthopaedic Surgeons, February 2015.
3. <https://aaos.org/quality/quality-programs/tumor-infection-and-military-medicine-programs/orthopaedic-implant-infection-in-patients-undergoing-dental-procedures/>
4. <https://www.aegisdentalnetwork.com/cced/2013/03/antibiotic-prophylaxis-a-literature-review>
5. ADA The Use of Prophylactic Antibiotics Prior to Dental Procedures in Patients with Prosthetic Joints. *JADA*; January 2015: 11-16.
6. AHA Infective Endocarditis: American Heart Association Updated April 24, 2015. www.heart.org/HEARTORG/Conditions/CongenitalHeartDefects/TheImpactofCongenitalHeartDefects/Infective-Endocarditis_UCM_307108_Article.jsp#.Vke1rP-FPI
7. <https://www.heart.org/en/health-topics/infective-endocarditis>
8. ADHA Standards for Clinical Dental Hygiene Practice: *ADHA Supplement to Access*; June 2016.
9. Daniel, Harfst & Wilder Dental Hygiene Concepts, Cases and Competencies: Mosby, 2008.
10. Bowen & Pieren Darby & Walsh Dental Hygiene Theory and Practice 5th Edition: Elsevier, 2019.
11. Glickman Index of Horizontal Furcation Classifications.
12. Little, Miller & Rhodes Dental Management of the Medically Compromised Patient
13. Malamed, SF Medical Emergencies in the Dental Office 7th Edition; Elsevier, 2015.
14. Wilkins, EM Clinical Practice of the Dental Hygienist 13th Edition: Lippincott, Williams & Wilkins, 2021.
15. <https://www.who.int/news-room/fact-sheets/detail/hypertension>
16. <https://www.cdc.gov/bloodpressure/index.htm>
17. The Dental Management of Patients at Risk of Medication-Related Osteonecrosis of the Jaw: New Paradigm of Primary Prevention, 2018
18. JADA 142(11) <http://jada.ada.org> November 2011 Managing the care of patients receiving antiresorptive therapy for prevention and treatment of osteoporosis Executive summary of recommendations from the American Dental Association Council on Scientific Affairs

ONE OR TWO DIGIT
CANDIDATE NUMBER

**Central Regional Dental Testing Service, Inc.
TREATMENT CONSENT FORM**

DENTAL HYGIENE EXAMINATION

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

**Patient Assessment: Extra/Intra Oral Assessment, Periodontal Measurements and
Scaling/Calculus/Plaque/Stain Removal**

I understand that the examinee may not be a licensed dental hygienist. I further understand that such procedure(s) will be performed by the examinee as part of an examination conducted by Central Regional Dental Testing Service, Inc., to determine the qualification of the examinee for licensure. I recognize that medical information which could be pertinent to the oral health care I receive during the examination may be transmitted to examiners.

The nature and purpose of the procedure(s) as well as the risks and possible complications have been explained to me. My questions about the procedure(s) have been answered. I acknowledge that no guarantee or warranty has been made as to the results to be obtained. I understand that only a portion of my mouth will receive dental hygiene treatment today and that further treatment may be necessary. I have been informed of the availability of services to complete treatment.

I understand that if I am taking certain medications (as indicated on the Health History form) that are associated with chronic conditions following dental treatment, I may not be accepted as a patient for this examination. Patients who are currently taking oral bisphosphonate medications may be at risk for oral Osteochemonecrosis of the jaws after dental treatment or because of dental infections.

I consent to the taking of appropriate radiographs (x-rays) and dental examinations.

I consent to having CRDTS examiners or school personnel take photographs of my teeth and gums for use in future examiner calibration provided my name is not in any way associated with these photographs.

I understand that as part of the dental hygiene procedure(s), it may be necessary to administer anesthetics and I consent to the use of such anesthetics by the dental hygiene candidate or other qualified persons.

DATED this _____ day of _____, 2022.

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

Patient's Address, City, State & Zip

(_____) _____
Patient's Phone Number

Central Regional Dental Testing Service, Inc

DH-2022

INSTRUCTIONS:

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

ONE OR TWO DIGIT
CANDIDATE NUMBER

2022 CRDTS PATIENT HEALTH HISTORY SCREENING FORM

Patient name: _____

Birthdate: _____ **Pre-exam Screening Blood Pressure** ____ / ____ *** Day of Exam @ Testing Site Blood Pressure** ____ / ____

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

YES NO 1. Are you currently under the care of a physician/primary care provider or have you been treated by a healthcare provider in the last six months?
If YES, please specify: _____

YES NO 2. Are you allergic or had any adverse reactions to LATEX, any medicines, drugs, local anesthetics or other substances?
If YES, please identify: _____

YES NO 3. Are you currently receiving INTRAVENOUS bisphosphonates for the treatment of osteoporosis or cancer?

Answer Below 4. Do you have or have you had any of the following diseases/conditions?

- YES NO 4A. Cardiac/Organ Transplant
- YES NO 4B. Tuberculosis (active/currently)
- YES NO 4C. Stroke If YES Date: _____
- YES NO 4D. Chemotherapy/Radiation Therapy If YES Date: _____
- YES NO 4E. Heart Attack If YES Date: _____
- YES NO 4F. Heart Surgery (including stents) If YES Date: _____
- YES NO 4G. Artificial/Prosthetic/Damaged Heart Valve(s)
- YES NO 4H. History of Infective Endocarditis
- YES NO 4I. Heart Conditions (Congenital, Atrial Fibrillation)
- YES NO 4J. Cardiac Medical Devices (including pacemaker, defibrillator, watchman)
- YES NO 4K. Joint Replacement
- YES NO 4L. Osteochemonecrosis of the Jaw
- YES NO 4M. Pregnant If YES Due Date: _____
- YES NO 4N. Asthma/Lung/Breathing Disorder/COPD
- YES NO 4O. Bleeding Disorder
- YES NO 4P. Cancer
- YES NO 4Q. Diabetes If YES Type: _____
- YES NO 4R. Epilepsy/Seizures
- YES NO 4S. Hepatitis
- YES NO 4T. High Blood Pressure
- YES NO 4U. Immune Suppression/HIV/AIDS
- YES NO 4V. Kidney/Renal Disease
- YES NO 4W. Mental Health Disorders
- YES NO 4X. Substance Abuse Disorders
- YES NO 4Y. Do you have any disease or condition not listed above?

If YES, please specify: _____

Please explain any YES answers here

Question # _____
Explanation:

Question # _____
Explanation:

Question # _____
Explanation:

If more space is needed, please use the back of this form.

2022 CRDTS PATIENT HEALTH HISTORY SCREENING FORM page 2 of 2

Any item on the health history with a YES response may require a medical clearance from a licensed primary care provider or dentist of record if the explanation section indicates the possibility of a significant systemic condition that could adversely affect the patient’s suitability to take part in the examination.

Securely attach any medical clearance letters to this form.

List all prescribed, over the counter and recreational drugs taken within the last 48 hours:

IF NONE PLEASE MARK “X” HERE: _____

Name of Drug	Amount/Dose	Reason for Taking	Last Taken (Day/Time)

If needed, record additional information below:

I certify that I have read and understand the above. I acknowledge that I have answered these questions accurately and completely. I will not hold the testing agency responsible for any action taken or not taken because of errors I may have made when completing this form.

PATIENT SIGNATURE: _____ **DATE:** _____
(Parent or Guardian if patient is a minor)

I hereby attest to the fact that this Health History Screening Form was reviewed and updated on the day of the exam.
***Patient Initials** _____ ***Candidate Initials** _____ ***Today’s Exam Date** ____/____/2022

CENTRAL REGIONAL DENTAL TESTING SERVICE DENTAL HYGIENE PROGRESS FOLDER

Progress Folder: Page 1

ONE OR TWO DIGIT
CANDIDATE NUMBER

ANTIBIOTIC PROPHYLAXIS (if required)

Type:	Dosage:	Time

START TIME:

FINISH TIME:

Resubmit Time: _____

SHARED PATIENT:

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

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

BEGINNING THE EXAMINATION:

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

PATIENT CHECK-IN:

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

Bring the following with you to the Hygiene Coordinator's desk for PATIENT CHECK-IN:

- A. Progress Folder
- B. Health History Form
- C. Treatment Consent Form
- D. Radiographs
- E. Treatment Selection Form
- F. Protective Eyewear (for the patient)
- G. Air/Water Syringe Tip (IF not provided by the testing site)

Note: The Extra/Intra Oral Assessment Form and the plastic sleeve protector are NOT needed at this time.

CRDTS will be providing the following (at Patient Check-In) for each candidate:

1. Closeable plastic container to hold instruments
2. Mirror
3. 11/12 explorer
4. UNC-12 periodontal probe

PATIENT ACCEPTABILITY: (To be completed by Examiners)

1. Teeth Submitted and Accepted for Treatment:

<input type="checkbox"/>									
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

2. Assigned Teeth for Pocket Depth Measurements:

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

3. Acceptable Submission: TC # _____

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

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

Dentist or Qualified Practitioner Administered Local Anesthetic Dentist/QP Signature: _____

Amount administered by Dentist/QP, type/name brand of anesthetic administered and type of injection(s):
 (ex: 1.5 cartridges 2% Lidocaine w/ epi 1:100,000) Right PSA, Right IA OR 2.7 ml 2% Lidocaine w/ epi 1:100,000)

Candidate Administered Anesthetic(s)

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

NOTE: Authorization for use of TOPICAL anesthetic is NOT required

OBTAIN "AUTHORIZING SIGNATURE" FROM EXAM SITE DENTIST:

LA: Max Cartridges Allowed w/ Initial Dentist Signature = 2 (3.6 ml) LA: Add'l Cartridges Allowed = _____
 Oraqix: Max Cartridges Allowed w/ Initial Dentist Signature = 2 Oraqix: Add'l Cartridges Allowed = _____
 Maximum 2 LA + 2 Oraqix = Authorized w/ this signature 4

X _____ X _____
 Dentist signature authorizing INITIAL anesthetic Dentist signature authorizing ADDITIONAL anesthetic

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

Topical anesthetic (ex: Benzocaine or Cetacaine-type topical)

Non-injectable subgingival anesthetic gel (ex: Oraqix)
 Type/Name Brand: _____
 Location/Teeth #: _____ Amount/Total # Cartridges Administered: _____

Local Anesthetic

Amount administered by CANDIDATE, type/name brand of anesthetic administered and type of injection(s):
 (ex: 1.5 cartridges 2% Lidocaine w/ epi 1:100,000) Right PSA, Right IA OR 2.7 ml 2% Lidocaine w/ epi 1:100,000)

EXAMINER USE ONLY:

TREATMENT:

- **Calculus/Plaque/Stain Removal:** The candidate is expected to remove all calculus, plaque and stain from ALL surfaces (except occlusal surfaces) of ALL teeth listed in their Treatment Selection.
- **Extra/Intra Oral Assessment:** Follow the instructions in the Candidate Manual for Patient Assessment procedures to complete the Extra/Intra Oral Assessment Form.
- **Periodontal Probing:** On the back of the Extra/Intra Oral Assessment Form, candidates should record the pocket depths (to include six sulcular measurements to the nearest millimeter) for each of the 2 assigned probing teeth.

FINAL EVALUATION:

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

- Bring the following with you to the Hygiene Coordinator's desk for FINAL EVALUATION:
 - A. Progress Folder
 - B. Extra/Intra Oral Assessment Form inserted in the PLASTIC SHEET PROTECTOR
 - C. Health History Form
 - D. Treatment Consent Form
 - E. Radiographs
 - F. Protective Eyewear (for the patient)
 - G. Air/Water syringe tip (IF not provided by the testing site)
 - H. Instruments (provided by CRDTS) inside the closeable plastic container (provided by CRDTS)
 1. Mirror
 2. 11/12 explorer
 3. UNC-12 periodontal probe
- Return to your cubicle and clean-up. You must follow the site protocol for proper operatory breakdown.
- Remove all your belongings from the clinic and wait in the patient reception area.
- Your patient will be returned to the reception area when the examiners have completed their evaluation.

CANDIDATE CHECK-OUT:

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

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

EXTRA/INTRA ORAL ASSESSMENT FORM

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

EXTRAORAL	WNL	SIGNIFICANT FINDINGS			
A. Head, Face, and Neck	<input type="checkbox"/> WNL or →	ASYMMETRY Location:	INFECTED PIERCINGS Location:	PALPABLE CONDITIONS Location:	
		SWELLINGS Location:	LESIONS Brief description of lesion(s) <u>AND</u> location:		
B. Lymph Nodes	<input type="checkbox"/> WNL or →	TENDERNESS Location:	HARDNESS Location:	NON-MOBILITY Location:	
		<input type="checkbox"/> RESTRICTED OPENING (No description & No location required)	DISCOMFORT <input type="checkbox"/> Right <input type="checkbox"/> Left	AUDIBLE/PALPABLE SYMPTOMS <input type="checkbox"/> Right <input type="checkbox"/> Left	
C. TMJ	<input type="checkbox"/> WNL or →				
INTRAORAL	WNL	SIGNIFICANT FINDINGS			
D. Mucosa / Lips	<input type="checkbox"/> WNL or →	TATTOOS (ie: amalgam, art, etc.) Location:	HEMATOMAS Location:	SWELLINGS Location:	
		INTRAORAL PIERCINGS Location:	PALPABLE NODULES Location:		
		LESIONS &/or CHEMICAL/ PHYSICAL IRRITATIONS: Brief description of condition(s) <u>AND</u> location:			
E. Alveolar Ridge	<input type="checkbox"/> WNL or →	TATTOOS (i.e.: amalgam, art, etc.) Location:	HEMATOMAS Location:	SWELLINGS Location:	
		EXOSTOSIS Location:	MANDIBULAR TORUS/TORI <input type="checkbox"/> Right <input type="checkbox"/> Left	PALPABLE NODULES Location:	
		LESIONS &/or CHEMICAL/ PHYSICAL IRRITATIONS: Brief description of condition(s) <u>AND</u> location:			

F. Palate/Oral Pharynx	<input type="checkbox"/> WNL or →	<input type="checkbox"/> PALATAL TORUS <i>(No description & No location required)</i>	LESIONS, CHEMICAL/ PHYSICAL IRRITATIONS and OTHER SIGNIFICANT FINDINGS Brief description of condition(s) <u>AND</u> location:	
G. Tongue	<input type="checkbox"/> WNL or	PALPALABLE NODULES Location:	TONGUE PIERCINGS Location:	LESIONS Brief description of lesion(s) <u>AND</u> location:
		<input type="checkbox"/> HAIRY TONGUE <i>(No description & No location required)</i>	<input type="checkbox"/> FISSURED TONGUE <i>(No description & No location required)</i>	
H. Floor of Mouth	<input type="checkbox"/> WNL or	<input type="checkbox"/> GEOGRAPHIC TONGUE <i>(No description & No location required)</i>	<input type="checkbox"/> GLOSSITIS <i>(No description & No location required)</i>	<input type="checkbox"/> LOSS OF PAPILLA <i>(No description & No location required)</i>
		TATTOOS (i.e.: amalgam, art, etc.) Location:	HEMATOMAS Location:	<input type="checkbox"/> ANKYLOGLOSSIA <i>(No description & No location required)</i>
		LESIONS, CHEMICAL/ PHYSICAL IRRITATIONS and OTHER SIGNIFICANT FINDINGS Brief description of condition(s) <u>AND</u> location:		

PERIODONTAL CHARTING

Transfer the two assigned probing teeth numbers from your Progress Folder Page 1 to the two boxes below and then record the probing depths for those two teeth.

#	mm
DF	
F	
MF	
DL	
L	
ML	

#	mm
DF	
F	
MF	
DL	
L	
ML	

CRDTS DENTAL HYGIENE "FULL MOUTH PATIENT SCREENING" WORKSHEET

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

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

Patient's Name: _____ Screening Date: _____

Facial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Facial
	Lingual																
																	Facial
Facial	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

CRDTS DENTAL HYGIENE "FULL MOUTH PATIENT SCREENING" WORKSHEET

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Patient's Name: Mary Jane Smith Screening Date: _____

Facial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Facial
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Facial
								Lingual									

CRDTS DENTAL HYGIENE “TREATMENT SELECTION” WORKSHEET

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

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

Instructions for Completing the Treatment Selection Worksheet:

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

<p>CHART ONLY QUALIFYING CALCULUS</p> <p>Qualifying deposits will exhibit such characteristics as:</p> <ul style="list-style-type: none"> - significant enough in quantity to be readily discernible or detectable. - a definite “jump” or “bump” which is easily detected with one or two strokes. - a deposit that easily “bind” or “catch” the explorer. - ledges or ring formations. - spiny or nodular formations.
<p>Does your Treatment Selection meet ALL these criteria?</p> <p>Teeth:</p> <p><input type="checkbox"/> At least 6 teeth?</p> <p><input type="checkbox"/> If submitted, no more than 3 anterior teeth?</p> <p><input type="checkbox"/> All teeth submitted are fully erupted?</p> <p>Qualifying Calculus:</p> <p><input type="checkbox"/> All calculus charted meets “qualifying” definition?</p> <p><input type="checkbox"/> At least 12 surfaces?</p> <p><input type="checkbox"/> At least 1 surface on a minimum of 6 teeth?</p> <p><input type="checkbox"/> At least 8 surfaces on posterior teeth?</p> <p><input type="checkbox"/> At least 3 surfaces on molar(s)?</p> <p>Prohibitions:</p> <p><input type="checkbox"/> No implants are included in the teeth submitted?</p> <p><input type="checkbox"/> No ortho brackets, Invisalign buttons, bonded retainers are in the teeth submitted?</p> <p><input type="checkbox"/> No Class III or IV furcations, mobility or disease are in the teeth submitted?</p> <p><input type="checkbox"/> No deciduous/primary teeth are in the teeth submitted?</p> <p style="text-align: center;">Posterior teeth = molars and premolars Anterior teeth = canines and incisors</p>

Candidate Records		
Tooth # and Calculus Surfaces		
M	<input type="checkbox"/>	#
F	<input type="checkbox"/>	
D	<input type="checkbox"/>	
L	<input type="checkbox"/>	
M	<input type="checkbox"/>	#
F	<input type="checkbox"/>	
D	<input type="checkbox"/>	
L	<input type="checkbox"/>	
M	<input type="checkbox"/>	#
F	<input type="checkbox"/>	
D	<input type="checkbox"/>	
L	<input type="checkbox"/>	
M	<input type="checkbox"/>	#
F	<input type="checkbox"/>	
D	<input type="checkbox"/>	
L	<input type="checkbox"/>	
M	<input type="checkbox"/>	#
F	<input type="checkbox"/>	
D	<input type="checkbox"/>	
L	<input type="checkbox"/>	
M	<input type="checkbox"/>	#
F	<input type="checkbox"/>	
D	<input type="checkbox"/>	
L	<input type="checkbox"/>	
M	<input type="checkbox"/>	#
F	<input type="checkbox"/>	
D	<input type="checkbox"/>	
L	<input type="checkbox"/>	

CRDTS DENTAL HYGIENE "TREATMENT SELECTION" WORKSHEET

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

Candidates should bring this completed Treatment Selection Worksheet with them to the exam. Candidates should use their Initial Treatment Selection Worksheet to chart their

EXAMPLE

Instructions

- Write the patient's name in the space provided.
- Chart the patient's teeth and surfaces. (The tooth nearest the midline should be marked on the mesial surface.)
- If a tooth is rotated, the surfaces of subgingival calculus should be charted as the tooth appears in the mouth.
- ALL criteria must be met or the Treatment Selection will be deemed Unacceptable.

CHART ONLY QUALIFYING CALCULUS

Qualifying deposits will exhibit such characteristics as:

- significant enough in quantity to be readily discernible or detectable;
- a definite "jump" or "bump" which is easily detected with one or two strokes;
- a deposit that easily "binds" or "catches" the explorer;
- ledges or ring formations;
- spiny or nodular formations.

TREATMENT SELECTION CRITERIA CHECKLIST

Does your Treatment Selection meet ALL this criteria?

Teeth:

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

Qualifying Calculus:

- All calculus charted meets "qualifying" definition?
- At least 12 surfaces?
- At least 1 surface on a minimum of 6 teeth?
- At least 8 surfaces on posterior teeth?
- At least 3 surfaces on molar(s)?

Prohibitions:

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

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

Candidate Records		
Teeth # and Calculus Surfaces		
M	●	# 3
F	○	
D	○	
L	○	
M	●	# 4
F	○	
D	○	
L	○	
M	●	# 5
F	○	
D	○	
L	○	
M	●	# 6
F	○	
D	○	
L	○	
M	●	# 28
F	○	
D	○	
L	○	
M	●	# 29
F	○	
D	○	
L	○	
M	●	# 30
F	○	
D	○	
L	○	
M	●	# 31
F	○	
D	○	
L	○	
M	○	#
F	○	
D	○	
L	○	
M	○	#
F	○	
D	○	
L	○	

HYGIENE TREATMENT SELECTION FORM

CANDIDATE #

PLEASE COMPLETE USING BLUE PEN

NOTE TO CANDIDATE: Once submitted, this form will NOT be returned to you.

CANDIDATE TO COMPLETE THIS SECTION:

Please "X" ALL impacted, missing and unerupted teeth in the patient's mouth:

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

List ALL teeth numbers in your INITIAL Treatment Submission:

_____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

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

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

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

I am submitting an Alternate Submission

CANDIDATE TO COMPLETE THIS SECTION:

List ALL teeth numbers in your ALTERNATE Treatment Submission:

_____ # _____ # _____ # _____ # _____ # _____ # _____ # _____ # _____

ALTERNATE SUBMISSION

Submission criteria for Selected Teeth:

- Minimum six teeth
- Maximum ten teeth
- Maximum three interior's (canine to canine)
- All teeth must be fully erupted

Submission must have AT A MINIMUM the following Qualifying Calculus (QC = Qualifying Calculus):

- At least 1 surface of QC on 6 teeth
- At least 3 surfaces of QC on molar(s)
- At least 8 surfaces of QC on posterior* teeth
- At least 12 surfaces of QC

* Posterior teeth = molars and premolars

Prohibitions:

Teeth included in the Treatment Submissions with the following prohibitions will be deemed Unacceptable:

- Grade III mobility
- Grade III/IV furcations
- Orthodontic brackets, Invisalign buttons and/or bonded retainers
- Implants
- Partially erupted teeth
- Retained deciduous teeth

HYGIENE TREATMENT SELECTION FORM

CANDIDATE #

PLEASE COMPLETE USING BLUE PEN

NOTE TO CANDIDATE: Once submitted, this form will NOT be returned to you.

CANDIDATE TO COMPLETE THIS SECTION:

Please "X" ALL impacted, missing and unerupted teeth in the patient's mouth:

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
X										X	X				X
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
X													X		X

List ALL teeth numbers in your INITIAL Treatment Submission:

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

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

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

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

I am submitting an Alternate Submission

CANDIDATE TO COMPLETE THIS SECTION:

List ALL teeth numbers in your ALTERNATE Treatment Submission:

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

ALTERNATE SUBMISSION

Submission criteria for Selected Teeth:

- Minimum six teeth
- Maximum ten teeth
- Maximum three anteriors (canine to canine)
- All teeth must be fully erupted

Submission must have AT A MINIMUM the following Qualifying Calculus (QC = Qualifying Calculus):

- At least 1 surface of QC on 6 teeth
- At least 3 surfaces of QC on molar(s)
- At least 8 surfaces of QC on posterior* teeth
- At least 12 surfaces of QC

* Posterior teeth = molars and premolars

Prohibitions:

Teeth included in the Treatment Submissions with the following prohibitions will be deemed Unacceptable:

- Grade III mobility
- Grade III/IV furcations
- Orthodontic brackets, Invisalign buttons and/or bonded retainers
- Implants
- Partially erupted teeth
- Retained deciduous teeth

CRDTS Medical Clearance Form

This form is only needed for patients who have conditions requiring Medical Clearance.

Candidate to complete this top section:

Dental Patient Information:

Name: _____

DOB: _____

***Date patient scheduled to sit
for CRDTS Exam:** _____

Primary Care Provider/Dentist of Record Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Dear Provider:

Our mutual patient (listed above) is scheduled for dental or dental hygiene treatment as part of a clinical board examination.

The medical history (see attached CRDTS medical history screening form) completed by this patient indicates a medical concern of:

Primary Care Provider or Dentist of Record to complete section below:

Please evaluate this patient's medical history and advise us on any special considerations that should be made for this patient about the dental or dental hygiene treatment they have scheduled.

Would you recommend any treatment modifications for this patient? No Yes

If yes, specify: _____

Is antibiotic prophylaxis necessary? No Yes

If yes, specify: _____

May local anesthetic be used on this patient? Yes No

If yes, may local anesthetic with epinephrine be used? Yes No

Is high blood pressure (160/95 to 179/109) a concern for this patient? Yes No

Note: CRDTS guidelines state patients with a BP 180/110 or above are NOT allowed to sit for this exam.

If yes, would you allow this patient to sit for the CRDTS exam if they had a blood pressure reading in the range of 160/95 to 179/109? Yes No

Additional comments:

Provider (please print): _____

Provider's Signature: _____

*Date Signed: _____

***Must be signed within 30 days of the above exam date listed.**

Thank you for your assistance in providing optimum care for this patient.

CRDTS2022

SHARED PATIENT FORM

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

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

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

COORDINATOR TO COMPLETE:

1st Candidate # _____ Exam Date _____ AM Group PM Group

2nd Candidate # _____ Exam Date _____ AM Group PM Group

Patient's Name: _____

- Antibiotic premedication required NO YES but same day
- Diabetic (insulin injection/infusion) NO YES but subsequent day

COORDINATOR TO COMPLETE:

	# of cartridges	Type of Local Anesthetic & Vasoconstrictor <small>(Oraqix® description type & vasoconstrictor already listed for candidate convenience)</small>
1st CANDIDATE TOTAL ADMINISTERED TO PT: Record actual # cartridges used	LA: _____ O®: _____	COORDINATOR TO COMPLETE: LA: _____ _____ Oraqix®: <u>2.5% Lidocaine and 2.5% Prilocaine periodontal gel w/ no epinephrine</u>
2nd CANDIDATE TOTAL ADMINISTERED TO PT: Record actual # cartridges used	LA: _____ O®: _____	COORDINATOR TO COMPLETE: LA: _____ _____ Oraqix®: <u>2.5% Lidocaine and 2.5% Prilocaine periodontal gel w/ no epinephrine</u>
TOTAL ANESTHETIC ADMINISTERED TO THIS PATIENT:	LA: _____ O®: _____	COORDINATOR TO COMPLETE: LA: _____ _____ Oraqix®: <u>2.5% Lidocaine and 2.5% Prilocaine periodontal gel w/ no epinephrine</u>

This form will be placed inside the 2nd Candidate's Progress Folder and must be presented to the On Site Authorizing/Supervising Dentist for review prior to authorizing/ administering anesthetics.