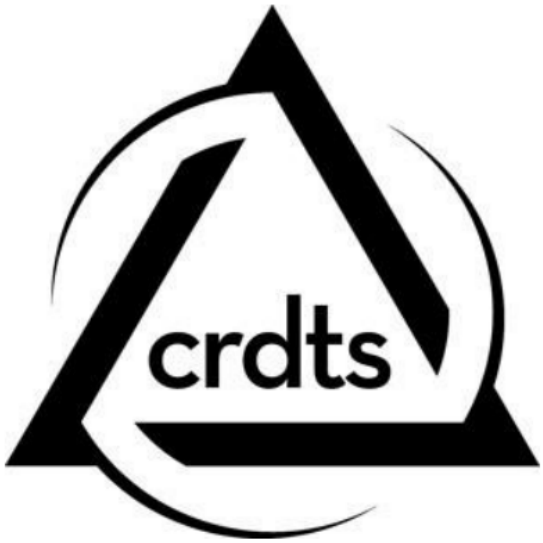
2027
DENTAL HYGIENE
PATIENT-BASED EXAM
CANDIDATE MANUAL



A National Dental Hygiene Clinical Examination

As administered by:

CENTRAL REGIONAL DENTAL TESTING SERVICE, INC.
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Please read this manual carefully and bring it with you to the examination.

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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.

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.

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: See portability map on our website at www.crdts.org.

CRDTS Recognizing Jurisdictions: In addition to the Member States listed on our website, several non-member states recognize the results of the CRDTS examination. Current information indicates over 40 state boards, nationwide, 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. Some states may have restrictions, limitations, or

additional licensing requirements that have changed since the publication of this manual or what is posted on CRDTS' website.

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 Manual and comply with all the 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 Treatment 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 candidate will inform the patient of the availability of services to complete treatment. This consent form must be executed before the patient can be accepted.
- CRDTS will provide a Patient Health History Screening Form, to aid in screening for systemic conditions or medical considerations that might put the patient at risk during the examination or require antibiotic prophylaxis/premedication for the patient to participate. The health history must be completed, and appropriate precautions taken before the patient can be accepted.
- If during treatment a medical concern should arise for the patient, such as profuse bleeding or a lesion which would require medical follow-up, CRDTS will complete a Dental Hygiene Follow-up Form to document what additional treatment is necessary, who will provide it, and who will be financially responsible. The candidate, Testing Site Coordinator, and patient (all parties) will be informed and aware of the situation and the "follow-up" plan if such care should be needed.
- When patients are checked-in, examiners will review the Health History Screening Form, Treatment Consent Form, and Hygiene Treatment Selection Form to see if they meet the criteria and are justified clinically. While in the examiners' station, 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, process, and importance of a board examination, including the time involved, and the

number of individuals who will be examining them. Copies of the Health History Screening Form and Treatment Consent Form can be printed from the forms in the back of this manual or downloaded from CRDTS website at www.crdts.org. These forms will be 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 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. 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
- 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 Analysis

In particular, the Dental Hygiene Examination is developed and revised by the CRDTS Dental Hygiene Examination Review Committee (HERC). HERC is comprised of representatives from CRDTS' Member States, as well as a dental hygiene faculty representative and content expert 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-Based and Simulated Patient (Manikin). These exams require different hardware, software, and materials to 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, it is considered a contract with CRDTS. 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 fully executed application, complete with appropriate documentation and fee 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.

After completing the online application, the following items must be provided:

Proof of Graduation

- **Anticipated 2027 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 online) 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" from the Program Director's college email with a list of all eligible graduates.
- **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 graduation.

- **Non-Accredited Graduates**: Results of the CRDTS examination for graduates of non-accredited programs are recognized only by states which allow licensure of such non-accredited graduates. Candidates who graduate from a program that is not accredited by the ADA Commission on Dental Accreditation must be authorized to take the examination by at least one State which accepts the results of the CRDTS examination. Therefore, non-accredited graduates must furnish a letter from a State indicating that they are eligible for licensure in that State upon successful completion of the CRDTS examination. Examination results for graduates of non-accredited programs will only be reported to the State providing the letter.

Examination Fee: The examination fee is $1175.00 and payment must be submitted on or before the published deadline date. Payment must be for the exact amount and can be paid online via VISA, 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 the application is submitted will not be allowed. For programs with multiple applicants, Program Directors may submit one blanket letter from the Program Director's college email with a list of all eligible graduates verifying training to administer local anesthesia. 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, the candidates will have the opportunity to have a qualified practitioner administer local anesthesia for them.

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. Each candidate will be assigned a 10-digit CRDTS ID number. **The ID number will appear on candidate 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 link the results to the candidate's permanent record.**

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

Signature of Candidates: 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 they have read and understand the application and

the CRDTS Dental Hygiene Patient-Based Exam Candidate 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 45 days before the date of the examination. Applications and all required documentation must be received by CRDTS Central Office 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.

Administrative Fee: An administrative fee of $125 is included in the examination fee.

Incomplete Application: 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 on or before the published deadline date. All applications with incorrect or missing information, documentation or fees will be assessed a $125 fee and held until the missing item(s) and/or fees are received at CRDTS Central Office.

Exam Testing Site, Date, & Time Confirmation: Candidates will receive an email approximately 10 days after the deadline date for one of their three testing site choices submitted at the time of application. The email will include the following information, attachments, and/or links:

- Confirmation of the assigned exam site, exam date, exam time and one- or two-digit candidate number. Please note this is different than the 10-digit CRDTS ID number referred to above.
- A letter from the school serving as a testing site, providing general information about their facilities, policies and "Testing Site Fee" with a deadline for payment. All testing sites charge a site fee for use of their clinic facilities, supplies, disposables, renting of power scalers, etc. Testing sites set their own fee and deadline for advance payment. The "Testing Site Fee" must be remitted to the school, not to CRDTS. The site letter may also include additional information regarding nearby hotels and other information and/or forms which are required by the testing site.

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 (i.e.: prophy angle, power scalers, adaptors) 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 the 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 diploma or in a subsequent academic year in which the Program Director (or designated school official) has appropriately certified the candidate. A new application must be submitted with all required documentation and the appropriate fee.

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

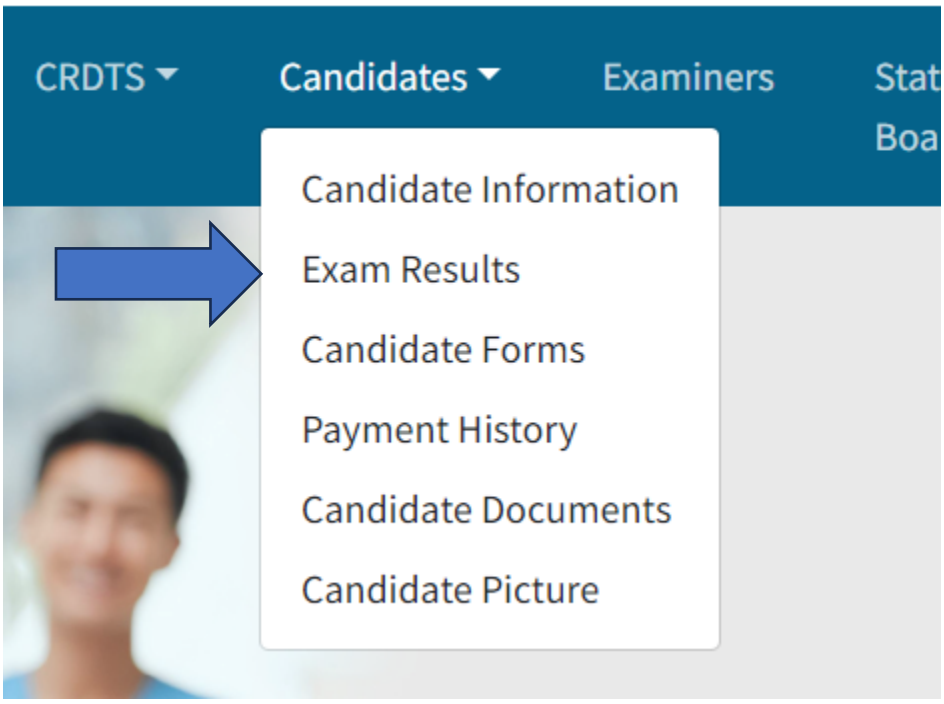
Fee Refunds: Notification of cancellation must be made in writing via email and submitted to the CRDTS Central Office. A refund (administrative fee deducted) will be made if notification is submitted at least 30 days prior to the candidate's scheduled exam start date. A 50% refund (administrative fee deducted) will be made if notification is submitted at least six business days prior to the candidate's scheduled exam start date. 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.

Late Fee: Late applications may be accepted based on availability. Candidates who register after the exam registration deadline will be charged the exam fee and an additional non-refundable administrative fee of $125.00.

Reporting of Scores

Passing Score: As the testing agency responsible for administering the examination, CRDTS has provided information to state boards 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 login to their personal profile using their assigned 10-digit CRDTS ID number and candidate created password. The Candidates tab will allow access to scores (see screenshot below).



In addition, CRDTS will mail candidates one certified copy of their final examination results in a sealed envelope approximately 3-4 weeks after their examination. Candidates should mail the sealed, certified copy directly to the licensing state of their choice. DO NOT OPEN the sealed envelope. For security and confidentiality reasons, no official scores can be released by telephone or email.

Release of Scores to State Boards: A Master Grade Report, 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 regarding 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 may

request a duplicate score report to be sent to a state board by submitting an online "Score Request" (See Duplicate Score 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.

Duplicate Score Request: Scores will be sent upon receipt of a request made online via the CRDTS website. The "Score Request" link can be found on the CRDTS homepage. Such requests must include the following:

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

If the candidate wishes to have the Candidate Manual sent along with the scores to provide an explanation of scores, an additional $25 will be assessed. There is an additional fee of $4 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 their 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 submitted in writing (filed and received) to 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 to submit a formal complaint may be obtained from CRDTS Central Office or from the CRDTS website FAQ's/Scores (Complaint Review). 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 their 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 cannot be selectively combined to achieve an acceptable final score.

Candidates who contact CRDTS Central 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 on the initial exam attempt, unless dismissed for unprofessional conduct, may choose to retake the exam on-site (at the discretion of the program). Candidates may also choose to schedule a complimentary retake at a future site.

There is no fee for the first retake whether on-site or at a future exam site. If additional retakes are necessary the candidate will be required to submit a new application, will be charged the full exam fee of $1175.00, and must meet current exam requirements at the time of the exam.

All portions of the unsuccessful examination must be retaken, not just the procedures with the deficient performance. A candidate applying for reexamination at a future exam site must provide documentation that all school requirements have been completed.

It is the responsibility of each state or licensing jurisdiction to enforce its own remediation policy. 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.

Policy for On-Site Retakes

All candidates who are unsuccessful with their **first ever** CRDTS dental hygiene exam attempt will be eligible for the complimentary 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 login to 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 being unsuccessful.
- An additional testing group will be available to accommodate eligible candidates who wish to take advantage of the 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 a similar 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.
- No additional documentation from the candidate is needed for on-site retakes, as the initial application and letter of certification submitted by program directors/school officials will suffice.

Note: All exam attempts (e.g., initial, on-site retake, and future retakes) are reported to state boards and may affect the state's reexamination remediation requirements. Candidates should carefully consider whether the 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 intends 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 undue burden.

Candidates seeking modifications or auxiliary aid, must note their request on the CRDTS online application, under "Additional Considerations." This allows CRDTS to ensure that an auxiliary aid or other requested modification exists and can be provided. Please note the following:

- Requests received after the registration deadline or retroactive requests will not be considered.
- Documentation of the need for the auxiliary aid or modification must be provided. 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.
- The candidate must make known in their request the exact auxiliary aids or modifications required 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:

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

Online Candidate Orientation – Q&A's

Candidates are advised to view the Online Candidate Orientation available on the CRDTS website PRIOR to their examination and submit questions in advance via email to CRDTS Central Office at info@CRDTS.org. There will be a brief on-site Q&A session prior to each testing group, however, this is not a replacement for viewing the Online Candidate Orientation.

Dental Hygiene Examination Content 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
Scaling/Subgingival Calculus Removal	12	5	60
Periodontal Probing	12	1	12
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.

Examination Timing: Candidates will have 2.5 hours to complete the clinical examination.

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 during the exam, via written communication (Instructions to the 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 of 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 exam standards as defined for:

- Improper Record Keeping -2 Points
- Failure to Properly Complete Anesthetic Documentation -2 Points
- Professional Demeanor -2 Points
- Infection Control/Asepsis/PPE Violations -2 Points
- Patient Management/Inadequate Pain Control -5 Points
- Tissue Trauma (1-2 errors are assessed individually) -5 Points
  - 3 or more errors constitutes a Critical Error -100 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 the overall treatment of the patient. Critical errors result in a non-passing score of the Dental Hygiene Examination, even though other rated treatment criteria are acceptable.

Professional Conduct

Dishonesty Clause: Candidates who are unsuccessful due to 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. Some states consider candidates who do not pass for dishonesty 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 inability to maintain appropriate conduct and/or standards may result in point penalties and/or dismissal from the exam.

Each candidate is expected to conduct themselves in an ethical, professional manner and always maintain a professional appearance. Candidates are prohibited from using any study or reference materials during the examination, other than the CRDTS Candidate Manual. 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 the exam and no points awarded. In addition, the candidate will forfeit all examination fees for the current examination.

Examples of unprofessional conduct that would result in dismissal/no points awarded:

- Falsification or intentional misrepresentation of application requirements
- Cheating
- 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 of 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, school 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/electronic equipment, or the taking of photographs/videos of patient care areas by the candidate or a patient during any part of the examination

Exam Time Schedule Overview

Each exam will have a unique schedule depending on the type of exam, the number of candidates, and groups assigned. The majority of examinations will be conducted over one or more days with two (2) groups assigned to each day. In rare instances, individual site limitations may require a slightly different schedule. Candidates will be informed of their examination date and group assignment in advance and need only report to the school on their assigned date and time.

EXAMPLE OF A GROUP ASSIGNED TO APPEAR WITH THEIR PATIENT AT 6:30 am	Approximate (~) Times
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 assigned 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 (2.5 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 **(e.g., ~5 hours from start to finish)**	11:35 am
Candidate receives scores online ~ 1 hour after testing group has finished	

EXAMPLE OF A GROUP ASSIGNED TO APPEAR WITH THEIR PATIENT AT 11:30 am	Approximate (~) Times
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 assigned 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 (2.5 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 **(e.g., ~5 hours from start to finish)**	4:35 pm
Candidate receives scores online ~ 1 hour after testing group has finished	

Time Schedule for Treatment Selection Submissions

This is an example of times a candidate could expect if they are assigned to appear with their patient at 6:30 am: Candidates and their patients may enter the clinic at ~ 7:00 am after receiving their Exam Packet from the Dental Hygiene Coordinator and the brief Q & A session.

The first Treatment Selection must be submitted NO LATER THAN 8:00 am. Candidates who have NOT submitted their first Treatment Selection by 8:00, but still intend to take the examination, will automatically be given a Start/Finish Time of 8:00 and 10:30, respectively, and will have until 9:00 to

submit an acceptable Treatment Selection. This time will include the Patient Check-In that still needs to take place.

This is an example of times a candidate could expect if they are assigned to appear with their patient at 11:30 am: Candidates and their patients may enter the clinic at ~ 12:00 pm after receiving their Exam Packet from the Dental Hygiene Coordinator and the brief Q & A session.

The first Treatment Selection must be submitted NO LATER THAN 1:00 pm. Candidates who have NOT submitted their first Treatment Selection by 1:00, but still intend to take the examination, will automatically be given a Start/Finish Time of 1:00 and 3:30, respectively, and will have until 2:00 pm 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 exam assignment confirmation email.

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 assigned to the testing site for the 6:30 am and 11:30 am groups.

All Groups: Once the first Treatment Selection has been evaluated by the examiners and is deemed acceptable or unacceptable, candidates will be given a 2.5 hour Start/Finish Time, which will be recorded on the candidate's Progress Folder and on a flow sheet kept at the Dental Hygiene Coordinator's desk. The Finish Time represents the latest time the candidate must present their patient to the Hygiene Coordinator's desk for Final Evaluation.

If a candidate's first Treatment Selection is unacceptable, a Start/Finish Time will be assigned, the clock will begin running on the candidate's 2.5 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 the candidate's second Treatment Selection is unacceptable, another 7-point penalty will be assessed, and 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 point penalties will be assessed. If an acceptable Treatment Selection is not presented within the 1-hour time limit, the candidate may not continue with 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 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 examiners' findings, the submission meets or exceeds all 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 the candidate 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 expedites the resubmission process, saving time for candidates whose initial submission is deemed unacceptable.

If the initial submission is acceptable, examiners will not consider the Alternate Submission. However, if the initial submission is unacceptable, the candidate will be informed immediately by the Dental Hygiene Coordinator (a Start/Finish Time will be assigned along with a 7-point penalty), but the patient will remain in the examiners' station where examiners will continue to review the Alternate Submission.

Candidates choosing to submit an Alternate Submission should complete both the top and bottom portion of their Treatment Selection Form. An example of a completed Treatment selection Form is provided in 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 needed).

After two submissions on the same patient, candidates are strongly encouraged to submit a new patient. This means candidates should be prepared with a back-up patient/s. **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 with 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, the dosage, and the time taken. 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 may NOT ask for opinions, help, or outside assistance. Violation of this rule is cause for dismissal from the examination with a non-passing score.

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

Attire: Candidates must wear CDC and OSHA mandated clinical attire. No uncovered arms, legs, or open-toed shoes are allowed in the clinic area. Lab coats and/or long-sleeved protective garments are all acceptable with no restriction on color and style.

Authorized Photography: At some select test sites, 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 cellular 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 Malfunction: In case of equipment malfunction, the Dental Hygiene Coordinator must be notified immediately, so the issue may be corrected.

Equipment (Use/Misappropriation/Damage): No equipment, instruments, or materials may be removed from the examination site without written permission of the owner. Non-payment 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 three (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 to the Dental Hygiene Coordinator's Desk before the examination is considered complete.

Extraneous Study Materials: Candidates are encouraged to bring a printed copy of the 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 cause for dismissal from the examination with a non-passing score.

Goggles or Face Shield: Candidates must wear goggles or a face shield during the clinical portion of the examination. Safety glasses are not a substitute for goggles. If a candidate chooses to wear goggles, per the CDC, they must fit the face immediately surrounding the eyes and form a protective seal around the eyes. If a candidate chooses to wear a face shield, loupes and/or prescription glasses may be worn under the face shield.

Health History: A Health History Screening 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 Screening Form must be completed PRIOR to the examination, presented at the time of Patient Check-In, and reflect the patient's current health status.

Identification Picture Badge: Prior to the examination, the Dental Hygiene Coordinator will verify the candidate's valid driver's license/photo ID with the CRDTS issued candidate ID picture badge which must be worn during the examination.

Incompletion of Exam: If a candidate starts the exam and does not complete the exam for any reason, the score will be a zero and will be reported to their state board as an attempt.

Infection Control Standards: During all patient procedures, the candidate must follow the most current recommended infection control guidelines as published by the CDC and OSHA (to include the use of High Volume Evacuation whenever aerosols are generated) and must be consistent with the policies of the testing site. In addition, the operatory must remain clean and orderly in appearance.

Instruments: Candidates will provide their own sterile instruments for use during the exam and should have extra sterilized instruments in the event a back-up patient is needed. Candidates should be familiar with using a periodontal probe with 1,2,3,4,5,6,7,8,9,10mm markings (e.g., UNC-12) and an 11/12 explorer.

Examiners will use the following instruments to evaluate each candidate's performance:

- 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

Examiners' Evaluation Station. Candidates will be allowed to keep these instruments and plastic container at their cubicle during the exam. For Final Evaluation, candidates will send these same instruments back to the Examiners' Evaluation Station. Candidates will be allowed to keep these CRDTS issued instruments and plastic container at the completion of the exam.

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 the examination, unless expressly written as allowed elsewhere in this manual.

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 Dental Hygiene Coordinator.

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 the Testing Site Letter which will be attached to the candidate's exam confirmation email. Arrangements for rental of power scaling units (if available) may be made through the testing site.

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 Dental 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 clinical facilities, equipment, supplies and disposables. This fee is independent of CRDTS 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 caused by the candidate to extra/intra oral soft tissues, resulting in injury to the patient which are inconsistent with the procedures performed and/or careless management of soft tissues. If such negligence is observed, there will be a reduction in points and/or a non-passing score.

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 the 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, or the form can be downloaded from the CRDTS website. The Treatment Consent Form must be completed PRIOR to the examination and will be submitted during the initial Patient Check-In.

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. 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 taken and recorded 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 status. 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 to sit for the exam 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, dentist/student, dental assistant, etc.).
- Patients must present with an acceptable blood pressure:
  - 159/94 or below: May proceed without medical clearance
  - 160/95 to 179/109: Accepted only with a written 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 Examiners' Evaluation 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 the examination.
  - Candidates MUST obtain and submit a written Medical Clearance letter (and provide antibiotic prophylaxis if necessary) for all patients that respond "YES" to the SHADED questions: #4G through #4M on their Health History Form.

Questions #4G through #4M are as follows:

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 have taken the antibiotic at the required time, prior to Patient Check-In.
- Patients with a need for antibiotic prophylaxis may NOT be shared by candidates on subsequent clinical days. However, patients with a need for antibiotic prophylaxis may be shared by candidates if they are treated on the SAME day (e.g., a 6:30 am group and an 11:30 am group on the same clinical day).
- Patients with diabetes controlled by insulin infusion devices may 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 #4A).
- Active tuberculosis (Question #4B).
    - **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 (Questions #4C-F).
- Any condition or medication/drug history that might be adversely affected by the length of the 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 the candidate not passing the examination.
- 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. The candidate's Treatment Selection must include the proper number and type of TEETH and the proper number of QUALIFYING SUBGINGIVAL 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 an 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
- All teeth must be fully erupted

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)
- No more than 4 of the 12 surfaces can be on anterior teeth (there is no requirement for any of the 12 surfaces to be on anterior teeth)

Prohibitions: CRDTS prohibits the submission of TEETH in the Treatment Selection that contain a prohibition as listed below and will result in rejection of the Treatment Selection and a 7-point penalty will be assessed:

- Grade III mobility
- Grade III or IV furcations
- Orthodontic brackets, Invisalign® 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 above 6mm

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 Patient Check-In and Final Evaluation procedures. At the conclusion of the examination, all radiographs will be returned to the candidate. These radiographs are protected patient information, so please manage accordingly.

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 glossy, premium quality photo paper that is at least 50 lb. in weight.
    - Note: Digital radiographs printed using a quality COLOR inkjet printer, have proven to be of superior quality compared with those printed using a laser printer (color inkjet printers provide better contrast/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 Patient 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 Worksheet and Treatment Selection Worksheet included in this manual for the screening of 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.

- Based on the 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 appropriate bubbles (M, F, D, L). Although candidates will NOT be submitting surfaces as a part of their Treatment Selection, charting the surfaces on this worksheet will help them determine if the patient meets the criteria for patient acceptability.
- Use the checklist to confirm that the submission meets all of 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 pathologic 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 scope of dental hygiene practice) aids the dentist and hygienist in promoting health by identifying potential subclinical disease processes, oral habits, and conditions that need observation over time or

require specific home care instructions. In addition, this documentation also acts to assist medicolegal death investigations.

Performance Criteria for Extra/Intra Oral Assessment: The candidate must record the condition and location (where indicated) of any tissue or feature which demonstrates the significant findings that are identified on the Extra/Intra Oral Assessment Form and described in the list below.

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 sheet of paper.

Extraoral Assessment: The extraoral assessment will be evaluated by examiners with the patient in an upright position.

(A) Inspect and palpate the HEAD, FACE, and NECK for any lesions, asymmetry, swelling, infected facial piercings or palpable conditions, which may include a raised mole. Piercings need to be noted only if the pierced area is demonstrating inflammation and/or infection.
(B) Palpate LYMPH NODES for any evidence of tenderness, hardness, and non-mobility.
(C) Examine the function of the TEMPOROMANDIBULAR JOINT for evidence of discomfort, restricted opening and/or audible or palpable symptoms.

Intraoral Assessment: The intraoral assessment will be evaluated with the patient in a reclined position.

(D) Inspect and palpate the ORAL MUCOSA/LIPS and all supporting structures for lesions, chemical/physical irritations, tattoos, swellings, and all intraoral piercings, hematomas, and/or palpable nodules.
(E) Inspect and palpate the ALVEOLAR RIDGE and all supporting structures for lesions, chemical/physical irritations, exostosis, torus/tori, tattoos, swellings, hematomas, and/or palpable nodules.
(F) Examine and palpate the PALATE and the ORAL PHARYNX (including tonsils and tonsillar pillars) for the presence of torus, lesions, chemical/physical irritations, and/or other significant findings.
(G) Examine and palpate the TONGUE for symptoms of hairy tongue, fissured tongue, loss of papilla, geographic tongue, glossitis, piercings, palpable nodules, or lesions.
(H) Examine and palpate the FLOOR of the MOUTH for ankyloglossia, hematomas, lesions, tattoos, or other significant findings.

Candidate Instructions for the 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.
- If significant findings are present, as listed on the form, check the appropriate box/boxes and provide the information that is requested.
- If significant findings are not present, as listed on the form, check the WNL (Within Normal Limits) box.
- Do not check BOTH the WNL box and another box within the same category or it will be considered an error.

- If you accidentally check the wrong box, cross out the error by drawing a single line through it and initial it.
- If a "location" and/or "brief description" is requested and a candidate fails to record such information, an error will be assessed.
- BLUE INK is preferred on all forms as it is easier for examiners to read.

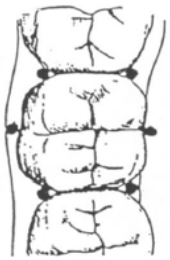
Periodontal Measurements

Performance Criteria for Periodontal Measurements: The candidate will complete the periodontal measurements on two randomly assigned teeth chosen from the teeth submitted in the candidate's Treatment Selection. The candidate must accurately chart within +/- 1mm the gingival sulcus/pocket depths to the nearest mm on 6 aspects of the two assigned teeth. Candidates are instructed to place the probe at 6 defined aspects of the teeth: MF, F-midpoint, DF, ML, L-midpoint, DL. Candidates record their findings in the box grids provided on the back of the oral assessment form, making sure every box has a measurement recorded.

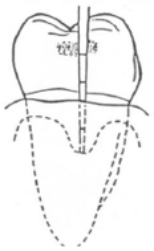
Candidate Instructions for Periodontal Measurements

- 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.

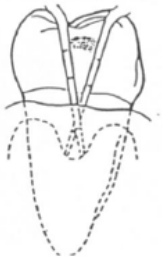
The illustrations that follow depict the proper placement of the probe, from both the occlusal and interproximal perspectives:



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 candidate will be randomly assigned exactly 12 surfaces for the examiners to evaluate. The 12 surfaces chosen for evaluation will be from all the "qualifying surfaces" found in the candidate's Treatment Selection submission.
- Given that 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 an 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, excluding occlusal surfaces.
- The candidate must effectively remove all supragingival deposits (hard and soft; calculus, plaque/biofilm, 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 examiners).

Tissue Management

Performance Criteria for Tissue Management

- All soft tissues (extraoral and intraoral) will be evaluated (palate, cheeks, floor of mouth, lips, head, and face).
- The candidate must effectively utilize sonic/ultrasonic and/or hand instruments, polishing cups, and dental floss so that no unwarranted soft tissue trauma (abrasion, lacerations, or ultrasonic burns) occurs because of the prophylaxis procedure.
- Acceptable performance will have been demonstrated if 100% of all soft tissues are well managed and exhibit no unusual mechanical damage.
- Tissue trauma errors are assessed individually if there are two or less (-5 Points per incidence).

Determination of Tissue Trauma Errors:

- Unwarranted damage caused by the candidate to the extra/intraoral soft tissues.
- Obvious and avoidable MUTILATION of soft tissue caused by the candidate.
- Soft tissue damage caused by the candidate which demonstrates a gross disregard for instrumentation techniques as a result of the prophylaxis procedure.
- A soft tissue laceration 3mm or greater that does NOT require suturing or perio packing.

Critical Tissue Trauma Error

Critical tissue trauma is defined as: unwarranted iatrogenic damage to extra/intraoral soft tissues resulting in significant injury to the patient.

A soft tissue trauma critical error resulting in an unsuccessful score of the Dental Hygiene Examination, will be assessed if any of the following exists:

- Damage to three (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
- Any ultrasonic burns requiring follow-up treatment

Use of Anesthetics

All dental hygiene candidates will have the opportunity to have their patient anesthetized during the examination. The following options are available to candidates:

- Candidate administers subgingival anesthetic gel (e.g., 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.
  Note: The technique and/or actual administration of anesthetic will NOT be evaluated.
- 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 requested. 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.

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 the Candidate 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 a 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 (local and/or subgingival).
- 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 (local and/or subgingival) and armamentarium with them to the examination if these items are not included in the testing site provisions outlined in the testing site letter.
- 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 the anesthetic. Candidates will record their cubicle number on the Anesthetic Sign-Up Sheet, so the Exam Site Dentist knows which candidate needs an authorization signature and address each candidate in the order that they have signed-up.
- The Exam Site Dentist will review the patient's Health History and sign Page 2 of the Progress Folder (OBTAIN "AUTHORIZING SIGNATURE" FROM EXAM SITE DENTIST).
- Candidates will be allowed to administer a maximum of 2 cartridges (3.6ml) of anesthetic after receiving their initial authorization signature. If more than 2 cartridges (3.6ml) of anesthetic are needed during the examination, the candidate must sign-up on the Anesthetic Sign-Up Sheet and receive a second authorizing signature (Page 2 of the Progress Folder) from the Exam Site Dentist

prior to administering additional anesthetic. The Exam Site Dentist will also record on Page 2 of the Progress Folder, the additional amount of anesthetic that the candidate is allowed to administer.

- When treatment is complete, THE CANDIDATE must complete the "Candidate Administered Anesthetic(s)" section on page 2 of the Progress Folder. 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 Page 2 of the Progress Folder is not documented appropriately, a 2-point recordkeeping penalty will be assessed.

Protocol for Candidates NOT Qualified to Administer Local Anesthetic

- For 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 (Page 2 of the Progress Folder) of the "Dentist or Qualified Practitioner Administered Local Anesthetic" section is completed.
- If additional anesthetic (beyond what was initially administered) is needed during treatment, the candidate must sign-up again on the Anesthetic Sign-Up sheet, to have the dentist return to their cubicle.

Checklist of Suggested Exam Materials

<u>On the Day of the Exam, please bring the following materials with you:</u>

☐ Picture ID for admission to the examination

☐ This Candidate Manual (optional, but encouraged)

☐ 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 (non-smart) or small clock to synchronize with Official CRDTS Exam Clock

☐ Pen – BLUE INK IS PREFERRED

☐ Radiographs

☐ Blood pressure cuff (Manual/Automatic/Arm/Wrist are all acceptable) & stethoscope (optional or if needed)

☐ Supplies/Syringe for local anesthesia and/or subgingival anesthetic gel

☐ Operator Goggles or Face shield (see Glossary for definition) and patient eye protection

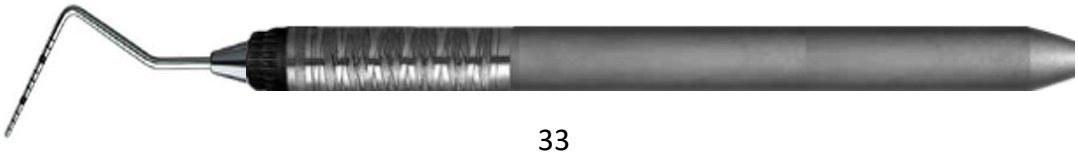
☐ Comfort items for your patient; blanket in case the clinic is cold, reading materials, etc.

☐ Prophy angle and power scaler (if not provided or available to rent at the exam site)

☐ Sterilized dental hygiene instruments of choice (and a back-up set) 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, #5 head with #7 handle
- 11/12 Explorer, metal with #7 handle
- UNC-12 Probe, metal with #7 handle



Glossary of Words, Terms and Phrases	
Case Type or Grade III Furcation	Complete loss of interradicular bone, with pocket formation which allows a probe to pass to the opposite side of the tooth. The 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 furcation clearly visible upon clinical examination. Furcation is through and through and furcation is visible in the mouth.
Case Type or Grade III Mobility	Severe pathologic mobility. Tooth can be moved in a buccolingual and/or mesiodistal direction and is vertically depressible in the socket.
Goggles	Goggles or a face shield must be worn during the clinical portion of the examination. Safety glasses are not a substitute for goggles. If a candidate chooses to wear goggles, per the CDC, they must fit the face immediately surrounding the eyes and form a protective seal around the eyes. If a candidate chooses to wear a face shield, loupes and/or prescription glasses may be worn under the face shield.
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	• A qualifying deposit of calculus is defined as explorer-detectable subgingival calculus, which is distinct, obvious, and can be easily detected with an 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: o Significant enough in quantity to be readily discernible or detectable o A definite “jump” or “bump” which is easily detected with one or two strokes o A deposit that easily “binds” or “catches” the explorer o Ledges, rings, spiny, or nodular formations

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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 in the course of 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 with regard to 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 taking oral bisphosphonate medications may be at risk for oral osteochemonecrosis of the jaws after dental treatment or because of prior 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 _____, 20___.

_____ _____

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

_____ _____ (_____)_____

Patient's Address, City, State & Zip Patient's Phone Number

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

2027 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 has a healthcare provider treated you 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. Liver Disease/Jaundice/Cirrhosis/Hepatitis if YES Type: _____
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.

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 the 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 _____ /_____ /20___**

****All items marked with an asterisk must be completed on the DAY OF THE EXAMINATION***

For CRDTS Use Only

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**:_____

Medical or Dental Provider 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 regarding the dental treatment and/or periodontal therapy 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 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. *CRDTS 2024*

ONE OR TWO DIGIT CANDIDATE NUMBER

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

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.

CENTRAL REGIONAL DENTAL TESTING SERVICE

DENTAL HYGIENE PROGRESS FOLDER

ONE OR TWO DIGIT CANDIDATE NUMBER

ANTIBIOTIC PROPHYLAXIS (if required)

Type:	Dosage:	Time

START

FINISH

Resubmit Time: _____

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

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:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. Assigned Teeth for Pocket Depth Measurements: ☐ ☐

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 **OR** 2.7 ml 2% Lidocaine w/ epi 1:100,000 Right IA)*

_____

_____

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)**
Oraqix: Max Cartridges Allowed w/ Initial Dentist Signature = **2**
Maximum 2 LA + 2 Oraqix = Authorized w/ this signature 4

LA: Add'l Cartridges Allowed = _____
Oraqix: Add'l Cartridges Allowed = _____

X _____
Dentist signature authorizing INITIAL anesthetic

X _____
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 #s: _____ **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 **OR** 2.7 ml 2% Lidocaine w/ epi 1:100,000 Right IA)*

_____

_____

_____

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 break-down.**
- **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 the 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**

EXAMINER NUMBERS:

Examiner #1	Examiner #2	Examiner #3

BLUE INK is preferred

ONE OR TWO DIGIT CANDIDATE NUMBER

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	☐WNL **or** →	ASYMMETRY Location:	INFECTED PIERCINGS Location:	PALPABLE CONDITIONS Location:
		SWELLINGS Location:	LESIONS Brief description of lesion(s) AND location:	
B. Lymph Nodes	☐WNL **or** →	TENDERNESS Location:	HARDNESS Location:	NON-MOBILITY Location:
C. TMJ	☐WNL **or** →	☐ RESTRICTED OPENING *(No description & No location required)*	DISCOMFORT ☐Right ☐Left	AUDIBLE/PALPABLE SYMPTOMS ☐Right ☐Left
INTRAORAL	**WNL**	**SIGNIFICANT FINDINGS**		
D. Mucosa / Lips	☐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) AND location:		
E. Alveolar Ridge	☐WNL or →	TATTOOS (ie: amalgam, art, etc.) Location:	HEMATOMAS Location:	SWELLINGS Location:
		EXOSTOSIS Location:	MANDIBULAR TORUS/TORI ☐Right ☐Left	PALPABLE NODULES Location:
		LESIONS &/or CHEMICAL/ PHYSICAL IRRITATIONS: Brief description of condition(s) AND location:		
F. Palate/Oral Pharynx	☐WNL **or** →	☐ PALATAL TORUS *(No description & No location required)*	LESIONS, CHEMICAL/ PHYSICAL IRRITATIONS and OTHER SIGNIFICANT FINDINGS Brief description of condition(s) AND location:	

TURN OVER →

BLUE INK is preferred

G. Tongue	☐WNL **or**	PALPABLE NODULES Location:	TONGUE PIERCINGS Location:	LESIONS Brief description of lesion(s) AND location:
		☐ HAIRY TONGUE *(No description & No location required)*	☐ FISSURED TONGUE *(No description & No location required)*	
		☐ GEOGRAPHIC TONGUE *(No description & No location required)*	☐ GLOSSITIS *(No description & No location required)*	☐ LOSS OF PAPILLA *(No description & No location required)*
H. Floor of Mouth	☐WNL **or**	TATTOOS (ie: amalgam, art, etc.) Location:	HEMATOMAS Location:	☐ ANKYLOGLOSSIA *(No description & No location required)*
		LESIONS, CHEMICAL/ PHYSICAL IRRITATIONS and OTHER SIGNIFICANT FINDINGS Brief description of condition(s) AND 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	

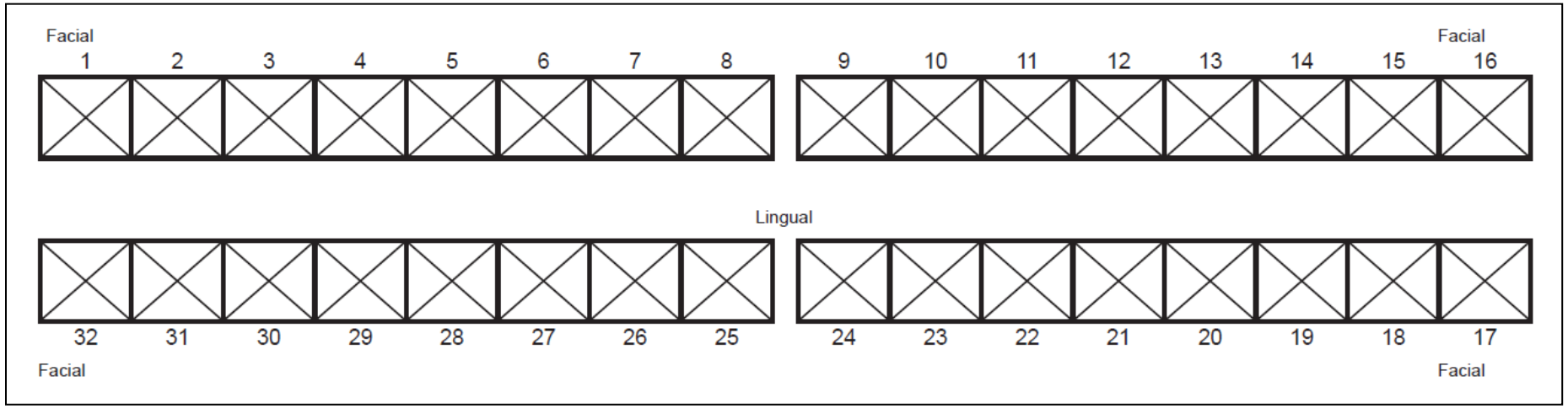
#	mm
DF	
F	
MF	
DL	
L	
ML	

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.
- Cross out (X) all impacted, missing and unerupted teeth in the patient's mouth.
- 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: _____



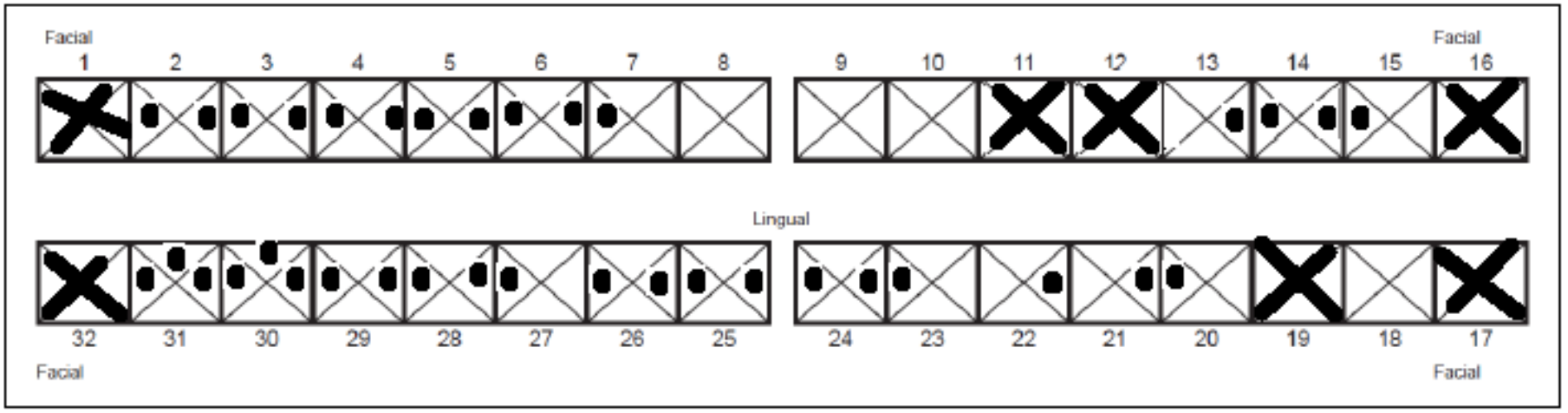
EXAMPLE

CRDTS DENTAL HYGIENE "FULL MOUTH PATIENT SCREENING" WORKSHEET

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- "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: Mary Jane Smith Screening Date: _____



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. (ie: 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.

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 in the occlusal plane?

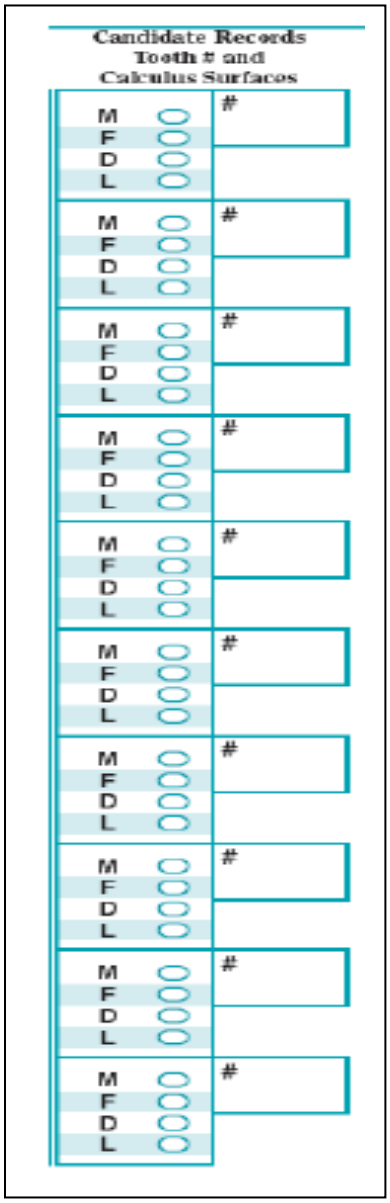
Qualifying Calculus:

___ 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, Invisalign buttons, 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



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 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