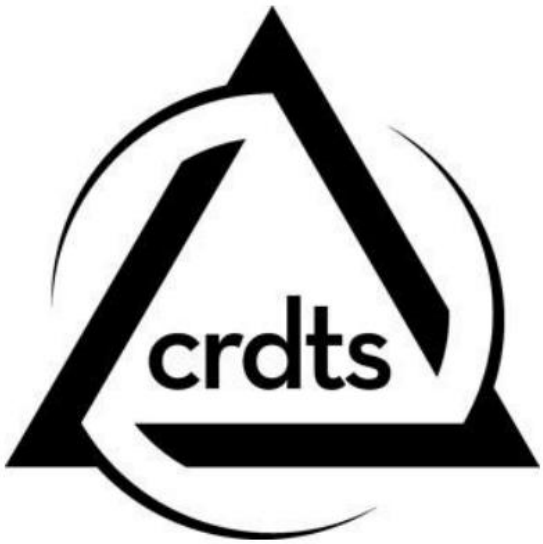
2027

NEBRASKA EFDA EXAMINATION CANDIDATE MANUAL



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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Table of Contents

Introduction 1

Application Information & Requirements 2

Confirmation of Training 2

Examination Fee 3

Application Deadlines 3

Application Confirmation 3

Reporting of Scores 5

Petition for Review/Complaint Review Process 6

Policy for Retake and Remediation 7

Policy for Testing of Candidates with Disabilities 7

On-Site Q&A's 8

Overview, Content, Scoring System & Criteria Definitions 8

Standards for the Professional Conduct of the Examination 11

General Directives and Information *(listed in alphabetical order)* 12

Exam Time Schedule Overview 14

Examination Time Flow and Supply Requirements 15

Checklist of Required Materials and Instruments 16

Grading Criteria 17

Introduction

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

Mission Statement: To provide the dental examination community with test construction and administrative standardization for an Auxiliary Restorative clinical licensure examination. The examination will demonstrate integrity and fairness to assist the Nebraska Board of Dentistry with their mission to protect the health, safety, and welfare of the public by assuring that only competent and qualified individuals are allowed to perform these procedures.

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. The procedures in this examination are a representative sample of the approved services in statute and/or rule for auxiliaries to complete in the practice of general dentistry.

CRDTS: The Central Regional Dental Testing Service, Inc. (hereinafter abbreviated CRDTS) is an independent testing agency which develops and administers clinical competency examinations on behalf of its member and participating states. Regional testing agencies contract with individual State Boards of Dentistry to administer the clinical examination required for licensure in those states. Regional testing agencies do not have the authority to license individuals or to implement policy that goes beyond the laws of its member states. Regional testing agencies should not be confused with State Boards of Dentistry.

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

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 the dental profession that are fair, objective, and meet established principles of measurement for clinical evaluation.

Candidate Ethical Responsibilities: Licensure as a dental health professional and the public trust, respect, and status that accompanies it, is both a privilege and a responsibility. Implicit in a state board's charge to protect the public is the responsibility to ensure that practitioners are not only competent, but also ethical. In addition to the American Dental and 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 and certificates.

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.

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 NE EFDA Examination is developed and revised by the CRDTS Dental and Dental Hygiene Examination Review Committees (DERC/DHERC) and the Nebraska Board of Dentistry. The DERC and DHERC are comprised of representatives from CRDTS' Member States, as well as dental and dental hygiene faculty representatives and content expert consultants. With both practitioners and educators involved, the Committees have considerable content expertise from which to draw. The Committees also rely 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 considerations such as the potential to ensure that a skill can be evaluated reliably.

Application Information & Requirements

Qualified candidates may apply to take the NE EFDA examination by applying online at www.crdts.org. Once an application is completed, it is considered a contract with CRDTS. 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.

The following items must be provided:

Confirmation of Training: Candidates applying to take the NE EFDA examination must submit proof of the training on or before the published deadline date verifying appropriate educational and clinical training. For programs (i.e., dental hygiene programs, dental assisting programs, and continuing education courses) with

multiple applicants, Program Directors may email one blanket letter from the Program Director's college email with a list of all eligible students verifying training to place restorations.

Examination Fee: The examination fee is $475.00, 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.

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, if a candidate's first choice is not available, the candidate's second choice will be granted.

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 Nebraska EFDA 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: A non-refundable administrative fee of $50 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 $50 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 their assigned exam. 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.
- 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 handpieces, 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., handpieces and 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 Proctor/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 or designated school official 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/completion of curriculum and presentation of diploma/certificate 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 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 $50.00.

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 75/100 or more on the examination may represent an acceptable demonstration of competence to practice NE EFDA functions. 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 grading is complete. 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. 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 Programs/Schools: Scores will be reported to the program/school from which the candidate is a current graduate/completed the curriculum.

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 NE EFDA Examination was completed
- Address to where the results are to be sent
- $50 for up to three score reports

If the candidate wishes to have the Candidate 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 program/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, testimonials, program/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 Retake and Remediation

Retest Examination Fee: Candidates who are unsuccessful with one or all restorations **must submit a new application and pay the examination retake fee of $475 prior to retesting.** Candidates are permitted to apply for only one examination at a time and may not submit another application until after the results of the prior examination have been released.

Some sites may offer a retake immediately after the scheduled exam groups. The candidate letter will clarify if a same-site retake opportunity is available.

When retaking the examination, only the unsuccessful restoration(s) need(s) to be completed. The timeline for the retake is thirty (30) minutes for each Class I restoration and forty-five (45) minutes for each Class II restoration. A maximum of two (2) hours will be permitted for the retake exam.

Candidates who are retaking the examination at a future exam site must fulfill current examination requirements.

It is the responsibility of each state or licensing jurisdiction to enforce its own remediation policy. There is no state which requires remediation after only one unsuccessful attempt. However, some states require remediation after two unsuccessful attempts. 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 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.

On-Site Q&A's

Candidates are advised to read and be familiar with this Candidate Manual 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 reading and understanding the manual.

Overview, Content, Scoring System & Criteria Definitions

Overview: The NE EFDA examination is based on clinical simulated patient treatment, with an evaluation of specific clinical skills as well as the candidate's compliance with professional standards during treatment. The simulation experience includes similar criteria and processes as a patient-based exam with the manikin being treated as a patient.

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

Content:

CONTENT	FORMAT
1. Class I Amalgam – Restoration #19 O AND 2. Class I Composite – Restoration #14 O AND 3. Class II Amalgam – Restoration #3 MO AND 4. Class II Composite – Restoration #30 MO	- Performed on a Manikin - 2 hours for the exam

Scoring System: The examination scoring system was developed in consultation with three different measurement specialists; the scoring system is criterion-based and was developed using an analytical model.

Only state boards of dentistry are legally authorized to determine standards of competence for licensure in their respective jurisdictions. However, in developing the examination, CRDTS has recommended a score of 75 or more to be a demonstration of sufficient competence; and participating State Boards of Dentistry have agreed to accept that standard. To achieve "CRDTS status" and be eligible for licensure in a participating state, candidates must achieve a score of 75 or more on the 100-point for each procedure.

Performance Criteria Definitions: CRDTS and other testing agencies have worked together on a national level to draft and refine the performance criteria for each procedure in this examination. For the majority of those criteria, gradations of competence are described across a 4-level rating scale.

- **SATISFACTORY (SAT = 4 pts):** The treatment is of good to excellent quality, demonstrating competence in clinical judgment, knowledge, and skill. The treatment adheres to accepted mechanical and physiological principles permitting the restoration of the tooth to normal health, form, and function.
- **ACCEPTABLE (ACC = 3 pts):** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge, and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not damage nor significantly shorten the expected life of the restoration.
- **SUBSTANDARD (SUB = 1 pt):** The treatment is of substandard quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge, or skill of the mechanical and physiological principles of restorative dentistry, which if left unmodified, will cause damage to, or substantially shorten the life of the restoration.
- **CRITICALLY DEFICIENT (DEF = 0 pts and results in failure of the restoration):** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge, or skill of the mechanical and physiological principles of restorative dentistry. If this type of restoration had been placed for a patient versus a manikin, it would mean the treatment plan must be altered, additional care provided, and possible temporization in order to sustain the function of the tooth, oral health, and well-being of patient.

A rating is assigned for each criterion in every procedure by three independent examiners. Points are awarded based on the level at which a criterion is rated and confirmed by at least two of the three examiners. In an instance that none of the three examiners' ratings are in agreement, the median score is assigned. However, if any criterion is assigned a rating of ***critically deficient*** by two or more examiners, ***no points are awarded for that procedure***, even though other criteria within that procedure may have been rated as satisfactory.

The following is a description of the number of criteria that are evaluated for the procedures:

Class I Amalgam Restoration #19	5* Criteria Categories
Class I Composite Restoration #14	6* Criteria Categories
Class II Amalgam Finished Restoration #3MO	7 Criteria Categories
Class II Composite Finished Restoration #30MO	8 Criteria Categories

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

An example of how to compute scores that include no critical deficiencies or penalties is shown below.

PROCEDURE	# CRITERIA	POINTS EARNED	POINTS POSSIBLE	COMPUTED SCORE
Class I Amalgam Restoration	5 Criteria	16	20	80.00
Class I Composite Restoration	6 Criteria	19	24	79.16
Class II Amalgam Restoration	7 Criteria	22	28	78.57
Class II Composite Restoration	8 Criteria	26	32	81.25

All four (4) procedures each have their own stand-alone score. The Class I amalgam restoration has five (5) scorable criteria, the Class I composite has six (6) scorable criteria, the Class II amalgam restoration has seven (7) scorable criteria, and the Class II composite restoration has eight (8) scorable criteria categories:

1. Margin Deficiency and/or Margin Excess (one category, scored separately to account for a restoration that exhibits both a deficiency and an excess, e.g., SAT for Margin Deficiency = 2 pts, SAT for Margin Excess = 2 pts, for a total of 4 pts for this category)*
2. Excess Bonding Agent*
3. Gingival Overhang
4. Surface Finish*
5. Contiguous Tooth Structure*
6. Interproximal Contact
7. Centric/Excursive Contacts*
8. Anatomy/Contour*

As shown in the example above, the candidate earned 16 out of 20 points for the Class I Amalgam Restoration for a final score of 80.00 for that procedure; the candidate earned 19 out of 24 points for the Class I Composite Restoration for a final score of 79.16 for that procedure; the candidate earned 22 out of 28 points for the Class II Amalgam Restoration for a final score of 78.57 points for that procedure and the candidate earned 26 out of 32 points for the Class II Composite Restoration for a final score of 81.25 for that procedure.

Penalty Deductions: Penalties may be assessed for violation of examination standards, as defined within this manual, or for certain procedural errors as described below. Any of the following may result in a deduction of points from the score or dismissal from the exam in any of the clinical procedures.

- Rubber dam remnants remaining in typodont (1 point)
- Uncleanliness of model (scrap amalgam, bur, matrix, any foreign object) (1 point)
- Violation of Standard Precautions or infection control/prevention procedures (2 pts):
  Candidates must practice and wear PPE as if the manikin were a patient. Candidates found to NOT be wearing proper PPE and/or not following proper infection control procedures (e.g., dropping an instrument and continuing to use it without first obtaining permission to do so from the CRDTS Proctor) would result in a penalty.
- Poor Professional Demeanor (2 pts):
  Unkempt, unclean, or unprofessional appearance; inconsiderate or uncooperative with other candidates, CRDTS Proctor, or testing site personnel
- Improper Operator/Manikin Positioning/Patient Management (5 pts):
  Candidates must maintain proper operator/manikin positioning during clinical procedures.
- Fractured restoration (DEF 80 points)
- Debonded restoration (DEF 80 points)
- Adjacent tooth damage (DEF 80 points, SUB 3 points, ACC 1 point)
- Simulated Soft Tissue/Gingiva/Shroud damage (DEF 80 points, SUB 3 points)

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

- Violation of Examination Standards, Rules, or Guidelines
- Treatment of teeth or surfaces other than those assigned
- Violation of Standards for the Professional Conduct of the Examination as listed below

Standards for the Professional Conduct of the Examination

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
- Misappropriation or thievery of equipment during the examination
- Using unauthorized equipment at any time during the examination process
- Performing required examination procedures outside of the allotted examination time
- Receiving assistance from another practitioner including, but not limited to; another candidate, dental hygienist, dentist, faculty, school representative(s) etc.
- Unprofessional, rude, abusive, uncooperative, or disruptive behavior to other candidates and/or exam personnel
- Noncompliance with anonymity requirements
- Unauthorized use of cell phones/electronic equipment, or the taking of photographs/videos in clinic areas by the candidate during any part of the examination

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

Anonymity: The anonymous testing procedures for the examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of a candidate, or relate or connect the work-product graded or to be graded to a particular candidate. The candidate's name and school information should not appear on any examination forms or materials. CRDTS examiners will be physically isolated from the candidates in a separate grading area or evaluation will take place off-site. All examination forms and materials are identified by the candidate's one or two-digit Candidate Number, which is assigned prior to the examination.

Approved Communication: All approved communication must be in English.

Assigned Operatories: The candidate shall work only in the assigned clinic, operatory or laboratory space.

Assigned Procedures: The candidate must perform only the treatment and/or procedures assigned. Performing other treatment or procedures is prohibited.

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 candidates.

Auxiliary Personnel: Use of assistants/auxiliary personnel are not permitted to assist chairside during the manikin examinations.

Electronic Equipment: There will be no unauthorized use of cellular phones or any electronic equipment or the taking of photographs in clinic areas by candidates during any part of the examination.

Equipment Malfunction: In case of equipment malfunction, the CRDTS Proctor 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. Willful or careless damage of typodonts, manikins or shrouds may result in a non-passing score and any repair or replacement costs must be paid by the candidate before examination results will be released.

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

Examination Completion and Start/Finish Times: All procedures of the examination shall be completed within the specified time frame for the examination to be considered complete. Treatment procedures may not be initiated prior to the established starting time(s) and must be completed by the established finish time(s). Any examination procedures performed outside the assigned time schedule will be cause for the examination to be considered incomplete and will result in a non-passing score of the examination.

Examination Guidelines: Violation of the published standards, guidelines and requirements for the examination will result in a non-passing score of the examination.

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 CRDTS Proctor before the examination is considered complete.

Extraneous Study Materials: Candidates are encouraged to bring a printed copy of the Candidate Manual (with any handwritten notes on the pages provided) 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**.** Use of unauthorized materials will result in a non-passing score of the examination.

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.

Identification Picture Badge: Prior to the examination, the CRDTS Proctor will verify the candidate's valid driver's license/photo ID with the CRDTS issued candidate ID picture badge.

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 simulated 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.

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.

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

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 email confirmation.

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.

Visitors/Unauthorized Personnel: Only authorized personnel will be allowed in the examining and clinic areas. Visitors are not allowed.

Exam Time Schedule Overview

Candidates will be informed of their examination date and group assignment in advance of the examination and need only report to the school on this date and time. Candidates will have two (2) hours to complete the restorative examination. Each exam will have a unique schedule depending on the number of candidates

and groups assigned. However, the 30-minute set-up time and the two (2) hour examination time remain consistent at all sites.

EXAMPLE OF A GROUP ASSIGNED TO APPEAR AT 6:45 am **Class I and II Manikin Procedures**	
TIME	**GROUP**
6:45 am	Candidate Check-In
7:00 am	Group A Set-Up
7:30 am	Exam Starts
9:30 am	Exam Stops

Examination Time Flow and Supply Requirements

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

The CRDTS Proctor will check ID's, distribute exam materials, and conduct a brief Q&A prior to escorting candidates into the clinic.

Clinic operatories/cubicles will be set up with a chair mounted pole supplied by the school, and a typodont with a facial shroud supplied by CRDTS. Candidates have 30 minutes to set up their cubicle to their satisfaction. Candidates are allowed to visually inspect the typodonts during set up but are not allowed to touch the typodont until directed to do so by the CRDTS Proctor/Coordinator. In addition, candidates are prohibited from removing the maxilla or mandible from the articulator. Candidates are responsible for ensuring that all equipment is compatible with the testing site attachments. Arrangements for rental handpieces and/or other equipment may be made through the testing site. It is suggested that candidates check well in advance with the Site Coordinator of the school selected for the equipment requirements at the testing site.

Unless otherwise instructed, the candidate will need to provide all their own operative supplies to include but not limited to:

- Composite
- Handpiece
- Curing light

The CRDTS Proctor will sign the Progress Form to indicate the candidate is satisfied with the mounted typodont, there is no pre-existing soft tissue damage, and the candidate is ready to start the exam.

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

Restorative Materials:

- Any shade of composite is allowed
- A resin bonding agent **must** be utilized. It is strongly recommended that etch be used with bond (restore as you would a natural tooth).
- **No** composite surface sealer, flowable or unfilled resin/glaze(s) may be applied to any surface of the finished restoration.
- Polishing agents are allowed but **not recommended**.

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

CRDTS will provide standardized, approved floss for evaluation of interproximal contacts (POH LiteWax Percept 630 Black Floss Sachets).

Isolation Dam: Only the Class I Composite Restoration and Class II Composite Restoration must be placed under isolation dam. It can be removed to finish the restoration. In order to avoid evulsion, no clamps should be placed on the teeth to be treated; clamps should be placed on nearby teeth. The isolation dam can be stamped and punched during the thirty minute set up time.

Evaluation and Check-Out: When candidates finish their procedures, they should ask the CRDTS Proctor to come to their cubicle. The CRDTS Proctor will take the typodont, initial the Progress Form and collect the ID badge. The candidate may then clean the operatory and set it up for the next candidate in the subsequent testing group. After completing the candidate Feedback Form and placing it in the envelope provided, candidates may leave the clinic area.

Checklist of Required Materials and Instruments

- ✓ Picture ID for admission to the examination
- ✓ This Candidate Manual (optional, but encouraged)
- ✓ Handpiece compatible with testing site attachments
- ✓ Operative instruments
- ✓ Instrument tray
- ✓ Blue or black ink pen
- ✓ Other restorative supplies not provided by the testing site (i.e., restorative materials, light curing unit). Refer to testing site letter for clarification.

Grading Criteria

POSTERIOR CLASS I AMALGAM FINISHED RESTORATION
Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1.0 mm, which can include pits and voids at the cavosurface margin.
DEF	There is evidence of marginal deficiency of more than 1.0 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

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

SURFACE FINISH

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

CONTIGUOUS TOOTH STRUCTURE

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

POSTERIOR CLASS I AMALGAM FINISHED RESTORATION
Contour, Contact, and Occlusion

CENTRIC/EXCURSIVE CONTACTS

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

ANATOMY/CONTOUR

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

POSTERIOR CLASS I AMALGAM FINISHED RESTORATION
Critical Errors

DEF	Fractured restoration.

POSTERIOR CLASS I COMPOSITE FINISHED RESTORATION
Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1.0 mm, which can include pits and voids at the cavosurface margin.
DEF	There is evidence of marginal deficiency of more than 1.0 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

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

EXCESS BONDING AGENT

SAT	There is no excess bonding agent.
ACC	There is excess bonding agent at the cavosurface margin, but it is no greater than 1.0 mm.
SUB	There is excess bonding agent at the cavosurface margin greater than 1.0 mm.

CONTIGUOUS TOOTH STRUCTURE

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

SURFACE FINISH

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

POSTERIOR CLASS I COMPOSITE FINISHED RESTORATION
Contour and Contact

CENTRIC/EXCURSIVE CONTACTS

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

ANATOMY/CONTOUR

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

POSTERIOR CLASS I COMPOSITE RESTORATION
Critical Errors

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

POSTERIOR CLASS II AMALGAM FINISHED RESTORATION
Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1.0 mm, which can include pits and voids at the cavosurface margin.
DEF	There is evidence of marginal deficiency of more than 1.0 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

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

GINGIVAL OVERHANG

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

SURFACE FINISH

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

CONTIGUOUS TOOTH STRUCTURE

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

POSTERIOR CLASS II AMALGAM FINISHED RESTORATION
Contour, Contact, and Occlusion

INTERPROXIMAL CONTACT

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

CENTRIC/EXCURSIVE CONTACTS

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

ANATOMY/CONTOUR

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

POSTERIOR CLASS II AMALGAM FINISHED RESTORATION
Critical Errors

DEF	Fractured restoration.

POSTERIOR CLASS II COMPOSITE FINISHED RESTORATION
Margin Integrity and Surface Finish

MARGIN DEFICIENCY

SAT	There is no marginal deficiency. There is no evidence of voids or open margins.
ACC	There is a detectable marginal deficiency at the restoration-tooth interface either visually or with the tine of an explorer, but it is less than 0.5 mm.
SUB	The restoration-tooth interface is detectable visually or with the tine of an explorer. There is evidence of marginal deficiency, 0.5 mm up to 1.0 mm, which can include pits and voids at the cavosurface margin.
DEF	There is evidence of marginal deficiency of more than 1.0 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin.

MARGIN EXCESS

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

EXCESS BONDING AGENT

SAT	There is no excess bonding agent.
ACC	There is excess bonding agent at the cavosurface margin, but it is no greater than 1.0 mm.
SUB	There is excess bonding agent at the cavosurface margin greater than 1.0 mm.

GINGIVAL OVERHANG

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

SURFACE FINISH

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

CONTIGUOUS TOOTH STRUCTURE

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

POSTERIOR CLASS II COMPOSITE FINISHED RESTORATION
Contour, Contact, and Occlusion

INTERPROXIMAL CONTACT

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

CENTRIC/EXCURSIVE CONTACTS

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

ANATOMY/CONTOUR

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

POSTERIOR CLASS II COMPOSITE FINISHED RESTORATION
Critical Errors

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

RESTORATIVE PROCEDURES
Treatment Management - Penalty Points Only

CONDITION OF ADJACENT TEETH

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

CONDITION OF SIMULATED SOFT TISSUE/GINGIVA/SHROUD

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

	Place Candidate Label Here

CRDTS NE EFDA PROGRESS FORM

Start Time: _____ **Finish Time: _____**

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

Examination Procedure:

- Proctor checks candidate photo IDs, distributes candidate materials, conducts short Q&A
- Candidates enter clinic and set up operatory – 30 minutes allowed
- Candidates confirm that typodont # and candidate # match
- Proctor checks set up and signs form
- Proctor announces start time – 2 hours allowed
- Candidates write start and finish times on this form
- Candidates notify Proctor when finished with the exam
- Proctor collects typodont, Progress Form, ID badge, and Candidate Materials
- Candidate completes Feedback Form and places it in the envelope provided
- Candidate cleans operatory and leaves it ready for the next candidate (unless in final group)
- Candidate checks out with Site Coordinator (if required by site)

TYPODONT/SOFT TISSUE/GINGIVA/SHROUD CHECK

CRDTS Proctor Initials	**Initial**	**Final**	CRDTS Proctor Initials

Examiner #1	Examiner #2	Examiner #3	**FINAL EVALUATION**

Notes and Comments	Examiners Only

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