

CANDIDATE MANUAL
American Board of Dental Examiners
Licensing Examination in Dental Hygiene
(ADEX DH)
2012

ADEX

American Board of Dental Examiners, Inc.

Approved by
THE AMERICAN BOARD OF DENTAL EXAMINERS, INC.

Administered by
THE NEVADA STATE BOARD OF DENTAL EXAMINERS

AND

THE NORTH EAST REGIONAL BOARD OF DENTAL EXAMINERS, INC.

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Suite 900
Silver Spring, MD 20910
www.nerb.org

**Please read this manual in detail prior to attending the candidate examination
and bring it with you to the orientation and examination.
It should also be maintained for future reference.**

ATTENTION DENTAL HYGIENE CANDIDATES

The NERB administers the ADEX examination on behalf of a number of state dental boards and in accordance with state licensing requirements. This examination should be accepted in any state accepting the ADEX Licensing Examination in Dentistry. However, candidates should consult with the state dental board of any state in which they wish to be licensed, in order to determine specifically whether this examination will qualify them for licensure in that state.

For information about examination sites and date as well as current fees for the examination, candidates should go to the NERB website: www.nerb.org. The examination sites and dates can be found under the Examination Calendar and the fees under the Exam Info tabs.

Table of Contents

REGISTRATION AND ADMINISTRATION

Registration	1
Liability Insurance	1
Site Selection	2
Identification Card	3
Disqualification.....	4
Schedule Changes	5
Refund/Deferral of Fees.....	5
Administrative Fees	6
Remediation	6
ADEX and the Examination Process	7
Recognizing Jurisdictions	7
Eligibility for the Clinical Examinations	8
NERB Status	8
State Only Examinations.....	8
Dates and Sites	10
18 Month Completion Rule and 3 Time Failure Rule	10
Special Testing Provisions	11
Requests for Special Accommodations due to Religious Constraints	12

THE CLINICAL EXAMINATIONS

Clinic Floor Regulations	13
General Requirements for the Clinical Examination	13
Patient Treatment Clinical Examination Criteria.....	16
Patient Treatment Procedures and Management Guidelines	17
Definition of Terms.....	20
Overview of the ADEX DH Content and Format.....	23
Patient Treatment Clinical Examination	23
Scoring Process	23
Patient Treatment Clinical Time Schedule	27
Medical Clearance	28
Infection Control	28
Evaluation - General Rules	31
Criteria for Patient Selection and Treatment	32
Standards of Conduct	35
Forms... ..	37
Examination Check Out.....	38
Computer Simulated Clinical Examination (CSCE).....	39

SCORE CERTIFICATION AND APPEALS

Score Certification Process	41
Candidate Appeals Process	41

Appendix A:

Licensing Jurisdictions

Appendix B:

Sample Completed Treatment Selection Worksheet and Progress Form

Sample Forms

Appendix C:

Instruction for Completing the 2012 Application

Check-Off List

Certification of Completion of Requirements to Graduate within 45 Days Form

Index

THE AMERICAN BOARD OF DENTAL EXAMINERS LICENSING EXAMINATION IN DENTAL HYGIENE (ADEX DH)

This manual has been designed to assist in your preparations for and participation in this examination. The purpose of the Examination is to provide dental boards with a uniform, accurate, third party assessment of the clinical skills of candidates who are applying for dental licensure and to identify areas or deficiency or weakness within skill sets so that candidates and programs can plan for remediation. The Examination is based on specific performance criteria which will be used to measure clinical competence. Outlined below are directions and information on the structure and conduct of the examination.

REGISTRATION

Registration for this examination is now available only online.
Refer to Appendix C for more information.

Information requests pertaining to administrative procedures,
financial matters and registration requirements or procedures
should be sent by email to:

director@nerb.org

GENERAL INFORMATION

Professional Liability Insurance:

Insurance in the amount of \$1,000,000 / \$3,000,000 is required. CNA, through the Professional Protector Plan, administered by Brown and Brown, Inc., Tampa, Florida, in cooperation with the North East Regional Board of Dental Examiners, Inc., will provide **complimentary** professional liability coverage required for the examination for all candidates taking the human subject based portion of NERB Clinical Examinations in Dental Hygiene during the calendar year 2012. The limit amount of \$1,000,000 / \$3,000,000 will apply. To facilitate this consideration, the NERB will forward to Brown and Brown, Inc., agents for CNA, the names, addresses and telephone numbers of all applicants for the NERB Clinical Examinations in Dental Hygiene during the calendar year 2012.

BLS/Health Care Provider Status:

You must currently hold an active BLS/Health Care Provider certification and upon request at the exam site, will provide proof of that status.

Site Selection

- **Patient Treatment Clinical Examination:**

When applying online applicants must indicate the site at which they wish to be examined. Applicants from the school where the examination is administered receive priority. Other applicants will be accepted on a first-come, first-served space available basis.

Schools designated as closed sites accept only students or graduates of their school.

Candidates who did not attend the school serving as their test site are encouraged to visit the site prior to the time of the examination. **It is the responsibility of the candidate** to make arrangements with the school for the provision of instruments, if required. The school may charge a rental fee for use of instruments, clinical facilities, supplies, and disposables. Some sites require that all instruments be supplied by the school. A rental charge or deposit imposed by the facility must be remitted directly to the school. This fee is independent of the NERB examination fee and is **not** collected by the NERB.

- **Computer Simulated Clinical Examination (CSCE)**

The CSCE is administered at Prometric Testing Centers by appointment. The locations of Prometric Testing Centers can be found on the website: 2test.com. Once NERB authorizes you to take the examination at Prometric you will be sent a letter stating how you can make an appointment for your examination either by calling Prometric's National Registration Center or via their website.

Should it be necessary to cancel and/or reschedule the appointment, the National Prometric Registration Center must be called (1-800-797-1813). Do not call your local Prometric Testing Center.

If you wish to cancel and/or reschedule, you must call at least thirty (30) consecutive days prior to the test date. If you call five (5) to twenty-nine (29) consecutive days prior to the exam date, you will be charged a \$25 fee by Prometric. If you call less than five (5) consecutive days prior to the test date or are more than 15 minutes late for the examination, the examination will be cancelled and your fee will be forfeit.

When scheduling or rescheduling an appointment for the CSCE with Prometric, an email confirming the examination date and time may be requested. It is recommended that a copy be made and retained for future reference.

If the CSCE was failed, a new application for re-examination is required prior to receiving authorization to schedule an appointment with Prometric for the retake. All NERB rules for application procedures apply.

Social Security Number:

Candidates when applying online must enter their social security number. After completion of the examination, scores are electronically transferred to the state dental boards, and this number is used for identification. Incorrect or missing social security numbers may delay an issuance of a license.

Identification Card:

When a candidate applies for the examination, he or she submits electronically a recent photograph of themselves. This is applied to an Identification Card which the candidate receives on the day of the examination. Besides the photograph, the ID card includes the candidate's Sequential Number, ID Number, where and when the exam is being taken. The ID card is to be cut from the sheet it is printed on and worn in a badge holder, provided the day of Orientation. This ID is to be worn at all times during the examination. In order to receive the ID card and the rest of the examination materials at Orientation, before this day, the candidate **must go to their online profile, where they originally applied to take the examination, and under the Apply Tab, find their assigned Sequential Number.** In order to enter and pick up their examination materials, the candidate **must bring this number with them to the Orientation along with two (2) other forms of personal identification.** Both of these additional IDs must contain the candidate's signature and one must have a recent photograph. Acceptable forms of ID include: Driver's License, Passport, Military ID, and Employee ID. A national credit card is an acceptable secondary form of ID. **A school ID or expired Driver's License is not acceptable as an ID for this examination.**

If the name on the documentation presented differs from the name currently used on the application, official documentation or authorization of a name change must be presented for admittance to the examination. If not admitted for lack of this documentation the fee will be forfeited.

Note: An identification card is **not** issued for the CSCE. However two (2) forms of ID as described above are **required** for admittance to test at the Prometric Testing Center.

POLICIES AND RULES

Once the registration has been received by the NERB or accepted for examination by the NERB, the policies described in this section become effective.

Disqualification:

A candidate may be disqualified by the program director of the dental hygiene program the candidate attends from taking the Patient Treatment Clinical Examination of the NERB Clinical Examinations in Dental Hygiene after acceptance of the application. Disqualification means that graduation is no longer expected to occur within 45 days of the scheduled Patient Treatment Clinical Examination. Disqualification does **not** apply to the Computer Simulated Clinical Examination (CSCE).

Notification of disqualification by the program director (or designated school official) for the Patient Treatment Clinical Examination must be received by the NERB, in writing or by facsimile, **FOURTEEN (14) CALENDAR DAYS OR MORE IN ADVANCE OF THE START DATE OF THE CURRENTLY SCHEDULED PATIENT TREATMENT CLINICAL EXAMINATION.** Notification by any other source or in any other manner is not recognized or accepted. Facsimiles must be immediately followed by a letter to the NERB with the required signature of the program director (or designated school official).

Acceptance of disqualification by the NERB is considered final. **Once disqualified from any given series, a candidate will not be reinstated for examination during the series for which disqualification was received and accepted.**

Fees paid by candidates who are disqualified shall be applied, less \$100 processing fee, to the next examination series for which they are eligible and/or certified. A new online application must be submitted with all required documentation, including the processing fee, for the series desired. The balance of the fee will be forfeited if the examination is not taken during the next examination series or if the candidate withdraws at any time after having been disqualified.

If the Computer Simulated Clinical Examination (CSCE) is failed during the series for which disqualification was received for the Patient Treatment Clinical Examination, the candidate will be notified of the CSCE results. In the event the candidate wishes to retake the failed CSCE prior to the Patient Treatment Clinical Examination, a new application must be completed together with appropriate documentation and the payment of the \$525.00 fee in addition to the \$100.00 processing fee for the Patient Treatment Clinical Examination.

If the official notification by the dental hygiene program is received by the NERB in writing or facsimile less than 14 days prior to the date published for the Patient Treatment Clinical Examination, the notice of academic disqualification is not accepted and the candidate's fee is forfeited.

All applicants will be notified by the NERB when official notification of academic disqualification has been received and recorded.

Schedule Changes:

The examination assignment schedule is considered final when issued to the candidate. Request for change will not be considered or made by the NERB personnel once the schedule has been distributed.

School personnel do not have the authority to accept a candidate for examination at their site or to make assignment changes within an examination series. Such arrangements concluded between school personnel and candidate may preclude the candidate from being admitted to the examination as well as forfeiture of fee.

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

Refund of Fee:

A REQUEST FOR A REFUND OF FEE MUST BE IN WRITING and must be **RECEIVED BY THE NERB ON OR BEFORE THE PUBLISHED APPLICATION DEADLINE DATE** for the current examination series for which the fee was submitted. Requests received after the published application deadline date shall not be granted.

The deadline date for the CSCE retake application is the date the retake application is received by the NERB. Requests for refund are not granted after the date the CSCE retake application is received by the NERB.

Failure to appear for any individual examination of the NERB Examinations in Dental Hygiene results in forfeiture of the entire examination fee. A refund or partial refund is not granted for any reason.

Fee Deferral:

Under extenuating circumstances a request for the examination fee to be deferred to another series will be considered on an individual basis when received by the NERB on or before the scheduled examination date and no later than thirty (30) days after the scheduled examination date. Requests **must** be made in writing to the Director of Finance and Administration of the NERB and **must** include original documentation in support of the request. Notification will be sent immediately after a determination is made by the NERB. Should a fee deferral be granted, the terms and conditions for future examination as set by the NERB will be included.

Requests for fee deferral received more than thirty (30) days after the date of the scheduled examination will **not** be honored and the fee will be forfeited.

Administrative Fee:

A non-refundable administrative processing fee of \$100.00 is applicable at all times and under all circumstances.

Remediation:

The NERB does not require remedial education prior to re-examination of any clinical examination in Dental Hygiene.

Several participating licensing jurisdictions do require remedial education prior to retaking the NERB Clinical Examinations after failing one (1) or more examinations a second or third time. If the NERB Clinical Examinations in Dental Hygiene or any examination thereof was failed on more than one occasion **it is recommended that the jurisdiction in which licensure is sought be contacted to obtain the specific remedial education requirements of that jurisdiction.**

It is the responsibility of the candidate for the NERB Clinical Examinations in Dental Hygiene to obtain and complete all requirements for remedial education in accordance with the requirements of the licensing jurisdictions. The NERB does not assume any responsibility in providing this information or in monitoring the completion of such requirements prior to examination.

ADEX AND THE EXAMINATION PROCESS

ADEX: The American Board of Dental Examiners, Inc. (ADEX) is a private not-for-profit consortium of state and regional dental boards throughout the United States and its territories. It provides for the ongoing development of a series of common, national dental and dental hygiene licensing examinations that are uniformly administered by individual state or regional testing agencies on behalf of their participating and recognizing licensing jurisdictions. NERB is a member of ADEX and has adopted the examination approved by ADEX as NERB's examination.

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

American Board of Dental Examiners Licensing Examination in Dental Hygiene

(ADEX DH) 2012: The American Board of Dental Examiners Licensing Examination in Dental Hygiene (ADEX DH) is the examination approved by ADEX and administered by NERB. It consists of two clinical examinations, one simulated on computer and one involving clinical performances on patients. These examinations are utilized to assist licensing jurisdictions in making decisions concerning the licensure of dental hygienists. The computer-based examination is the Computer Simulated Clinical Examination (CSCE). The clinical examination is the Patient Treatment Clinical Examination. Candidates taking this examination do so voluntarily and agree to accept the provisions and to follow the rules established by ADEX and NERB for the examination as detailed in this manual.

NERB: The North East Regional Board of Dental Examiners, Inc. (NERB) is a private-not-for-profit organization that develops, administers, scores and reports the results of examinations to assist licensing jurisdictions in the United States in their determination of the eligibility of candidates for dental and dental hygiene licensure.

NERB Member States and Jurisdictions: Current NERB member states and jurisdictions include: Connecticut, District of Columbia, Illinois, Indiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, West Virginia and Wisconsin.

- **Recognizing Jurisdictions:** The NERB and Nevada have adopted the American Board of Dental Examiners Licensing Examination in Dental Hygiene (ADEX DH) approved by the ADEX as the NERB and Nevada Clinical Examination in Dental Hygiene. Because of the rapidly changing nature of licensure process in the United States, it is advised that candidates check the state licensing board website directly as the best way to ensure the most recent information regarding what licensing examination each state accepts.

Eligibility for the Clinical Examinations:

1. Graduates of dental hygiene programs accredited by the American Dental Association Commission on Dental Accreditation (ADA/CODA) or by the Commission on Dental Accreditation of Canada (CDAC) are eligible to apply to take the NERB Clinical Examinations in Dental Hygiene upon presentation of proof of graduation.
2. Senior students of record attending a dental hygiene program accredited by the ADA/CODA or the CDAC are eligible to apply to take the NERB Clinical Examinations in Dental Hygiene when the Program Director (or designated school official) certifies, in writing, that the candidate is expected to complete all academic requirements and receive a dental hygiene degree within 45 days of the scheduled Patient Treatment Clinical Examination and that the candidate is sufficiently prepared to participate in the examinations.
3. Documentation of current Basic Life Support for the Health Care Provider certification.

NERB Status: “NERB Status” is achieved when a candidate has successfully complied with all established rules and completed both the CSCE and the Patient Treatment Clinical Examination in Dental Hygiene (ADEX DH) with a score of 75 or more in each section of the clinical examinations.

Candidates achieving “NERB Status” can reasonably expect to enjoy the privilege of being considered in any of the licensing jurisdictions recognizing the ADEX DH adopted by the NERB to which the candidate applies for licensure without further clinical testing within a time frame established by the licensing jurisdiction. Individual jurisdictions may require an additional state jurisprudence examination.

It is the candidate’s responsibility to contact the licensing jurisdiction of interest to determine current eligibility and additional requirements.

State-only examinations: Certain candidates may be required to take one or more of the two clinical examinations in Dental Hygiene at the request of an individual state. These individuals who take only part of the examination or do not meet all eligibility requirements of the standard ADEX DH examination (such as graduates of dental schools outside the U.S. or Canada) are not eligible for “NERB Status” and their scores will be sent only to the jurisdiction requesting this special examination. It is the sole responsibility of the candidate to contact the individual state dental board to determine the requirements of that state and have the state board provide NERB a written request. Candidates for the State-only Examination(s) **must indicate** that information on the application form by filling in the bubble titled “State-only Examination” **and** the state for which the examination has requested.

Examination Completion and Obtaining a License: There are three steps that an applicant must complete in order to obtain a dental hygiene license.

1. The candidate must take and successfully complete the National Board examination, typically offered during dental hygiene school.

2. The candidate must take and pass the appropriate state or regional clinical examination. These examinations are administered at computer testing centers and at dental or dental hygiene schools. NERB is one of the regional testing agencies and the test is accepted in many jurisdictions. The NERB does not require proof of passing the National Board examinations prior to taking the NERB/ADEX DH. The school where the clinical examination takes place may have forms that need to be completed and will require a separate fee for the use of its facilities and/or equipment during the examination, payable prior to the exam to the school and not to NERB.
3. The State Board of Dentistry in the state where the candidate wishes to practice may require proof that the candidate has passed the National Boards, the appropriate state or regional clinical examination and will also require proof of graduation from an accredited dental hygiene program as well as other documentation. It is highly recommended that the candidate familiarize themselves with the requirements of the state(s) in which they wish to be licensed as soon as possible and to complete an application with that individual jurisdiction. Passing the ADEX DH does not automatically lead to a state dental license.

Candidates should address questions to the appropriate agency. The National Board of Dental Examiners can answer questions about the National Board Examination, the NERB will answer questions about the ADEX DH it administers and questions regarding licensure or state requirements should be addressed to the appropriate State Board of Dentistry.

Test Development: The examination is developed and revised by the ADEX DH Review Committee. This committee is comprised of representatives from various jurisdictions. The Committee has considerable content expertise and also relies on practice surveys, current curricula, standards of competency and the AADB Guidance for Clinical Licensure Examinations in Dentistry to assure that the content and protocol of the examination are current and relevant to practice. Determining the examination content is also guided by such considerations as patient availability, logistical restraints, and the potential to ensure that a skill can be evaluated reliably. The examination content and evaluation methodologies are reviewed annually.

The Two Clinical Examinations: The Computer Simulated Clinical Examination (CSCE) may be taken either before or after taking the Patient Treatment Clinical Examination. The CSCE is administered at a Prometric Testing Center upon receipt of the appropriate documentation and subsequent authorization by the NERB.

The Patient Treatment Clinical Examination is offered at multiple sites three times a year. The three series are identified as the Spring Series, Summer Series and the Winter Series.

First-time applicants seeking “NERB Status” through the complete examination process must register to take both examinations. However, applicants for licensure in individual states or wish specific state requests (State-only Examinations) may register for a single examination. The Patient Treatment Clinical examination may be taken only **once** during each series.

Dates and Sites: You should refer to the NERB website: www.nerb.org for a current and complete listing of the dates and sites at which the Patient Treatment Clinical Examinations will be offered. These can be found under the tab Exam Info, menu choice Dental Hygiene Exam Calendar. Clicking on an individual site will give you specific site information.

A current listing of the locations of Prometric Centers at which the CSCE is offered throughout the year can be accessed at Prometric's website (www.2test.com). The CSCE is 2012 is offered beginning on or about April 1, 2012.

Eighteen-month Completion Rule: The computer-based and the patient-based examinations must be successfully completed within an 18-month period from the deadline date for receipt of application in the series (Spring, Summer, Winter) in which any score received is to be counted for attainment of "NERB Status." If both examinations are not successfully completed within the 18-month period described above, regardless of the reason, both examinations in Dental Hygiene must be retaken. A new application must be filed together with appropriate documentation and applicable fees.

Three-time Failure Rule: Candidates failing one or more of the two clinical examinations on three successive attempts must begin the entire examination process again and retake both clinical examinations of the ADEX DH Examination administered by the North East Regional Board of Dental Examiners, Inc. Previously passed clinical examinations will not be recognized for successful completion of the entire clinical examination series in Dental Hygiene and attainment of "NERB Status." A new application must be filed together with appropriate documentation and applicable fees.

Score Release: In general, notification of earned test scores will be available online to candidates after these scores have first been issued to the participating licensing jurisdictions. Scores are reported for each individual ADEX DH. An email will be sent to candidates when they are ready.

The CSCE scores are reported at the end of the first full week of the month following the month in which the CSCE was taken. The Patient Treatment Clinical Examination scores are generally reported within three weeks of the date of the candidate's examination.

A critique of performance in each clinical examination of the ADEX DH is furnished to the candidate together with the examination score. In order to maintain the security of the examinations, this critique is issued in lieu of a review of actual examination papers or clinical evaluation forms.

Scores are **not** released to candidates or their representatives by telephone, facsimile or email. The individual scores of a candidate are **not** released by the NERB to the school of graduation unless authorized by the candidate upon application for examination. Scores are not released at any time, except to the candidate and the NERB participating licensing jurisdictions unless authorization is received from the candidate.

Scores will be furnished to other licensing jurisdictions upon receipt of a request signed by the candidate and sent to the NERB. Such request **must** include the following:

1. Candidate's name, mailing address and telephone number,
2. Candidate's name at time of examination,
3. Candidate's social security number,
4. Year in which the NERB Clinical Examinations were completed,
5. Address to which the results are to be sent,
6. Money order in the sum of \$25.00 per each address to which the scores are to be forwarded.

Change of Name: Notification of a change of name after submission of the original application should be sent to the NERB along with proof of the change such as a marriage certificate or court order. The NERB will not assume responsibility for mail which arrives late due to redirection by the post office or other delivery agencies.

Remediation: NERB and ADEX strongly encourages remediation prior to retaking any portion of the examination. Licensing jurisdictions may require remedial education prior to retaking the ADEX DH after failing one or more examinations a second or third time.

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

Special Testing Provisions: The NERB will administer the ADEX DH Examination to an individual with a documented physical and/or learning disability, which impairs sensory, manual or speaking skills in a place and manner accessible to persons with a disability or will offer alternative accessible arrangements for such individuals. Efforts will be made to ensure that the examination results accurately reflect the individual's aptitude or achievement level rather than reflecting the individual's impaired sensory, manual or speaking skills, except where those skills are factors the examination purports to measure.

The NERB will provide appropriate auxiliary aids for such persons with impaired sensory, manual or speaking skills unless providing such auxiliary aids would fundamentally alter the measurement of the skills or knowledge the examination is intended to test. To ensure that auxiliary aids or other requested modifications exist and can be provided, candidates with a disability requesting such modification or auxiliary aid must:

1. **Submit, in writing,** a request for the auxiliary aid or modification stating the exact auxiliary aid or modification(s) needed. **Requests received after the application date or retroactive requests will not be considered.**
2. **Provide documentation of the need for the auxiliary aid or modification,** indicating any portion of the dental hygiene examination for which such auxiliary aid or modification will be needed.

3. **Provide a letter from the appropriate health care professional** documenting the disability. This letter must be received by the NERB **no later than forty-five (45) days prior to the date of examination.**

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

All information obtained regarding any physical and/or learning disability of a candidate will be kept confidential with the following exceptions:

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

Requests for Special Accommodations due to Religious Constraints: Candidates requesting special accommodation due to religious constraints must request a separate Application for Religious Accommodations from the NERB Director of Examinations and submit it to NERB by the examination deadline date.

CLINIC FLOOR REGULATIONS

1. All necessary materials and instruments for the Patient Treatment Clinical Examination, other than the operating chair, light and dental unit, must be provided by the candidate. For exceptions, see the information sheet provided by each testing site.
2. Candidates must wear suitable operating attire. No personal identification of the candidate may appear on candidate clinical attire. Photo Identification Cards, which you will receive at Orientation, must be worn at all times during the clinical examinations by the candidates and interpreters (if required).

Only authorized personnel will be allowed in the clinical areas

GENERAL REQUIREMENTS FOR THE PATIENT TREATMENT CLINICAL EXAMINATION

Patient Selection and Eligibility: For Patient Treatment Clinical Examination, the candidate must furnish his/her own patient. Patient selection and management is an important part of the examination and should be completed independently, without the help or assistance of faculty or colleagues. Candidates must carefully assess any physical or medical conditions that may be impacted by the examination process.

Patients **must** be at least 18 years of age. **Dentist or Dental Hygienists (licensed or unlicensed), or dental students in their third or fourth (or final) year of dental school or dental hygiene students in their final year are not permitted to sit as patients** for the Patient Treatment Clinical Examination.

An individual who is physically or mentally disabled may, in most cases, be a patient in the examination. Candidates must contact the NERB a minimum of sixty (60) days prior to the examination for authorization for patients with special requirements. For a patient who doesn't speak English, an interpreter may be provided by the candidate and is the responsibility of the candidate. An interpreter may not be a faculty member, dentist or dental hygienist (licensed or unlicensed) or a third or fourth year dental student or final year dental hygiene student. One the day of the examination, the candidate must complete an Interpreter Disclosure Statement and Interpreter ID Form provided by the Chief Examiner following Orientation; the interpreter will be authorized by the Chief Examiner at that time. The candidate must have two 2" x 2" photographs of the interpreter to affix to the Interpreter ID Form and the interpreter must wear the ID at all times when on the clinic floor.

Medical History: A Medical History Questionnaire must be completed independently (without the assistance of faculty or colleagues) prior to the examination for each clinical patient. This form may be completed prior to the examination date, however, a medical history that reflects the patient's current health must be presented to the examiners at the time of patient check-in. **All positive responses must be explored by the candidate with the patient and adequately explained on the Medical History Form.** A screening blood pressure reading should be taken when the patient is selected and **must** be retaken and recorded on the day of the examination. In addition, on the day of the examination the candidate must update all medications or

supplements taken within the last 24 hours. Patients requiring antibiotic premedication must have this documented on the appropriate Progress Form as well as on the Medical History. If the Medical History indicates conditions requiring an alteration in treatment or a need to consult the patient's physician, the candidate must obtain the necessary written medical clearance before the patient will be accepted. **A person with a history of an infectious or communicable disease, a serious systemic condition, or pregnant person will not be allowed to sit as a patient during the examination unless a current statement from a physician is submitted certifying that the patient and proposed treatment will not pose an undue public health risk or a risk to the patient. (See the section on Medical Clearance.)**

Patients with the following may NOT sit for the Patient Treatment Clinical Examination:

- **known allergies to latex,**
- **currently or have in the past taken oral or IV Bisphosphonate medication**
- **have an active oral herpetic lesion(s)**

The Medical History and any physician's statement will be reviewed by the CFE on the clinic floor for the patient assignment and must accompany the patient when the treatment procedure is submitted for evaluation. If the patient sits for more than one candidate, a separate Medical History and Consent Form must be completed for each examination.

Candidates must place their initials, not their signature, at the bottom of the Medical History Questionnaire.

Informed Consent Form: An Informed Consent Form must be completed and signed by each patient prior to any treatment being rendered. Initially, **only the candidate's number** should be recorded on the Informed Consent Form; the **candidate's name** must be added **after** the examination is completed and **before** the records are turned in.

Shared Patient: If a patient is shared by another candidate during a different examination time (a.m. or p.m.) the same day, the day before or the day after that patient sits for an examination, this information must be entered in the appropriate area on the Progress Form.

Blood Pressure: The blood pressure must be **taken and recorded** on the Medical History Form **on the day of the examination**. If the patient is sitting for more than one examination in the same day, the blood pressure must be taken prior to each examination. (The blood pressure should be taken with the patient seated and arm extended and supported on the chair arm rest.)

- Patients with a blood pressure reading 159/94 or below may proceed without medical clearance.
- Patients with a blood pressure reading between 160/95 and 179/109 are accepted only with written clearance from the patient's physician.
- Patients with a blood pressure reading equal to or greater than 180/110 will not be accepted for this examination even if a consult from a physician authorizes treatment.

Premedication: A record must be kept for each patient who requires premedication prior to or during the course of the examination. For each patient treatment procedure, there is a place on the Progress Form to record the type(s) and dosage(s) of medication(s) administered. Candidates

who are sharing a patient with a need for antibiotic prophylaxis must treat the patient the same clinical day. Treatment of the same patient on subsequent days will not be permitted.

Anesthetic Record: Permission for the use of any anesthetic agent must be granted at the start of the examination and properly documented on the Progress Form. The candidate may choose not to use anesthetic agents. If injectable local anesthetic is **not** going to be used, a topical anesthetic **must** be documented on the Progress Form whether or not the candidate plans to use topical anesthetic. For this examination Oraquix[®] is considered a topical anesthetic. Injectable local anesthetic is also permitted by those candidates who have successfully completed the required anesthetic course work and have been certified on the day of the examination by the program director at the exam site. Program directors must also supply on the day of the examination any documentation that from the state which limits the use of injectable local anesthetics during the examination. For candidates who are graduates or are from another state, they must provide documentation, on the day of the examination, authorizing them to utilize injectable local anesthesia from their state dental board. If using an injectable local anesthetic, the record requires the following information:

- **type(s)** of injection administered, which pertains to either block or infiltration
- **anesthetic(s)** which relates to the generic or brand name and percent used
- **quantity**, record the amount (cc) of anesthetic used
- **vasoconstrictor**, if present, must specify the type and concentration
- **if the patient has previously received an anesthetic the same day**

Example(s):

- Topical Benzocaine 20% and Infiltration, 3% Mepivacaine, 0.6 cc
- Topical Lidocaine 5% and Block, 3% Carbocaine, 1.8 cc
- Topical Benzocaine 20%, and Infiltration, 2% Lidocaine with epi 1:100,000, 0.6 cc

If more than 2 cartridges are needed during the examination, the candidate must request approval from the Clinic Floor Examiner (CFE) who will document and initial the request. This protocol must be followed for each subsequent cartridge. Anesthetic solution may only be administered following approval of the CFE. An aspirating syringe and proper aspirating technique must be used for the administration of local anesthetic. Although this is not a graded procedure, candidates will be observed for proper technique in order to ensure patient safety and comfort.

If an anesthetic solution has already been administered for pain control on the same day, this must be noted on the Shared Patient section of the Progress Form prior to check in.

Injectable local anesthesia will only be permitted at those examination sites where a dentist will be employed by the school to oversee this procedure during the examination. You should check with the school prior to the examination to be sure this has been arranged.

Radiographs: For the Patient Treatment Clinical Examination a full mouth radiographic series of diagnostic quality, exposed within the previous 3 years is required. In addition, four bitewing radiographs, of diagnostic quality exposed within one (1) year are required. These must be mounted separately from the full mouth series unless the complete mouth radiographs have been

taken within the previous one (1) year. Copies are permitted for use in this examination. Digital images must be printed and submitted on acetate (preferably blue) or on photo quality paper. Panoramic radiographs are not permitted for use in the Patient Treatment Clinical Examination. The full mouth series for the Patient Treatment Clinical Examination must be mounted according to ADA procedures (dimple up), and have the exposure date, patient's name, right and left sides indicated, the candidate identification number noted.

The radiographs must demonstrate sufficient contrast to clearly demonstrate any pathoses. Initial submission of radiographs (film or digital prints) or poor quality will result in a request for a new radiograph at the site. If a subsequent required retake radiograph is not of diagnostic quality, the examination is stopped. (Note: some dental hygiene sites do not provide facilities to retake radiographs. See the examination site information sheet provided to you by email for this information.) Additional radiographs may be required by the examiner during the course of the examination. The radiographic films or digital prints used in the examination may be collected at the end of the examination and become the property of the testing agency. Post-operative radiographs or digital prints are not **routinely required**. However, a post-operative radiograph may be requested at any time at the discretion of an examiner in the Evaluation Station or a CFE. Lack of diagnostic radiographs or digital prints will result in failure of the examination.

PATIENT TREATMENT CLINICAL EXAMINATION CRITERIA

Patient Eligibility: Patients must meet the general eligibility requirements listed in the prior section.

Patients with the following may NOT sit for the Patient Treatment Clinical Examination:

- **known allergies to latex,**
- **currently or have in the past taken oral or IV Bisphosphonate medication**
- **have an active oral herpetic lesion(s)**

Medical History and Informed Consent Form: The Medical History and Informed Consent Forms must be completed as listed above and signed. Copies of each must be submitted for each patient treated.

Radiographs: Radiographs must meet the requirements as noted above.

PATIENT TREATMENT PROCEDURES AND MANAGEMENT GUIDELINES

1. The patient must be informed that this is an examination and additional treatment may be required to meet his/her needs.
2. **Only one patient may be presented for the Patient Treatment Clinical Examination. Once a patient has been submitted to the CFE with the Evaluation Form and other required materials for assignment, a back-up patient may not be presented.** If, before the patient is presented to the CFE, the candidate finds the patient unacceptable for reasons they discern, a back-up patient may be used. The work-up of such patients is at the expense of the total time allowed for the Dental Hygiene examination process (4 hours).
3. A Treatment Selection Worksheet Form provided in the Application Packet may be completed prior to the day of the examination. Candidates are responsible for independently (without the assistance of faculty and/or colleagues) selecting and documenting teeth and surfaces for treatment that fulfill the published criteria. On the day of the examination the information on the Treatment Selection Worksheet must be **accurately** transferred to the Patient Treatment Evaluation Form. (Refer to the sample Dental Hygiene Treatment Selection Worksheet in Appendix B for guidance.)
4. The Evaluation Form for the Patient Treatment Clinical Examination and the Dental Hygiene Progress Form (see samples in this manual) are provided at the examination site. Place a barcode label, as indicated on all 9 pages of the Evaluation Forms and on the Progress Form. Enter the cubicle number on the Progress Form.
5. The procedures, instruments and materials used are the choice of the candidate, as long as these are currently accepted and taught by accredited dental hygiene programs and the candidate has been trained in their use. One exception is that the use of air abrasion systems are not permitted. It is the responsibility of the candidate to provide the instruments used in this examination and listed in this Manual unless such instruments are furnished by the school.
6. Candidates are to begin the Patient Treatment Clinical Examination in the designated clinic at either 7:30 a.m. or 1:00 p.m. as assigned by group.
7. On the day of and prior to the beginning of the Patient Treatment Clinical Examination, the patient may be seated and the blood pressure taken, the records reviewed for accuracy and completeness. If the patient is sitting for more than one examination in the same day, the blood pressure must be taken prior to each examination.
8. The candidate must accurately transfer the information from the Treatment Selection Worksheet to the Dental Hygiene Patient Treatment Clinical Evaluation Form to include the three (3) teeth and surfaces with 4 mm +/- or deeper pockets, and the six (6) – eight (8) teeth with twelve (12) selected surfaces of subgingival calculus detected and recorded by the candidate. The teeth should be listed in ascending order and the surface to be treated indicated in the smaller box to the right.

9. Candidates must complete the top portion of the Dental Hygiene Progress Form. If injectable local anesthetic is **not** going to be used, a topical anesthetic **must** be documented on the Progress Form whether or not the candidate plans to use topical anesthetic.
10. Candidates must do an intraoral and extraoral examination of the patient prior to the examination and record any significant findings in the section labeled “Oral Assessment” on the Medical History Form. If no abnormalities are found, note this by writing “within normal limits or WNL” in the Oral Assessment area on the Medical History Form.
11. During the Patient Treatment Clinical Examination, a CFE is responsible for checking the candidate’s identification card and to proctor the adherence to infection control protocols and proper patient management. If any problems arise during the examination the candidate should immediately notify a CFE. The CFE is also present to aid in any emergencies which may occur.
12. The CFE will check the Patient’s Consent Form, Medical History, the accordance of the tooth and surface selections recorded by the candidate with the distribution criteria, approve or disapprove the anesthesia request and select one anterior and one posterior tooth, usually in the primary or alternate quadrant for probing purposes. The topical or injected local anesthesia, if approved, may be administered prior to the candidate probing the two teeth selected by the CFE. The assigned teeth must be probed by the candidate and all readings recorded on the appropriate Scan Form prior to submission of the patient to the Evaluation station for Pre-Treatment assessment.
13. Patients must take the required forms and instruments with them to the Evaluation Station. Only the patient may carry the tray to the Evaluation Station. The following items must be presented on the instrument tray for assignment evaluation:
 - a. Completed Medical History Form.
 - b. Signed Informed Consent Form.
 - c. Completed Evaluation Form with information transferred from the Treatment Selection Worksheet.
 - d. Completed Dental Hygiene Progress Form.
 - e. Radiographs.
 - f. Color coded cubicle ID card
 - g. Instruments (no scalers or curets):
 - 1) Clean mirror
 - 2) #11/12 explorer (must be sharp)
 - 3) UNC 12 periodontal probe (but a metal probe with markings at 1,2,3,5,7,8,9,10 mm is acceptable only if a UNC 12 is not available)
 - 4) Air/water tip for the syringe.
 - h. Clean patient napkin

NOTE: The instruments must be placed on the tray and covered with a patient napkin, fluid resistant side down. The Progress Form, Evaluation Form, Medical

History Form, Informed Consent Form, radiographs and color coded cubicle card must be placed on top. Do NOT turn in the Treatment Selection Worksheet.

14. Three examiners will evaluate the three 3 teeth identified with 4 mm +/- 1 mm or deeper pockets to determine if they are over 3 mm in depth, the 6 – 8 teeth with the 12 surfaces of subgingival qualifying calculus charted and record their pocket probing for the 2 teeth selected by the CFE.
15. The examiner Captain will indicate a Start and Finish Time on the Dental Hygiene Progress Form. The total time for the Patient Treatment Clinical Examination is four (4) hours. The total patient treatment time is 90 minutes. However all treatment must be completed by the end of the assigned examination time period. The candidate must have forty-five (45) minutes within their assigned examination period to treat the patient or the examination will be stopped by the Chief.

When the patient returns to the candidate, treatment should begin. Treatment continues until it is completed or until the Finish Time, as noted on the Progress Form. If candidates finish the patient treatment before their assigned Finish Time, they may send the patient for evaluation. Supragingival calculus, plaque and stain must be removed from all surfaces of teeth in the Primary Quadrant and/or Alternative Selection.

16. **Complete Treatment of the Primary Quadrant and/or Alternative Selection must be completed** by the stated Finish Time (or no later than 11:30 a.m. for the morning session and 5:00 p.m. for the afternoon session). The patient must sign in with the Desk Coordinator for evaluation at the Evaluation Station by the recorded Finish Time. Please note that the use of disclosing solution is not permitted.
17. For the Treatment Evaluation section, the candidate must send the following to the Evaluation Station on an instrument tray arranged as before with the instruments covered with a napkin. Forms and radiographs are placed on top and carried by the patient.
 - a. Medical History Form.
 - b. Signed Informed Consent Form.
 - c. Dental Hygiene Progress Form.
 - d. Radiographs
 - e. Color coded cubicle ID card
 - f. Required instruments (no scalers or curets):
 - 1) Clean mirror
 - 2) #11/12 explorer (must be sharp)
 - 3) UNC 12 periodontal probe (but a metal probe with markings at 1,2,3,5,7,8,9,10 mm is acceptable only if a UNC 12 is not available)
 - 4) Air/water tip for the syringe.
 - g. Clean patient napkin
18. The patient, wearing a clean patient napkin, safety glasses or their own glasses, and patient identification badge visible on the right upper arm is sent to the Evaluation Station.

19. The examiners will evaluate subgingival calculus removal and evaluate supragingival calculus, plaque and stain removal from all surfaces as well as tissue management.
20. A “Post-operative Care Agreement,” available at the Sign-in Desk, must be filled out stating that complete treatment of the whole mouth was not provided during the examination process and that further arrangements need to be made to complete dental hygiene treatment. This form is to be signed by both the candidate and the patient.
21. When the patient returns from the Evaluation Station, the candidates must dismiss the patient, unless directed to do otherwise. The candidate must clean the clinic area following accepted infection control procedures.

DEFINITION OF TERMS

Primary Quadrant: – The Primary Quadrant has at least 6 permanent teeth that evidence 12 surfaces of qualifying subgingival calculus, 8 of the surfaces are on posterior teeth (premolars/molars), 5 of the posterior surfaces must be on proximal (mesial or distal) surfaces and 3 of these proximal surfaces must be on molars.

Qualifying Calculus: - Explorer-detectable subgingival calculus which is DISTINCT and EASILY detected with a #11/12 explorer as it passes over the calculus.

- Must be apical to the gingival margin (subgingival) and may occur with or without associated supragingival deposits.
- Exhibits such characteristics:
 - Significant enough in quantity to be readily discernible or detectable
 - Definite “jump” or “bump” which easily detected with one or two strokes
 - A deposit that easily “binds” or “catches” the explorer
 - Ledges or ring formations
 - Spiny or nodular formations
 - Interproximal deposit that can be detected from the lingual and/or buccal

Alternative Selection: – Up to 4 posterior teeth that are within 2mm of each other in one additional quadrant used to satisfy tooth and surface selection criteria not met in the Primary Quadrant.

Complete Treatment: – Removal of all supra and subgingival calculus as well as coronal plaque and stain.

Posterior teeth: – premolars and molars

Proximal surfaces: – mesial and distal surfaces

Approximating teeth: – posterior teeth that are within 2mm of each other

The Candidate must select a **Primary Quadrant** with at least 6 permanent teeth for **Complete Treatment** that satisfies the minimum criteria described below:

1. The Primary Quadrant must present twelve (12) surfaces of subgingival calculus on a minimum of 6 teeth.
2. The 12 surfaces of subgingival calculus must be distributed as follows:
 - 8 of these surfaces must be on approximating posterior teeth (premolars and molars). These posterior teeth must be within 2mm of each other.
 - 5 of these posterior surfaces must be on mesial or distal proximal surfaces.
 - 3 of these mesial or distal proximal surfaces must be on molars, in particular.
One distal surface of a 2nd or 3rd terminal molar may be used.
3. The 4 remaining surfaces are at the choice of the candidate.

The Candidate may select an Alternative Selection for Complete Treatment, should the above criteria not be met in the Primary Quadrant.

4. An alternative selection of up to 4 posterior teeth (premolar and molar) that are within 2mm of each other in one additional quadrant may be used to satisfy the tooth and surface selection criteria. For Complete Treatment, each tooth in the Alternative Selection must be free of all supra and subgingival calculus as well as coronal plaque and stain.
5. Three (3) pockets of 4 mm +/- mm or more in depth, each on a different tooth must be identified within the six (6) to eight (8) teeth selected for treatment in the primary quadrant or alternative selection. It is not necessary to select the surface with the 4 mm +/- mm or greater pocket for subgingival calculus detection.
6. The candidate must indicate the presence of subgingival calculus on the Treatment Selection Worksheet by marking the appropriate letter for the surface in the box next to the number of the tooth selected for treatment, and, on the day of the examination, on the Patient Treatment Evaluation Form. Each of the six (6) to eight (8) selected teeth must have at least one (1) surface of subgingival calculus charted.
7. The numbers of the selected teeth must be listed in ascending numerical order. If subgingival calculus is on the line angles of the tooth, it must be marked on the interproximal surface, e.g. a deposit on the disto-facial line angle would be marked on the distal.

Exclusions:

NERB strongly discourages treatment selection of teeth with:

1. Class III furcations or mobility.
2. Advanced periodontal disease
3. Orthodontic brackets or bonded retainers.
4. Implants included in the treatment selection.
5. Partially erupted 3rd molars.
6. Retained deciduous teeth.
7. Gross caries.
8. Faulty restorations.
9. Extensive full or partial veneers.
10. Multiple probing depths in excess of 6 mm.

Calculus Detection: The presence of explorer detectable calculus on the twelve surfaces of the selected teeth must be accurately recorded.

Pocket Depth Measurements: Pocket depths are accurately assessed and recorded on the two examiner assigned teeth – 1 posterior tooth and 1 anterior tooth. Probing of the gingival sulcus and/or periodontal pockets must be accurate within 1 mm on all root surfaces of the 2 assigned teeth. The 2 assigned probing teeth may be within or outside the primary quadrant.

Scaling: The subgingival surfaces of the assigned teeth must be smooth, with none of the selected deposits detectable with an 11/12 explorer. Air may be used to deflect the tissue to locate areas for tactile confirmation. (All subgingival surfaces on an assigned tooth must be scaled but only the selected surface will be evaluated.)

Polishing: All supragingival and supragingival calculus, plaque and stain must be removed from the entire coronal surfaces of all teeth in the primary quadrant selected for treatment as well as any alternative teeth in another quadrant, if selected (the first 6 teeth listed for calculus detection/removal will still be listed in ascending order on the grading sheet) so that the non-decalcified surfaces are visually clean when air-dried and tactilely smooth upon examination with an 11/12 explorer.

**OVERVIEW OF THE ADEX DH
CONTENT and FORMAT**

PATIENT TREATMENT CLINICAL EXAMINATION – 100 POINTS

CONTENT	FORMAT
<u>Assignment</u> 1. Case Acceptance 2. Pocket Depth Qualification <u>Treatment</u> 3. Calculus Detection 4. Subgingival Calculus Removal 5. Plaque/Stain Removal 6. Pocket Depth Measurement 7. Treatment Management	Performed on a Patient

THE EXAMINATION SCORING SYSTEM

Each examination score is based on 100 points as is reviewed below. A passing score of 75 or higher must be attained on both the patient-based and computer-based examinations as required by the NERB/ADEX DH.

Patient Treatment Clinical Examination – 100 Points

The Patient Treatment Clinical Examination consists of two parts: a Case Acceptance section and a Treatment Evaluation section. The Case Acceptance section is evaluated on whether or not the patient meets the published examination requirements including the presence of at least one pocket 4 mm +/- 1 mm or more in depth on each of the three teeth indicated by the candidate for Case Acceptance from among the six (6) to eight (8) teeth in a primary quadrant and any additional tooth/teeth in another quadrant selected by the candidate for treatment. The primary quadrant is defined as the quadrant with the majority of subgingival calculus on selected surfaces. If the selected quadrants contain the same number for surfaces with subgingival calculus, the primary quadrant must be indicated by the candidate on the Patient Treatment Clinical Examination Form. This is evaluated according to four competency levels which are defined by specific written descriptions. In the Treatment Evaluation section candidate performance is evaluated as to whether or not subgingival calculus is present as identified by the candidate on selected tooth surfaces, and whether the existing subgingival calculus is subsequently removed, whether or not supragingival calculus/plaque/stain has also been removed and whether or not pocket depth measurements were accurate +/- 1 mm on two teeth selected by the examiner. In addition, patient comfort, damage to adjacent soft and hard tissues as well as the debridement of the primary quadrant and any alternative tooth/teeth in another quadrant

selected is evaluated according to the four competency levels as described below. Three examiners independently evaluate all treatment criteria for the examination and the median competency level in each category is determined. These median competency levels are translated into a numerical score.

Penalties assessed by Clinic Floor Examiners (CFE) for such categories as patient management and infection control will also be computed into the score. In addition, critical errors are given special consideration. Critical errors are procedures that could lead to patient injury or may jeopardize overall treatment of the patient. A critical error, such as a laceration of the soft tissue that requires suturing will result in failure of the Patient Treatment Clinical Examination even though other rated treatment criteria are acceptably completed.

Grading Competency Levels:

There are four different competency levels used by examiners to rate clinical skills. The following are explanations of the competency levels as they apply to the Patient Treatment Clinical Examination.

Satisfactory (SAT)

The treatment is good to excellent quality, demonstrating competence in clinical judgment, knowledge and skill. The treatment adheres to accepted mechanical and physiological principles

Minimally Acceptable (ACC)

The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge and skill to be acceptable; however, slight deviations from the mechanical and physiological principles of the satisfactory level exist which do not damage the patient.

Marginally Substandard (SUB)

The Treatment is of poor quality, demonstrating a significant degree of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles.

Critically Deficient (DEF)

The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of dental hygiene.

Points That Can Be Earned on Each Section of the Examination:

The Scoring process consists of an Additive Component whereby the candidate can earn up to a maximum of one hundred (100) points. The other component affecting the final score consists of penalty point deductions from the earned point total.

Points can be earned in each skill set category in the amounts indicated below totaling the maximum of 100 earned points.

1. **Calculus Detection** – 3 points for each of the 12 surfaces selected by the candidate where at least two of the examiners agree calculus is present for a maximum of 36 points.
2. **Calculus Removal** – 3 points for each surface of calculus from the surfaces identified above as having calculus by at least two examiners and where at least two of the examiners agree that the calculus has been removed after treatment by the candidate for a maximum of 36 points.
3. **Pocket Depth Measurement** – 1.5 points for each of six pocket measurements on the two teeth selected by the examiner that two examiners agreed +/- 1 mm with the candidate's measurement for a maximum of 18 points.
4. **Plaque/Stain/Supragingival Calculus Removal** – 1 point for each of 6 teeth on which the candidate removes plaque/stain/supragingival calculus for a maximum of 6 points.
5. **Hard and Soft Tissue Management** – 2 points in each category for acceptable tissue management for a maximum of 4 points.

Penalty Point Deduction for Case Qualification

Required Forms	five (5) pts if ACC, fifteen (15) if SUB, thirty (30) if DEF
Blood Pressure	five (5) pts if ACC, fifteen (15) if SUB, thirty (30) if DEF
Radiographs	five (5) pts if ACC, fifteen (15) if SUB, thirty (30) if DEF
Required Teeth/Deposit	five (5) pts if ACC, fifteen (15) if SUB, thirty (30) if DEF
Pocket Depth Qualification	ten (10) pts if one (1) not qualified, twenty (20) points if two (2) or three (3) not qualified

The maximum penalty point deduction for Case Qualification is thirty (30) points.

Penalty Point Deductions for Pre-Treatment and Post-Treatment Sections

Calculus Detection	fifteen (15) pts if four (4) or more errors
Calculus Removal	fifteen (15) pts if four (4) or more errors

The penalty point deductions in the Pre-Treatment and Post-Treatment Sections are cumulative.

Additional Penalty Deduction Categories

The scores for the Patient Treatment Clinical Examination may also be affected by certain conduct or errors on the part of a candidate that warrant a penalty deduction from the examination score.

Throughout the examinations in Dental Hygiene, the conduct and clinical performance of the candidate will be observed and evaluated. A number of considerations are weighed in determining the final scores. Penalties may be assessed for violation of the standards for the Clinical Examinations in Dental Hygiene for certain procedural errors as described below.

Out of the 100 possible points on the examination, the following penalties may be assessed:

1. Violation of universal precautions (One (1) point deduction);
2. Gross infection control violation (Ten (10) point deduction);
3. Disregard for patient comfort (Ten (10) point deduction);
4. Unprofessional demeanor: unkempt, unclean, or unprofessional appearance; inconsiderate or uncooperative behavior with other candidates, examiners or testing site personnel (One (1) point deduction);
5. Improper management of significant history or pathosis (Ten (10) point deduction);
6. Improper or incomplete record keeping (One (1) point deduction);
7. Non-diagnostic radiographs, 2nd time (Ten (10) point deduction); 3rd time (One hundred (100) point deduction);
8. Treatment of teeth other than those in the primary quadrant and alternative selections (Ten (10) point deduction);
9. Violation of examination standards, rules or guidelines (One hundred (100) point deduction);
10. Failure to complete treatment within the stated time guidelines (One hundred (100) point deduction);
11. Critical lack of diagnostic/clinical judgment skills (One hundred (100) point deduction),. This penalty would be applied when the candidate's lack of clinical judgment or clinical skills seriously jeopardizes the prognosis of the treatment and/or the patient's well being.

This serial listing of penalties or deficiencies does not imply limitations, since some procedures will be classified as unsatisfactory for other reasons, or for a combination of several deficiencies.

Pass/Fail Rule: In order to pass, a candidate must have 75 or more earned points after all penalty points are deducted.

Any of the following will result in failure of the entire examination:

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

PATIENT TREATMENT CLINICAL EXAMINATION
TIME SCHEDULE

Orientation (mandatory attendance)	On the day prior to the exam
Group A. Patient Treatment Clinical Examination	7:30 a.m. to 11:30 a.m.
Orientation (mandatory attendance)	On the day prior to the exam
Group B. Patient Treatment Clinical Examination	1:00 p.m. to 5:00 p.m.

Patient Treatment Clinical Examinations – Four Hours:

The total time for the Patient Treatment Clinical Examination is four hours. During this time, the candidate must complete required paperwork, present the patient for assignment evaluation, carry out the assigned treatment and measure the sulcus/pockets depths of the assigned teeth and present the patient for evaluation of treatment and pocket depth measurements. The time for actual patient treatment is one and one half (1 1/2) hours.

Time Management:

In scheduling patients and planning utilization of time, the candidate should be aware that the time allowed for the examination **includes the time during which the patient(s) will be at the Evaluation Station for assignment and evaluation.** The times vary according to the procedure being evaluated. A minimum of **45 minutes** must be available to the candidate during the four (4) hour examination time for treatment of the patient. If there is less than 45 minutes remaining in the allotted four (4) hour examination time, the candidate's examination will be stopped for the safety of the patient.

Daily Time Schedule:

Each candidate must adhere to the published time schedule.

1. **Orientation and Admission.** Candidates taking the Patient Treatment Clinical Examination **must be present at orientation in the late afternoon or early evening of the day prior to the examination day for specific instruction and distribution of examination materials** by the Chief Examiner. To determine the site and time of the Orientation, contact the School NERB Coordinator at the examination site.

The candidates must present two (2) forms of identification, both with the candidate's signature and one (1) with a recent photograph. Candidates who do not have these two

forms of ID will **not** be admitted to the examination. Candidates should also print the page from their online profile under the Apply tab that indicates their assigned site, time and sequential number and bring it to the examination. An email will be sent to candidates when this information is available.

2. **The Patient Treatment Clinical Examination** must be taken at the assigned time, beginning at either 7:30 a.m. or 1:00 p.m. depending on the group assignment. Patients must be ready for assignment evaluation at those times. (Candidates can begin preparation and set up of the unit one half hour prior to the official start of the examination.) All treatment must stop for the morning session at 11:30 a.m. and at 5:00 p.m. for the afternoon session. Candidates who are not participating in the Patient Treatment Clinical Examination must leave the clinic when their time for the Examination has expired.

MEDICAL CLEARANCE:

1. Medical history is to be recorded on the Medical History Form and, when necessary, a written medical clearance by a licensed physician is to be obtained. Some examples of when a medical clearance may be required include, but are not limited to, history of myocardial infarction, infective endocarditis, congenital heart disease, cardiac surgery, coronary arteriosclerosis, tuberculosis, chemotherapy or radiation therapy, high blood pressure, diabetes, blood disorders, infectious diseases, and pregnancy. Any “Yes” answer on the Medical History could require a Medical Clearance if the condition could affect the patient’s suitability for elective dental treatment during the examination.
2. An acceptable medical clearance includes:
 - a. A clearly legible statement from a licensed physician written within 30 days of the examination on official letterhead stationery.
 - b. A positive statement of how the patient should be managed.
 - c. The physician’s name, address and phone number clearly legible.
 - d. A telephone number where the physician may be reached on the day of the examination if a question arises regarding the patient’s health.

INFECTION CONTROL PROCEDURES:

The current recommended infection control procedures as published by the Centers for Disease Control and Prevention must be followed for the Patient Treatment Clinical Examination. These procedures must begin with the initial setting up of the unit, continue throughout the Patient Treatment Clinical Examination and include the final cleanup of the operatory. Failure to comply will result in the loss of points and any violation that could lead to direct patient harm will result in termination of the examination and loss of all points.

To the extent possible, dental professionals must prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are, in fact contagious. Use of standard precautions including barriers, disposables whenever possible,

and proper disinfection and sterilization is required. The following infection control procedures shall be strictly adhered to:

1. Personal Protective Equipment/barriers.
 - a. Gloves, masks and eye protection must be worn when setting up or performing any intra-oral procedures and when cleaning up after any treatment. If rips or tears occur, new gloves must be donned. Gloves are not to be worn outside the operatory. **Patients with known allergies to latex will NOT be allowed to participate for the examination.** Hands must be washed and dried prior to patient treatment and during patient treatment as necessary. The use of an alcohol hand rub is also permitted whenever gloves are changed. No hand jewelry shall be worn that can tear or puncture gloves.
 - b. Clean long sleeved uniforms, gowns, or laboratory coats are to be worn and must be changed if they become visibly soiled. Gowns or laboratory coats are to be removed before leaving the clinic area.
 - c. Face masks and protective eyewear with side shields must be worn during all procedures in which splashing of any body fluids is likely to occur. Masks are to be discarded after each patient or sooner if the masks become damp or soiled.
 - d. Footwear may not include sandals, perforated clogs or open-toed shoes (a safety issue rather than strictly infection control).
 - e. Impervious-backed paper, aluminum foil or plastic wrap may be used to cover surfaces that may become contaminated. The coverings must be removed (while gloved), discarded, and replaced (after removing gloves) between patients.
 - f. A clean patient napkin must be worn by the patient when he/she goes to the Evaluation Station.
 - g. Patients must wear protective eyewear during all clinical procedures and are required to bring protective eyewear with them to the Evaluation Station for use during the evaluation of clinical procedures.

STERILIZATION AND DISINFECTION

Instruments, gloves and other materials, which become contaminated, must be placed in appropriate receptacles.

Instruments: Any instrument that penetrates soft or hard tissue shall be disposed of or sterilized before and after each use. Instruments that do not penetrate hard or soft tissues, but do come in contact with oral tissues, shall be a single use disposable item and properly discarded or sterilized when appropriate.

- a. Surfaces and counter tops if not barrier wrapped, surfaces and counter tops shall be pre-cleaned & disinfected with hospital level disinfectant that is tuberculocidal.
- b. Handpieces, prophylaxis angles, air/water syringes shall be sterilized before and after use or properly disposed of after use.

Used sharps are to be placed in a spill proof, puncture resistant container. Needles are to be recapped with a one-handed method or with special devices designed to prevent needle-stick injuries and disposed of properly.

All waste and disposable items shall be considered potentially infectious and shall be disposed of as is customary at the testing site in accordance with federal, state and local regulations.

Automatic External Defibrillator (AED) equipment, pocket masks, resuscitation bags, or other ventilation devices will be provided by the school in strategic locations. Candidates should be familiar with their location and use.

Exposure to Blood Pathogens: An exposure incident is defined as contact with blood and/or other potentially infectious materials (OPIM) through:

- a. Needlestick, sharp or other percutaneous exposure,
- b. Non-intact skin exposure such as an open cut, burn or abrasion, or
- c. Contact with a mucous membrane (e.g. inside nose, eye or mouth).

Since maximum benefit of therapy is most likely to occur with prompt treatment, the following policy has been established:

- a. Immediately following the exposure incident, puncture wounds or other percutaneous exposures, skin exposures should be cleaned with soap and water. Mucous membrane exposed to blood or OPIM should be extensively rinsed.
- b. All percutaneous exposures and other exposures to blood and OPIM should be reported immediately to the Chief Examiner and the person in authority at the examination site so that appropriate measures can be initiated and the exposure incident documented.
- c. If possible, post-exposure prophylactic treatment should be initiated at the examination site if appropriate, as determined by the U.S. Department of Health and Human Services recommendations or appropriate referral made.

At the completion of all clinical examinations performed in operatories, it is the responsibility of candidates to thoroughly clean the operatory utilizing accepted infection control procedures.

EVALUATION – GENERAL RULES

1. Performance of the candidate will be evaluated according to the published criteria and the standards.
2. Evaluation of clinical performance is conducted in an anonymous manner. Evaluating examiners are unaware of the identity of the candidate whose performance is being evaluated.
3. Any candidate demonstrating disregard for the oral structures, aseptic techniques, welfare of the patient and/or lack of skill and dexterity to perform the assigned clinical procedures may be immediately dismissed from the examination upon agreement of two examiners. The Chief Examiner will be notified immediately.
4. In the event that any serious clinical problems occur as a result of the treatment provided during the examination, arrangements must be made for the patient to receive follow-up care. A Follow Up Form will be provided as a record of the patient's needs. The candidate should give prior consideration to what arrangements might need to be made for patients to receive follow-up care.
5. A tray must be provided by the candidate **for the patient to transport** instruments and materials to and from the Evaluation Station.

DENTAL HYGIENE PATIENT TREATMENT EXAMINATION
Patient Selection

SATISFACTORY

1. The Treatment Consent Form, Medical History, Progress Form and Evaluation Form are complete, accurate and current.
2. Both systolic and diastolic blood pressure are less than or equal to 159/94 or systolic and diastolic blood pressure are between 160/95 and 179/109 WITH a written consult from a physician authorizing treatment during the examination.
3. Radiographs are of diagnostic quality, reflect the current clinical condition of the mouth, the periapicals exposed within 3 years and four bitewings within 1 year and are properly mounted with exposure date and patient's name.
4. The Calculus Detection portion of the Evaluation Form is properly completed, indicating:
 - 6-8 teeth selected each with at least one surface of calculus charted.
 - Exactly 12 surfaces of subgingival calculus charted.
 - 8 of the 12 surfaces are on premolars and/or molars. All posterior teeth on which a surface of subgingival calculus is identified for removal must be in contact with an approximating tooth within 2 mm distance.
 - 5 of the selected surfaces must be on posterior proximal surfaces and 3 of these must be on molars. Only one distal surface of a terminal second or third molar may be used.
 - Three pockets 4 mm +/- 1 mm or more in depth, each on a different tooth within the 6-8 teeth selected for treatment.

MINIMALLY ACCEPTABLE

1. The Treatment Consent Form is incorrect or not signed by patient.*
 2. The Medical History is incomplete*, missing patient signature*, or has slight inaccuracies which do not affect the patient or proposed treatment.
 3. The Progress Form and/or Evaluation Form have inaccuracies or are incomplete or missing.*
 4. Blood pressure has not been taken or is not recorded* but upon correction meets criteria listed under Satisfactory.
 5. Radiographs are available but not submitted with the patient for initial evaluation***
 6. The Calculus Detection portion of the Evaluation Form has not been filled out or on first submission is filled out incorrectly demonstrating:
 - Fewer than 6 or more than 8 selected teeth**, and/or
 - More or less than 12 surfaces of subgingival calculus charted** and/or
 - Fewer than 8 surfaces of subgingival calculus charted on premolars and/or molars** and/or no approximating tooth within 2mm of the tooth which a surface is selected by the candidate for calculus detection and removal** and/or
 - One or more selected teeth without any surfaces of calculus charted** and/or
 - Fewer than 5 selected surfaces on posterior proximal surfaces** and/or fewer than 3 of these on molars** and/or
 - Fewer than 3 separate teeth with pockets of 4 mm +/- 1 mm or more indicated for Pocket Depth Qualification and/or one or more teeth are outside the treatment selection.**
- * Records and patient must be sent back to the candidate with an Instruction to Candidate requesting correction. (If Evaluation Form is completed correctly, it is retained in Evaluation Station.)
- ** Records and patient and a second Evaluation Form are sent back to the candidate with Instruction to Candidate requesting correction.
- *** Instruction to Candidate is sent requesting radiographs.

DENTAL HYGIENE PATIENT TREATMENT EXAMINATION
Patient Selection Continued

MARGINALLY SUBSTANDARD

1. Medical History has inaccuracies which do not affect treatment but demand immediate attention*. Medical Clearance is not present on submission for assignment but available on request.
2. Radiographs are of poor diagnostic quality and/or do not meet all of the criteria under Satisfactory.
3. Of the three teeth indicated with pocket measurements of 4 mm +/- 1 mm or more in depth, only 2 teeth are found to have measurements of 4 mm +/- 1 mm or more and/or one or more of these teeth are outside the treatment selection on the second submission.
4. Second submission of incomplete and/or incorrect Pre-treatment Evaluation Form or Progress Form

* Records and patient are sent back to the candidate with an Instruction to Candidate for correction. If Evaluation Form is completed correctly, it is retained in the Evaluation Station

CRITICAL DEFICIENCY

1. Medical History has significant findings contraindicating treatment i.e. latex allergy, taking non-approved bisphosphonates, active herpes infection. Medical Clearance for treatment of a pregnant patient is unavailable. (Patient Treatment Examination is stopped).
2. Systolic and/or diastolic blood pressure is between 160/95 and 179/109 WITHOUT a written consult from a physician authorizing treatment OR blood pressure is 180/110 or greater even with a written consult from a physician authorizing treatment.
3. Radiographs (full mouth series and bitewings) are of unacceptable diagnostic quality and/or are missing and not available on request. (Patient Treatment Examination is stopped).
4. Of the three teeth indicated with sulcus/pocket measurements of 4 mm +/- 1 mm or more in depth, less than 2 teeth are found to have pockets of 4mm +/- 1 mm or more upon measurement.
5. Second submission of incomplete and/or incorrect Informed Consent Form or Medical History Form. (Patient Treatment Examination is stopped.)

DENTAL HYGIENE PATIENT TREATMENT EXAMINATION
Tissue and Treatment Management

SATISFACTORY

1. Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft or hard tissue trauma occurs as a result of the scaling and polishing procedures

MINIMALLY ACCEPTABLE

1. There is slight soft tissue trauma that is consistent with the procedure.

MARGINALLY SUBSTANDARD

1. There is soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include, but not be limited to, abrasions, lacerations or ultrasonic burns.
2. There is hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment.
3. There is a lack of complete debridement of the teeth in the primary quadrant and/or the alternative teeth assignment that were not included in the detection or removal selection of the 6-8 teeth, 12 surfaces. For example: supra and/or subgingival calculus plaque and stain.
4. One amputated papillae (facially and lingually)

CRITICAL DEFICIENCY

1. There is major damage to the soft and/or hard tissue that is inconsistent with the procedure and pre-existing condition. This damage may include, but not be limited to, such trauma as:
 - Amputated papillae (2 or more facially and lingually)
 - Exposure of the alveolar process
 - A laceration or damage that requires suturing and/or periodontal packing
 - A broken instrument tip is evident in the sulcus or soft tissue.
 - Root surface abrasions that require additional definitive treatment.
 - One or more ultrasonic burns that require follow up treatment.

STANDARDS OF CONDUCT

The NERB strives to evaluate the candidate's clinical judgment and skills in a fair manner. In addition, conduct, decorum and professional demeanor are evaluated. **The candidate is required to adhere to the rules and regulations and Standards of Conduct for the Clinical Examinations in Dental Hygiene as follows:**

1. **Personal/professional conduct:** Any substantiated evidence of collusion, dishonesty, use of unauthorized assistance or intentional misrepresentation during registration or during the course of the examinations or failure of the candidate to carry out a directive of the Chief Examiner shall automatically result in failure of both clinical examinations in Dental Hygiene. The candidate must behave in an ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort. Improper behavior is cause for dismissal from the examination at the discretion of the Chief Examiner and will result in failure of the examination. Additionally, the candidate shall be denied re-examination by the NERB for one full year from the time of the infraction.
2. **Termination of the examinations:** The NERB reserves the right to terminate or delay the examinations at any time if that action becomes necessary to safeguard the health, safety or comfort of the patient; or if the candidate or examiners are threatened in any manner; or if other interfering events occur which are not under the control of the NERB.
3. **Completion of the examinations:** Both examinations, the ADEX DH examination implemented by the NERB and the CSCE, must be completed within the specified time frame in order to be considered for "NERB Status." Examination procedures performed outside the assigned time schedule will be cause for the examination to be considered incomplete and will result in failure. **If all specified materials and required documentation are not turned in at the end of an examination, the examination is considered incomplete and will result in failure.**
4. **Misappropriation and/or damage of equipment:** No equipment, instruments, or materials shall be removed from the examination site without written permission of the owner. Willful or careless damage of dental equipment may result in failure. All repair or replacement costs resulting from damage during the examination will be charged to the candidate and must be paid before the candidate's examination results will be released.
5. **Submission of examination records:** All required records and radiographs must be turned in at the Coordinator Desk before the examination is considered complete. **If all required documentation is not turned in at the end of the examination, the examination is considered incomplete and will result in the failure of all examinations involved.**
6. **Assigned procedures:** Only the treatment and/or procedures assigned may be performed. All surfaces of the primary quadrant and any alternative teeth must be scaled and polished. Performing other treatment or procedures may result in failure of the examination.

7. **Guidelines:** Failure to follow the published standards and guidelines; the use of electronic recording devices by the candidate or a patient during any part of the examination; or the taking of photographs during the evaluation or treatment procedures is a violation of Guidelines and may result in failure of the Clinical Examination in Dental Hygiene. However, intra-oral photographs may be taken by NERB examiners or school personnel during the course of the examination for purposes of future standardization and calibration.

8. **Electronic equipment:** The use of pagers, smart phones, computers, DVDs, CDs, PDAs, Blackberries, radios, iPODs, walkie-talkies (all with or without earphones) and any other electronic equipment is not permitted on the clinic floor during the examination

FORMS

Evaluation and Progress Forms for each clinical examination will be provided to the candidate along with a supply of barcode identification labels. Once the Examination begins, examination materials distributed by the testing agency may **NOT** be removed from the examining area. Forms may **NOT** be reviewed by unauthorized personnel.

1. **The Dental Hygiene Treatment Selection Worksheet:** which can be found at the back of this manual, is used prior to the examination to select the required teeth and surfaces for treatment and pocket depth measurement. The information on this sheet is transferred to the Evaluation Form at the beginning of the examination and only the evaluation form is submitted to the Evaluation Station. (A completed sample is provided in Appendix B.)
2. **The Multipart Evaluation Form:** is the primary form used in scoring candidate performance. Place a barcode label within the bracketed area on each page of the form. Enter the selected teeth and surfaces with calculus to be removed, the three tooth numbers with the qualifying pockets of 4mm or more, and document the primary quadrant. **NO EXTRANEIOUS MARKS** are to be made on the Evaluation Form. (A sample is online by accessing the NERB website: www.nerb.org.)
3. **Color-coded Progress Form:** is utilized to record anesthetic administration, treatment provided, examiner signatures for all completed portions of the examination, and appropriate progress notes from the candidate to examiners during the course of treatment. Place a barcode label as indicated on the Progress Form. Enter cubicle number, patient's name. (A completed sample is provided in Appendix B.)
 - The Patient Treatment Clinical Evaluation Form and Progress Form must be completed as directed and sent to the Evaluation Station at the time of assignment. The Evaluation Form will remain in the Evaluation Station.
4. **Instruction to Candidate Form:** Candidates may receive written instructions on an Instruction to Candidate Form from the Clinic Floor Examiners or the examiners in the Evaluation Station to modify their record documentation or treatment. If an Instruction to Candidate Form is received, the candidate must immediately summon a CFE prior to carrying out any of the instructions and summon the same CFE for a completion check. The candidate must initial on the Instruction to Candidate Form that the instructions are understood. (See the sample at the back of this manual.)
5. **Follow Up Form:** The Follow Up Form is utilized whenever the treatment provided results in a serious clinical problem. This form identifies the problem and establishes responsibility for further treatment. The patient is informed that follow up is necessary, financial responsibility is clarified and the candidate and Chief Examiner must sign the form. (See the sample at the back of this manual.)

EXAMINATION CHECK-OUT

Check-Out Procedure After the Completion of the Patient Treatment Clinical Examination

Upon completion of the examination and when ready to check out, all examination packets must be personally submitted at the desk. The following items must be **enclosed in the white envelope and accounted for prior to dismissal from the examination site:**

1. The complete mouth radiographic series and the bitewings for the Patient Treatment Clinical Examination need not be submitted unless requested to do so by an examiner. (If the testing site requires that radiographs be retained in the patient record, the candidate may submit duplicates of the radiographs).
2. Dental Hygiene Progress Form
3. Photo Identification Card for candidate
4. Treatment Consent Form
5. Medical History Form
6. Color coded cubicle cards (2)
7. Completed Post-operative Care Agreement Form

A candidate will receive a receipt for all materials submitted at final check out.

It is the responsibility of the candidate for the NERB Clinical Examinations in Dental Hygiene to obtain and complete all requirements for remedial education in accordance with the requirements of the licensing jurisdictions. The NERB does not assume any responsibility in providing this information or in monitoring the completion of such requirements prior to examination.

COMPUTER SIMULATED CLINICAL EXAMINATION (CSCE) – 100 POINTS

CONTENT	FORMAT
<p><u>Computer Simulated Clinical Examination (CSCE)</u></p> <ol style="list-style-type: none"> 1. Health assessment and medical emergencies 2. Radiography 3. Infection control 4. Disease prevention and health promotion 5. Normal anatomy 6. Soft tissue, bone and tooth abnormalities 7. Periodontal conditions and dental hygiene techniques 8. Orthodontics and pediatric dentistry 9. Therapeutics 	<p>Simulated Patients Presented on a Computer</p>

Computer Simulated Clinical Examination (CSCE) – 100 Points

The Computer Simulated Clinical Examination consists of 100 graded questions and the score for this examination is based on the percent of questions answered correctly. A final score of 75 or higher is passing. There are an additional 15 questions being tested for possible future use but they are not part of the examination grade.

Computer Simulated Clinical Examination (CSCE) – Two Hours

The Computer Simulated Clinical Examination is given, by appointment, as a Prometric Testing Center. The CSCE is approximately two (2) hours in length.

CLINICAL EXAMINATION STANDARDS

STANDARDS FOR THE COMPUTER SIMULATED CLINICAL EXAMINATION (CSCE)

1. **Extraneous materials:** Only those materials distributed or authorized by Prometric may be brought to the Prometric Center. Use of unauthorized materials will result in failure of the entire Examination. No textbooks or study materials are permitted at the Prometric Testing Center at any time.
2. **Time schedule:** A specific total amount of time is allowed for the Computer Simulated Clinical Examination. Once a candidate has completed and locked out the CSCE, the candidate may not re-enter the CSCE.
3. **Timely arrival:** The date and appointment schedule established by Prometric must be adhered to as confirmed. Failure to do so will result in forfeiture of the examination fee.
4. **Behavior at the Prometric Testing Center:** Unseemly behavior of the candidate or improper behavior toward personnel at the Prometric Testing Center will result in failure of the CSCE and forfeiture of the examination fee.

5. **Examination security:** Security measures established by the NERB and Prometric must be followed. Failure to do so may result in failure of the Examination.

COMPUTER SIMULATED CLINICAL EXAMINATION (CSCE)

The CSCE is a computer simulated patient clinical performance examination that utilizes a multiple choice format to indicate examinees' responses. It is an integral component of the NERB Clinical Examinations in Dental Hygiene required to achieve "NERB Status" and differs from the National Board Dental Hygiene Examination, which is a comprehensive achievement examination in the theory of dental hygiene. The National Board is a prelude to clinical performance examinations such as the CSCE.

The CSCE is designed to assess more complex levels of diagnosis and treatment planning knowledge, skills and abilities.

Simulations of actual patients are utilized through computer-enhanced photographs, radiographs, optical images of study and working models, laboratory data and other clinical digitized reproductions. The CSCE is a computerized objective simulated clinical examination (CSCE).

There are 100 items in the CSCE. Pilot items may be added but do not affect the score. Appropriate additional time is provided for these items.

Disciplines and Subject Matter Addressed in the Computer Simulated Clinical Examination.

- a. Health assessment and medical emergencies
- b. Radiography
- c. Infection control
- d. Disease prevention and health promotion
- e. Normal anatomy
- f. Soft tissue, bone and tooth abnormalities
- g. Periodontal conditions and dental hygiene techniques
- h. Orthodontics and pediatric dentistry
- i. Therapeutics

The candidate may skip or mark items to be considered later. **Once the CSCE is completed and the candidate locks out of the Examination, she/he will not be able to return to the Examination again.** The time indicated on the computer screen is the amount of time for the Examination. There is no specific time limitation for each item.

The Computer Simulated Clinical Examination is administered by Prometric at their testing centers by appointment after eligibility authorization is granted to the examinee by the NERB. Approximately two (2) hours are allotted for this examination. No study materials may be brought to the center and recording of test items is prohibited. Violation of these rules constitutes a violation of the Standards for the Computer Simulated Clinical Examination and may result in failure of the examination. The Rules of conduct of the examination as established by Prometric must be followed.

SCORE CERTIFICATION PROCEDURE

Score Certification is a procedure whereby the documents from which the examination score was generated are re-checked for any irregularities or errors which may have occurred in establishing the score. Irregularities or errors in scoring include any extraneous mark(s) on an Evaluation Form, which may have been misread by a scanner, or a mathematical error. Score Certification is **not** a review of the examination process or candidate performance and a listing of specific candidate errors is **not** included.

NOTE: All failing scores are checked by hand prior to being released.

For information on how to submit a request for a Score Certification, go to www.nerb.org click on “Exam Info” and select “Appeals”.

CANDIDATE APPEALS PROCEDURE

A Candidate Appeal may be generated if the candidate believes that his/her examination results was/were adversely affected by extraordinary conditions during the examination, which affected the final outcome of the candidate’s examination. Appeals are reviewed on the basis of facts surrounding the decision during the examination. Appeals based on patient behavior, tardiness or failure to appear will not be considered. The appeals process is the final review authority and if the appeal is denied there is not further review process within the NERB.

All reviews of Candidate Appeals include the **SCORE CERTIFICATION PROCEDURE** described above, and are based on a reassessment of the documentation of the candidate’s performance on the examination. The review is limited to a determination of whether or not 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. Opinions of the candidate, faculty members, patients, colleagues, examiners acting outside of the area of their assignment and records of academic achievement are not considered in determining the results of the examination and do not constitute a factual basis for an appeal. Consideration can only be given to documents, radiographs or other materials that were submitted during the examination and remain in the possession of the NERB. Any other information such as radiographs, photographs or models of a patient taken after the completion of the examination will not be considered in the appeals process.

Any candidate receiving a failing score on a NERB examination may, on one’s own behalf, submit a candidate appeal of that failing score.

For information on how to submit an Appeal and the Appeal Process itself, go to www.nerb.org click on “Exam Info” and select “Appeals”.

APPENDIX A

PARTICIPATING LICENSING JURISDICTIONS

An up-to-date listing of state boards, addresses, phone numbers, email, and website addresses can be found on NERB's website at www.nerb.org, under the tab *Exam Info*, menu choice *States Accepting*.

CONNECTICUT

DISTRICT OF COLUMBIA

FLORIDA

ILLINOIS

INDIANA

MAINE

MARYLAND

MASSACHUSETTS

MICHIGAN

NEVADA

NEW HAMPSHIRE

NEW JERSEY

NEW YORK*

OHIO

OREGON

PENNSYLVANIA

RHODE ISLAND

VERMONT

WEST VIRGINIA

WISCONSIN

* New York accepts the NERB ADHLEX (Hygiene) Examination.
They currently do not accept any examination for Licensure in Dentistry.

APPENDIX B

Dental Hygiene Treatment Selection Worksheet

On the day of the examination all information on this Form must be accurately transferred to the Dental Hygiene Patient Treatment Clinical Examination Evaluation Form provided at that time

Do not submit this Form to the evaluation station, it is only for your use prior to and on the day of the examination and may be duplicated as needed

Tooth #/
Surface

2	D
4	M
5	D

Pocket Depth Qualification

Enter the numbers of 3 separate teeth from the list of teeth below selected for Subgingival Calculus Detection) with 4 mm +/- 1 mm or deeper pockets in the large boxes to the left and indicate the surface where the pocket selected on each tooth is located in the smaller adjacent box (M = Mesial, F = Facial, D = Distal, L = Lingual). It is not necessary to select one of these surfaces to scale.

Tooth #
& Calc.
Location

2	M
2	F
2	D
3	D
4	D
5	M
5	D
5	L
6	D
7	D
8	M
8	F

Subgingival Calculus Detection

In the large boxes to the left, enter the number of the 6 to 8 teeth in one primary quadrant and indicate in the smaller adjacent box the surface on that tooth where the calculus is located that you have selected for removal (M = Mesial, F = Facial, D = Distal, L = Lingual). Twelve surfaces must be indicated. If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed, example:

3 M then 3 D

Of the 12 surfaces, 8 must be on premolars and/or molars. Five of these must be on proximal surfaces and 3 surfaces must be on molars. These proximal surfaces on posterior teeth must be in contact with at least one approximating tooth within 2 mm (only the distal surface of a 2nd or 3rd terminal molar may be used as one of these molar proximal surfaces). The four remaining surfaces are at the choice of the candidate.

Alternatively, if the required surfaces cannot be met in the primary quadrant, up to 4 posterior teeth in a quadrant other than the primary quadrant may be selected, if the teeth are in contact proximally.

Tooth #

2
3
4
5
6
7

Plaque/Stain Removal/Supragingival Calculus Removal

Enter the numbers of the first 6 separate teeth (from the list of teeth above selected for Subgingival Calculus Detection). These teeth will be evaluated for the removal of plaque, stain, and supragingival calculus on the crowns of the teeth.

The two teeth assigned for "Pocket Measurements" will be indicated on the Evaluation Form by the CFE. Once assigned, fill in the correct bubble to indicate the Pocket Depth at each of six locations for each tooth on the Evaluation Form that you will receive at the examination.

Each time the patient is sent to the Evaluation Station, the Periodontal Progress Form, the Evaluation Form, Medical History, Informed Consent and radiographs must accompany the patient.*

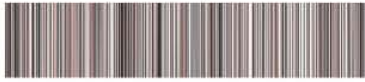
The CFE will give permission to administer anesthetic.

The Evaluation Station examiner will insert Start and Finish times on the Progress Form and return it to you.

It is the candidate's responsibility to accurately transfer the information from this Treatment Selection Worksheet to the Evaluation Form prior to presenting the patient for assignment.

*Maintained in the Evaluation Station

Candidate Sequential: 101



Candidate Sequential: 135

Cubicle #: 27

Candidate ID:0021 Test Site:041

Place ID label above. If you do not have an ID label, write in the corresponding numbers from your ID card on the lines above.

DENTAL HYGIENE Progress Form

PATIENT CONSENT FORM

Reviewed by CFE Examiner #: 50504

MEDICAL HISTORY AND BLOOD PRESSURE

Reviewed by CFE Examiner #: 50504

ANESTHETIC RECORD

Table with 2 columns: Question/Field and Answer. Includes fields for Topical anesthetic(s), Type(s) of Injection, Anesthetic(s), Quantity of Anesthetic, Vasoconstrictor, and CFE Approvals.

Start Time: 8:05
Finish Time: 9:35
Patient's Name: John Jones

Inject. Local Anes.

PRETREATMENT MEDICATION (if required)

Medication(s): Amoxicillin
Dosage/When Taken: 2 gm 1 hr before

Is this patient being shared with another candidate? YES NO If so, when? Date Time

Pre-Treatment Procedure Completed: 50554 E.S. - Evaluators(s) 50502 50529

Post Treatment Evaluation Completed: [] E.S. - Evaluators(s) []

See other side for Candidate's notes and comments to Examiner

Candidate Sequential: _____
PLACE BARCODE HERE
 Candidate ID: _____ Test Site: _____
 Place barcode label above. If you do not have a barcode label, write in the corresponding numbers from your ID card on the lines above.

Medical History

Dental Hygiene

Candidate Sequential:
 Cubicle #:

Patient's name _____ Date Form Completed ____/____/____

Birthdate ____/____/____ Weight _____

Blood Pressure _____ Date/Time Taken _____
Required - Must Be Taken Day of Examination

Examiner Confirms BP Taken Day of Exam

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Examiner Number

INSTRUCTIONS TO THE PATIENT:
 Answer the following questions as completely and accurately as possible. All information is **CONFIDENTIAL**.
 Please circle "yes" or "no" to all questions, and write in your answers as appropriate.

1. Are you under the care of a physician at this time? **YES NO**
 If yes, for what condition? _____
2. The name and address of my physician is: _____
3. My last physical examination was on _____
4. Has a physician treated you in the past six months? **YES NO**
 If yes, for what condition? _____
5. Have you been hospitalized or have a serious illness within the last five years? **YES NO**
 If yes, please specify: _____
6. Are you allergic or had any adverse reaction to any medicines, drugs, local anesthetics, LATEX or other substances?.... **YES NO**
 If yes, please specify: _____
7. Do you have or have you had any of the following diseases/problems? Please explain "YES" answers on the back.

A. Abnormal bleeding, bruise easily or require blood transfusion..... YES NO B. Angina/Chest pain..... YES NO C. Asthma/Lung/Respiratory condition..... YES NO D. Diabetes..... YES NO E. Emotional/Mental health disorder..... YES NO F. Epilepsy/Seizures/Convulsions..... YES NO G. Hepatitis/Jaundice/Cirrhosis, Liver disease.. YES NO H. High blood pressure..... YES NO I. HIV positive/AIDS..... YES NO J. Hives or skin rash..... YES NO K. Kidney/Renal disease..... YES NO L. Sexually Transmitted Disease(s)..... YES NO M. Stomach ulcers..... YES NO N. Thyroid disease..... YES NO O. Tuberculosis..... YES NO P. Artificial/Prosthetic joint replacement..... YES NO	Q. Artificial/Prosthetic heart valves..... YES NO R. Valve damage following heart transplant.... YES NO S. Congenital heart disease..... YES NO T. Infective endocarditis..... YES NO U. Heart murmur..... YES NO V. Mitral valve prolapse..... YES NO W. Rheumatic heart disease..... YES NO X. Congestive heart failure..... YES NO Y. Pacemaker YES NO Z. Cardiovascular (heart) disease, Arteriosclerosis/Coronary occlusion..... YES NO AA. Cancer/Chemo/Radiation therapy..... YES NO BB. Immune suppression or deficiency..... YES NO CC. Heart attack Date: _____ YES NO DD. Heart surgery Date: _____ YES NO EE. Stroke Date: _____ YES NO
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8. Have you had surgery or x-ray treatment for a tumor, growth or other condition of your head or neck? **YES NO**
 If yes, please list: _____

Turn Over ➡

Please explain all "YES" answers to Question #7

Empty rectangular box for explanation of "YES" answers to Question #7.

9. Do you have any other diseases, conditions, or problems not listed above? If yes, please explain: YES NO

Two horizontal lines for providing an explanation for Question 9.

Any item on the Medical History with a "YES" response, in questions #4-9 could require a Medical Clearance from a licensed physician if the explanation section indicated the possibility of a significant systemic condition that could affect the patient's suitability for elective dental treatment during the examination. The Medical Clearance must include the physician's name, address, and phone number.

10. Are you taking or have you ever taken any of the following medications for any type of cancer, osteoporosis or bone loss due to aging, Paget's Disease, or multiple myeloma? YES NO

If yes, please check the appropriate medication below:

Non-Nitrogen Containing (less potent) Bisphosphonates - Oral

Etidronate (Didronel®, Didrocal®)

Tiludronate (Skelid®)

Nitrogen Containing Bisphosphonates – Oral

Alendronate (Fosamax®, Fosamax+D, Fosavance®)

Ibandronate (Boniva®, Bondronat®)

Risedronate (Actonel®), Actonel Ca+D®

Olpadronate

Nitrogen Containing Bisphosphonates – IV

Pamidronate (Aredia®, Rhoxal®)

Zoledronate (Zometa®, Aclasta®, Reclast®)

Clodronate (Bonefos®)

Neridronate

Ibandronate (Boniva IV®)

(This list of Bisphosphonate medications should not be considered complete as new drugs are continually being developed)

11. Please list any premedication, medications, pills, or drugs with dosage which you are taking both prescription and nonprescription (Must be completed the DAY OF THE EXAMINATION)

Empty rectangular box for listing medications for Question 11.

12. WOMEN ONLY: Are you pregnant? YES NO

If yes, when is your expected due date? _____

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 SIGNED: _____

ORAL ASSESSMENT – List all significant intra- and extra-oral clinical findings:

Empty rectangular box for oral assessment findings.

CANDIDATE INITIALS: _____ DATE INITIALED: _____ CANDIDATE SIGNATURE: _____

(Added at end of exam)

Candidate Sequential: _____

PLACE BARCODE HERE

Candidate ID: _____ Test Site: _____

Patient Consent, Disclosure and Assumption of Responsibility Dental Hygiene

I authorize the individual listed below (the "Candidate") to perform the following procedure(s) during the administration by the North East Regional Board of Dental Examiners, Inc. (the "NERB") of a dental hygiene licensing examination (the "Examination"):

Patient Treatment Clinical Examination

Acknowledgment

I understand the following:

- that the Candidate may not be a licensed dental hygienist.
- that the NERB has no knowledge of the Candidate's skill or competence, and makes no promises about them.
- that any arrangements between the Candidate and me regarding my serving as a patient (including any financial arrangements) are solely between the Candidate and me, and do not involve the NERB in any way.
- that the NERB has no duty to, and will not, notify me of inadequate work done by the Candidate during the Examination.
- that it is my responsibility to have any and all dental work performed by the Candidate checked by a licensed dentist to determine that it is satisfactory.

Disclosure of Risks

The Candidate has explained to me the risks involved in the procedures the Candidate will perform on me. The nature and purpose of the dental hygiene procedure(s), as well as the risks and possible complications, have been explained to me to my satisfaction by the Candidate. My questions with regard to the dental procedure(s) have been answered.

Adequacy of Treatment

I understand that the treatment provided during the Examination does not necessarily fulfill all my oral health needs, may not be performed correctly, or may not represent my entire treatment plan, and that further treatment may be necessary. I have been informed of the availability of services to complete treatment.

Authorization of Disclosure of Medical Information

I recognize that medical information which could be pertinent to the oral health care I receive in the course of the Examination may be communicated to the NERB, NERB examiners, the staff and clinicians of the dental school which is the location of the Examination, and other medical professionals when deemed medically necessary. I authorize this disclosure.

Medical Condition and Medications

I have fully disclosed my current medical conditions and medical history to the best of my knowledge. I understand that if I am taking medications (especially those indicated on the Medical History in question 10) that are associated with certain chronic conditions, I may not be accepted as a patient for the Examination. I have fully disclosed all medications that I am currently taking. I have been informed that patients who are taking bisphosphonate medications may be at risk of osteonecrosis of the jaw after dental treatment or as a result of dental infections.

Consent to X-Rays and Photographs

I consent to the taking of appropriate radiographs (X-rays) and the examination of my teeth and gums. I also consent to having NERB examiners or the staff and clinicians of the dental school take photographs of my teeth and gums for use in future NERB examinations, provided that my name is not in any way associated with the photographs or X-rays.

Anesthesia

I understand that as part of the dental hygiene procedure(s), it may be necessary to administer local anesthetics and I consent to the use of such anesthetics by the Candidate.

Agreement

I release the NERB, participating dental hygiene schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, and any acts of the Candidate (including negligence), which occur during the course of this Examination, and any damages or injuries I may suffer as a result of my participation in the Examination.

I verify that I am not a dentist or dental hygienist (licensed or unlicensed), a dental student in the 3rd' 4th' or final year of dental school, or a dental hygiene student in the final year of school.

By my signature below, I verify that I have read and fully understood the above information, and I agree to the terms of this agreement.

Patient's Name (Print): _____ Date: _____

Address: _____

Sex (Circle): M F Age: _____ Telephone #: _____ Email Address _____

Patient's Signature: _____

Candidate's Signature: _____

Dental Hygiene Treatment Selection Worksheet

On the day of the examination all information on this Form must be accurately transferred to the Dental Hygiene Patient Treatment Clinical Examination Evaluation Form provided at that time

Do not submit this Form to the evaluation station, it is only for your use prior to and on the day of the examination and may be duplicated as needed

Tooth #
Surface

Pocket Depth Qualification

Enter the numbers of 3 separate teeth from the list of teeth below selected for Subgingival Calculus Detection) with 4 mm +/- 1 mm or deeper pockets in the large boxes to the left and indicate the surface where the pocket selected on each tooth is located in the smaller adjacent box (M = Mesial, F = Facial, D= Distal, L = Lingual). It is not necessary to select one of these surfaces to scale.

Tooth #
& Calc.
Location

Subgingival Calculus Detection

In the large boxes to the left, enter the number of the 6 to 8 teeth in one primary quadrant and indicate in the Smaller adjacent box the surface on that tooth where the calculus is located that you have selected for removal (M = Mesial, F = Facial, D= Distal, L = Lingual). Twelve surfaces must be indicated. If more than one surface is selected on the same tooth, enter the tooth number each time a new surface is listed, example:

3

M then

3

D

Of the 12 surfaces, 8 must be on premolars and/or molars. Five of these must be on proximal surfaces and 3 surfaces must be on molars. These proximal surfaces on posterior teeth must be in contact with at least one approximating tooth within 2 mm (only the distal surface of a 2nd or 3rd terminal molar may be used as one of these molar proximal surfaces). The four remaining surfaces are at the choice of the candidate.

Alternatively, if the required surfaces cannot be met in the primary quadrant, up to 4 posterior teeth in a quadrant other than the primary quadrant may be selected, if the teeth are in contact proximally.

Plaque/Stain Removal/Supragingival Calculus Removal

Enter the numbers of the first 6 separate teeth (from the list of teeth above selected for Subgingival Calculus Detection). These teeth will be evaluated for the removal of plaque, stain, and supragingival calculus on the crowns of the teeth.

The two teeth assigned for "Pocket Measurements" will be indicated on the Evaluation Form by the CFE. Once assigned, fill in the correct bubble to indicate the Pocket Depth at each of six locations for each tooth on the Evaluation Form that you will receive at the examination.

Each time the patient is sent to the Evaluation Station, the Periodontal Progress Form, the Evaluation Form, Medical History, Informed Consent and radiographs must accompany the patient.*

The CFE will give permission to administer anesthetic.

The Evaluation Station examiner will insert Start and Finish times on the Progress Form and return it to you.

It is the candidate's responsibility to accurately transfer the information from this Treatment Selection Worksheet to the Evaluation Form prior to presenting the patient for assignment.

*Maintained in the Evaluation Station

Candidate Sequential: _____

PLACE BARCODE HERE

Candidate ID: _____ Test Site: _____

Place ID label above. If you do not have an ID label, write in the corresponding numbers from your ID card on the lines above.

Candidate Sequential:

Cubicle #:

**DENTAL HYGIENE
Progress Form**

PATIENT CONSENT FORM

Reviewed by CFE Examiner #:	<input type="text"/>
--------------------------------	----------------------

MEDICAL HISTORY AND BLOOD PRESSURE

Reviewed by CFE Examiner #:	<input type="text"/>
--------------------------------	----------------------

ANESTHETIC RECORD

If a local anesthetic were to be used on this patient you would provide:	
Topical anesthetic(s) (<i>Brand/Generic Name</i>):	
Type(s) of Injection (<i>Infiltration/Block</i>):	
Anesthetic(s) (<i>Brand/Generic Name</i>):	
Quantity of Anesthetic (<i>cc</i>) Expected to use:	
Vasoconstrictor (<i>Concentration</i>):	
Has the patient previously rec'd anesthetic the same day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anesthetic and Dose:	
CFE Approval for Initial Anesthetic Examiner #:	<input type="text"/>
CFE Approval for Additional Anesthetic Examiner #:	<input type="text"/>
Quantity of Anesthetic (cc) Actually used	

Start Time: _____
Finish Time: _____
Patient's Name: _____



PRETREATMENT MEDICATION (if required)

Medication(s) (<i>Brand/Generic Name</i>):	
Dosage/When Taken	

Is this patient being shared with another candidate? YES NO If so, when? _____ Date _____ Time _____

Pre-Treatment Procedure Completed:	<input type="text"/>	E.S. - Evaluators(s)	<input type="text"/>	<input type="text"/>
Post Treatment Evaluation Completed:	<input type="text"/>	E.S. - Evaluators(s)	<input type="text"/>	<input type="text"/>

See other side for Candidate's notes and comments to Examiner

Candidate Sequential #

Cubicle #

INSTRUCTION TO CANDIDATE DENTAL HYGIENE PATIENT TREATMENT EXAMINATION

Candidate ID	Test Site				
<input type="text"/>	<input type="text"/>				
Primary Examiner	Verifying Examiner	Clinic Floor Examiner	Authorized by CFE to continue	Candidate understands and initials	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

- Blood Pressure not recorded
- Health History/Oral Soft Tissue Exam incomplete: _____
- Progress Form incomplete
- Radiograph missing/poor quality: _____
- New radiograph required: _____
- Dental Hygiene patient does not meet criteria: _____

Patient Selection portion of the Evaluation Form . . .

- has not been filled out or less than 6 or more than 8 teeth selected for treatment
- all teeth not in one quadrant or more than 4 teeth in a quadrant other than the primary quadrant
- is incorrect, less than 8 surfaces on premolars and/or molars
- is incorrect, fewer than 5 of the 8 surfaces on premolars and/or molars are on proximal surfaces
- is incorrect, fewer than 3 proximal surfaces are on molars
- is incorrect, not all proximal surfaces on posterior teeth have an approximating tooth within 2 mm (except one distal surface on a 2nd or 3rd molar)
- is incorrect, selection of teeth outside the primary and secondary quadrants

- Submit the following missing form(s): _____
- Modify procedures as follows: _____

- Major damage to the soft tissue and/or hard tissue inconsistent with the procedure and pre-existing condition.
- Treatment must be completed as marked below:
 - Complete Follow-Up Form
 - Advise Patient of need for further treatment

NOTES and COMMENTS:

WHITE COPY - TO CFE - TO DESK YELLOW COPY - TO CANDIDATE PINK COPY - TO DESK

Candidate ID #					Test Site					Candidate Sequential #					Cubicle #					Date																			

Follow Up Form

This form is to be completed in triplicate.

Amalgam	Composite	Periodontics	Dental Hygiene
Preparation <input type="checkbox"/>	Preparation <input type="checkbox"/>	Patient Treatment <input type="checkbox"/>	Patient Treatment <input type="checkbox"/>
Restoration <input type="checkbox"/>	Restoration <input type="checkbox"/>		

Patient's Name: _____

Patient's Address: _____

Patient's Telephone Number: () _____

Procedure in Question: _____

Reason for Follow-Up: _____

What provisions have been made for the Follow-Up: _____

Who will be handling the Follow-Up: _____

Was the patient informed that follow up was necessary, and was financial responsibility clarified? _____

Clinic Floor Examiner's Signature: _____

The portion below is to be filled in by the Chief Examiner:

Candidate's Name: _____

Chief Examiner's Signature: _____

Test Site Representative's Signature: _____
(If follow-up is assigned to the school)

White Copy - to Testing Site
Yellow Copy - to Candidate
Pink Copy - to Desk

Candidate Instructions: Place an identification label on each of the 2 attached pages.

Cubicle #

<p>Candidate Sequential: _____</p> <p>PLACE BARCODE HERE</p> <p>Candidate ID: _____ Test Site: _____</p> <p>Place barcode label above. If you do not have a barcode label, write in the corresponding numbers from your ID card on the lines above.</p>
--

**DENTAL HYGIENE
CANDIDATE
Check-Out**

CANDIDATE CHECK-OUT:

Desk Coordinator's Initials:

When candidates have completed the examination, they should turn in the following materials to the Coordinator Desk in the order listed below:

- 1. Identification badge/ID cards – for **candidate** and **assistant**
(first discard the plastic holders with potentially infectious waste)
- 2. Treatment Consent form (must be signed by the candidate)
- 3. Medical History form
- 4. Dental Hygiene Progress Form
- 5. Cubicle cards (2 single color coded group assignment cards)
- 6. Any unused Evaluation Forms
- 7. White Envelope

White Copy - to Candidate Envelope

Yellow Copy - to Candidate

Please do not separate the copies

(Treatment Selection Worksheet remains with the candidate)

Candidate Sequential: _____
PLACE BARCODE HERE
Candidate ID: _____ Test Site: _____
Place barcode label above. If you do not have a barcode label, write in the corresponding numbers from your ID card on the lines above.

Candidate Sequential:

Cubicle #:

POSTOPERATIVE CARE AGREEMENT

The nature of this examination process has been explained to me. I understand that the procedures(s) performed by the examinee, as part of the examination process, were to determine the qualification of the dental hygiene examinee for licensure. I understand that the treatment provided during this examination does not constitute complete treatment and does not represent a total health care procedure. I understand that I will need to make other arrangements to finish any treatment begun here today.

Patient's Signature

Candidate's Signature

Date

WHITE COPY - TO CANDIDATE **GREEN COPY - TO DESK**

INFORMATION TO BE SUPPLIED TO ALL PATIENTS WHO SIT FOR
THE AMERICAN DENTAL HYGIENE LICENSING EXAMINATION (ADHLEX)
CONDUCTED BY
THE NORTH EAST REGIONAL BOARD OF DENTAL EXAMINERS

You are sitting as a patient for a qualifying examination for licensure in dental hygiene. This is a most important day for the dental hygienist who is a candidate for licensure in the jurisdictions which are represented by this regional testing agency, the North East Regional Board of Dental Examiners. Everything you can do to cooperate with him/her is greatly appreciated. Your promptness and understanding are most important. A successful result of this examination for your dental hygienist means he/she will be able to enter practice and render a valuable service of oral health care to many people.

As a patient of this licensure candidate, any continuing care which you may require as a result of the procedures performed on this examination is the responsibility of the candidate who performed the service for you. Please be sure that your name, address and telephone number are supplied to the candidate and are recorded on the Evaluation Form provided by the North East Regional Board of Dental Examiners. Conversely, be sure you receive the same information concerning your dental hygienist.

Qualified examiners are always present during this examination to evaluate the performance of the candidate. The examiners are unbiased and professional. Their behavior should not seem to be unfriendly, but to insure fairness, they are instructed to not fraternize with patients or candidates at any time. Patients, candidates and auxiliary personnel will be treated with respect and understanding according to the rules of the examination.

Thank you for your cooperation.

APPENDIX C

Instructions For Completing The Application

Applying online is a multi-stage process:

1. Connect to the internet and start a web browser. Go to the website: <http://www.nerb.org/apply>. On the page that opens click the link “fill out a basic profile”. Enter the information requested of you.

The email address you enter will become your username to login to your profile and will be used to communicate with you your site assignment as well as when results are available for release. Double check your email address and please choose a secure password. When complete click the Apply button.

2. The next page that is displayed is the one you will see each time you login to your profile. The Dashboard tab is displayed by default. Here you will find a list of current items and their status:



Check Mark = completed item



Exclamation Mark = item requires attention

3. On your dashboard page will be an Exclamation Mark with a notice to upload a photo. Click the Upload link and follow the instructions. A photo is required. **All photos will be reviewed by NERB and may be rejected if they are not found to be acceptable for identification purposes.** If determined to be unacceptable you will be emailed to upload a replacement photo and this will delay your application.

- a. Photos must be in one of the following formats: JPG/JPEG, GIF, or PNG
- b. Photos must be square and have a minimal resolution of 200 x 200 and a max resolution of 500 x 500.
- c. Photos must be a front facing head-shot, in the format that would be used for a passport

4. Verification Required – You cannot register for exams until your graduation status is validated. Verification can take several weeks depending on the method used:

Graduating Senior at a school in a NERB State or Florida:

- Your school may verify you directly via an issued username and password
- Your school may provide the NERB with a list of their graduation class

Graduating Senior not in a NERB State or Florida:

- Email the completed form "Certificate of Completion of Requirements to Graduate Within 45 Days" to director@nerb.org. This form can be found in Appendix C of this candidate manual.

Graduate

- Upload a scan of your diploma. To upload a scan, login to your profile then click on the profile tab and then click on the link Proof of Graduation at the top of the screen and follow the instructions.

5. NERB will validate your profile only after all required profile information has been entered, uploaded, and/or received. Profiles without pictures will not be verified. Only after a candidate's profile has been validated can he/she apply and pay for an examination.
 6. Register for examination – Click the link on your dashboard to register for examinations and follow the instructions. You can only register once your profile has been verified.
 7. **Payment:** NERB accepts VISA and MasterCard only. Debit cards may be used if allowable by the issuing bank and if they bear the VISA or MasterCard logo. All payments are drawn immediately and must be paid in full. Failure to pay the application fee at the time of application may forfeit your ability to sit for the examination. **Registrations that are not paid within 72 hours are automatically cancelled.**
-

NERB Online Profile Tabs

Dashboard

Under this tab you will find a list of items and their current status



Check Mark = completed item



Exclamation Mark = item requires attention

Apply

Once all profile information has been uploaded and your profile has been verified you may use this tab to apply for examinations. Detailed instructions will be presented based on the available examinations. This tab is also where your clinical assignment will be listed once the site schedule is finalized.

Documents

Candidates must visit this tab prior to the examination to download and possibly fill-out any required forms and documents. Instructions about each document will be given.

Profile

Under this tab you can view and edit your personal information and upload your photo, proof of graduation, etc. if necessary.

Results

Your results will be posted under this tab once they are finalized and released.

Check-Off List

- I have read the entire Manual for the Examination in Dental Hygiene.

APPLICATION

- I have completed the online application by following the instructions above

PROMETRIC TESTING CENTERS:

- I have selected the location of the Prometric Testing Center where I have elected to take the Computer Simulated Clinical Exercise. After my application has been processed and NERB has sent an authorization letter, I have called and made an appointment with Prometric at the national scheduling number or schedule an appointment on the internet.
- I will take 2 forms of personal identification: one with a recent photo, and both with my signature, with me to the Prometric Testing Center. Acceptable ID's include: valid current Driver's License, Passport, and Military ID. A credit card will be acceptable as a secondary form of ID. An out of date driver's license is not considered valid ID for this purpose. If my name has recently changed due to marriage, divorce, or other legal reasons, I will bring a copy of the marriage certificate or court document so stating to the Prometric Center to assure entry.

I WILL TAKE TO THE CLINICAL EXAMINATION SITE AND TO THE ORIENTATION THE DAY BEFORE:

- Two (2) forms of identification, both with my signature and one (1) with a recent photograph. Acceptable ID's included: valid current Driver's License, Passport, Military ID, and Employee ID. A credit card will be acceptable as a secondary form of ID. An out of date driver's license is not considered a valid ID for this purpose.
- I have printed the page from my online profile under the Apply tab that indicates my assigned site, time, and Candidate ID number.
- a ball point pen to be used on the Progress Forms, Medical History, Consent Form and Post Operative Agreement Form.
- two #2 lead pencils, to be used on all scannable evaluation sheets.
- all necessary materials and instruments.
- NERB Manual for the Examination in Dental Hygiene.

SCHOOL/SITE:

- I have paid any school facility use fee or equipment rental fee if required to the school.

CONCERNING MY PATIENTS (IF APPLICABLE):

- appropriate NERB forms have been completed for each patient.
- the patient meets the NERB requirements as published in the Manual for the Examination in Dental Hygiene.
- I have all necessary radiographs.
- I have reviewed all the criteria that are to be evaluated in the Clinical Exercises of the examination.
- I have informed my patient that this exercise is not a complete oral care treatment.

Index

A

American Board of Dental Examiners..... 1, 7, 8, 9, 10, 11, 23, 35
Anesthetic 15, 18, 37
Appeal Procedure 41
Application 3, 4, 5, 8, 9, 10, 11, 12, 17, 26, 88, 76, 77, 79
Application Requirements 26
Auxiliary Personnel 11, 12, 84

B

Blood Pressure Requirements 13, 14, 17, 25, 28, 30, 32, 33, 72

C

Check Out 3, 38
Computer Simulated Clinical Examination (CSCE)..... 2, 3, 4, 5, 7, 8, 9,
10, 35, 39, 40, 77

D

Disqualification 3, 4

E

Eligibility 2, 3, 7, 8, 13, 16, 40
Evaluation Criteria 1, 16, 17, 18, 20, 21, 24, 31, 32, 33, 77
Examination Schedule 3, 5, 7, 27, 35, 39, 76, 77
Examination Sites 2, 9, 10, 15, 16

F

Failing Candidates..... 6, 10, 11, 41
Fee Deferral..... 2, 3, 5
Fees 2, 3, 4, 5, 6, 9, 10, 39, 76, 77
Format 3, 7, 23, 39, 40, 88

G

Group Assignments 17, 27, 28

I

Infection Control 3, 18, 20, 24, 26, 28, 29, 30, 33, 39, 40
Informed Consent 14, 16, 18, 19, 32, 33, 38, 74, 75
Instruments 2, 13, 17, 18, 19, 29, 31, 34, 35, 77
Insurance 1
Interpreter..... 13

M

Medical Clearance 3, 14, 28, 33, 73
Medical History 13, 14, 16, 18, 19, 28, 32, 33, 38, 73, 74

N

NERB States 7, 9, 57
NERB Status 2, 8, 9, 10, 35, 40, 88, 76

P

Patient Eligibility..... 16
Patient Treatment Clinical Examination 2, 4, 7, 8, 9, 10, 13, 14, 15,
16, 17, 18, 19, 21, 23, 24, 25, 27, 28, 29, 32, 33, 34, 37, 38, 74, 79
Penalties 24, 25, 26
Premedication 14, 73
Prometric Testing Centers 2, 3, 9, 10, 39, 40, 77

R

Radiographs 15, 16, 18, 19, 25, 26, 32, 33, 35, 38, 40, 41, 74, 77
Refund 2, 3, 5
Remediation 1, 6, 7, 11

S

Scores 3, 7, 8, 10, 11, 23, 24, 25, 39, 40, 41
Scoring..... 3, 23, 24, 37, 41
Simulated Patient Treatment Clinical Examination 39, 40
Standards of Conduct 3, 9, 25, 26, 31, 35, 36, 39, 40
State Licensing Jurisdictions 1, 6, 7, 8, 10, 11, 38, 57, 74, 84
State-only Examinations..... 3, 8, 9

T

Topical Anesthetics 15, 18