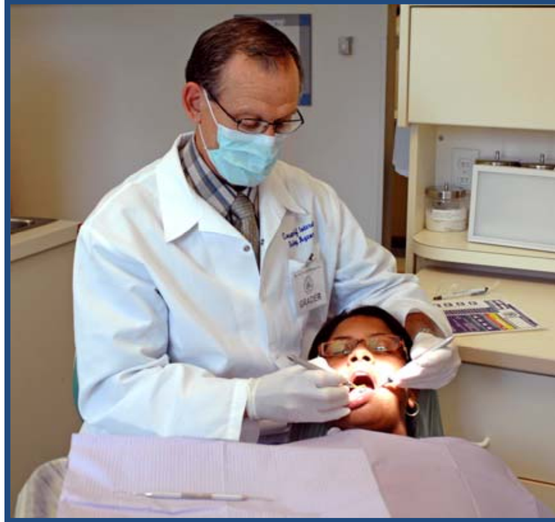
Council of Interstate Testing Agencies, Inc



2012
Restorative Candidate Examination Manual

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IMPORTANT NOTICE

Every effort has been made to ensure that this manual is accurate, comprehensive, clear and up-to-date. In the rare instances when examination related instructions need to be updated or clarified during the examination year those changes will be posted on CITA's website (http://www.citaexam.com "Examination Manuals"). There will also be other test related material sent to candidates directly by the CITA office.

All candidates who take the CITA examination are responsible for reading and understanding the CITA examination manual(s), any website documented changes to the published CITA manual(s) and for reviewing and understanding all other material provided by CITA. If, in reviewing any CITA provided material, questions arise, it is the candidate's responsibility to resolve those questions by directing them to the CITA office at the earliest possible date. For candidate's convenience, CITA's address, e-mail address, telephone number, website and facsimile number appear below.

Prior to taking a CITA examination, each candidate will be required to sign a statement certifying that he/she has reviewed the CITA manual, viewed the on-line candidate tutorials, read other material provided by CITA and that he/she has addressed and resolved all questions prior to the date of the examination.

It is also extremely important that candidates maintain a current mailing address with CITA. This is the only way to ensure that there will be a timely receipt of important material such as the pretest confirmation package or the post examination notification of test results. Any changes of address must be submitted in writing and sent by fax, email or hardcopy to the address indicated below:

Address
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Administration of the CITA Restorative Examination

The Restorative Candidate Examination Manual contains information relative to the administrative elements and criteria employed during the CITA examination process. The candidate should read and understand all aspects of the administration of the CITA examination prior to taking the examination. CITA examiners and staff are available to clarify the instructional materials presented in this manual; however, they will not provide guidance in materials or areas that should be inherent in the understanding of manual content.

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PART I
EXAMINATION ASSIGNMENTS AND SCHEDULING

1. Examination Assignments and Scheduling – Part V: Restorative Examination

Candidates will be informed as to the date on which they are to complete Part V and will be informed of their assignment within three (3) weeks in advance of the examination date. Candidates should note that the Restorative Examination has specific time restraints for each examination, and all procedures for each examination must be completed within the allotted time for that examination. The following schedule is an example of the administration of these examinations; however, examination schedules are not finalized until after the examination application deadline. Each candidate's actual schedule will be mailed to the candidate within three (3) weeks of the examination date.

Time	Assignment
7:15 am - 7:30 am	Candidate Registration (For both restorative and Periodontal Examinations)
7:30 am - 7:45 am	Announcements
8:00 am - 8:30 am	Patient Set-up
8:30 am - 9:00 am	Patient Approval
9:00 am - 1:30pm	Restorative Examination (4 ½ hours Treatment Time)

In scheduling patients and planning the time utilization, candidate should consider the fact that the time allowed for completion of the Restorative Examination **INCLUDES THE TIME DURING WHICH PATIENTS WILL BE AT THE GRADING STATION** and plan their time accordingly**.** As such, this time may vary according to the procedure being evaluated, the testing site, and the number of candidates.

The Restorative Examination must be taken at the candidate's assigned time. Each section requires a separate evaluation form in the Grading Station, and times are published in this manual at which time the patient **MUST BE IN LINE** for the various evaluation procedures. If two (2) restorative patients are used, the second restorative patient may not be seated until the first restorative patient has been dismissed. **NO PERIODONTAL PROCEDURES MAY BE PERFORMED DURING THE RESTORATIVE EXAMINATION**, even if the candidate completes the Restorative Examination prior to the specified completion time. Only those candidates who are participating in the Restorative Examination will be allowed on the clinic floor during the assigned time for their restorative group. The time designated for the Restorative Examination **CANNOT** be used to extend the time of the Periodontal Examination.

2. Examination Schedule Changes

The examination assignment schedule is considered final when issued and mailed to the candidate. Requests for a change will not be considered or made once the schedule has been distributed. Dental school personnel do not have the authority to accept a candidate for an examination at their site or to make any assignment changes within an examination series. Such arrangements concluded between dental school personnel and a candidate may preclude the candidate from being admitted to the examination, as well as result in forfeiture of all fees. CITA's Chief Examiner is the only authorized individual who may consider a request for a schedule change. If unusual circumstances warrant such a change and space is available, it is the decision of CITA's Chief Examiner whether to approve such a request. This decision is made on-site on the day of examination, and prior requests are neither accepted nor considered.

3. Timely Arrival

It is the candidate's responsibility to determine their travel and time schedules to ensure they can meet all CITA's time requirements. The candidate and his/her auxiliary are expected to arrive at the examination site at the designated time stipulated in the published schedule for that particular examination. Failure to follow this guideline may result in failure of the examination currently being taken by the candidate.

4. Registration for Part V

Candidates **MUST** be present for registration between 7:15 am – 7:30 am, for specific instructions and distribution of examination materials. Candidates who do **NOT** attend the registration and/or are **NOT** registered between 7:15 am – 7:30 am **WILL NOT** be allowed to participate in the examination. Registration of candidates will closed promptly at 7:30 am and no additional candidates will be registered after that time. THERE WILL BE NO EXCEPTIONS.

In order to receive an examination packet and be admitted to orientation, the candidate **MUST** present a government-issued photo identification (e.g., valid driver's license, military identification card, passport) or a school-issued identification card and completed Examination Preparation and Orientation, Incident Disclaimer and Radiograph Verification/Follow-Up Care Forms. Extra forms will be available in the room designated for Registration between 7:00 am and 7:15 am. Candidates who do not have the required identification and completed forms **WILL NOT** be admitted to the examination.

PART II
STANDARDS OF CONDUCT

1. Maintaining Professional Standards

As a participant in an examination to assess professional competency, each candidate is expected to maintain professional standards before, during and after the examination. The candidate's conduct and treatment standards will be observed during the examination and failure to maintain appropriate conduct and/or standards may result in point penalties, failure, and/or dismissal from the examination. Each candidate will be expected to conduct himself/herself in an ethical, professional manner and maintain a professional appearance at all times. Candidates are prohibited from using any study or reference materials during the examination except for CITA approved materials. Any substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, and use of unauthorized assistance or intentional misrepresentation during registration, pre-examination, or during the course of the examination, **SHALL AUTOMATICALLY RESULT IN DISMISSAL FROM AND FAILURE OF THE ENTIRE EXAMINATION**, as well as forfeiture of all examination fees for the current examination. Furthermore, the candidate cannot apply for re-examination for one (1) full year from the time of the infraction. Additionally, all state dental boards will be notified of any candidate cited for dishonesty during the examination process. In some states, candidates failed for dishonesty may be permanently ineligible for licensure. Therefore, candidates who have been cited for dishonesty should address this matter with the state(s) wherein they desire licensure prior to examination retesting.

The standards itemized in this section apply to all relevant portions of the examination. Failure to adhere to these standards may result in failure of the examination procedure in progress, failure of the entire examination currently being taken by the candidate (e.g., Part I, Part II, Part III, Part IV, or Part V), point deductions from the candidate's overall score on the examination currently being taken by the candidate, forfeiture of examination fees, or withholding of final examination results by CITA until the candidate complies with the examination requirements set forth in this manual.

In addition, a candidate's conduct prior to and after an examination which does not reflect the level of professionalism expected of a licensed dentist can constitute just cause for CITA providing a summary of relevant facts to a state licensure board or boards. Examples of situations where such an action might be appropriate include a candidate making inappropriate comments about classmates, instructors, school personnel or others associated with the educational or testing environment or a candidate's misrepresentation of information about why the candidate was unsuccessful in taking the examination.

2. Use of Auxiliary Personnel

Auxiliary personnel **ARE** permitted to assist at chairside during the dental patient-based examinations. Dentists and dental hygienists (licensed or unlicensed), fourth year dental students, final year dental hygiene students, dental technicians, employees of the School where the examination is being administered and expanded duty auxiliaries (if providing services normally done by a dentist) may not act as chairside assistants during the patient-based examinations. Auxiliaries are not permitted to function as expanded duty assistants. For each clinical procedure, the candidate must list the name of his/her assistant on the Progress Form, and candidates are responsible for the conduct of their auxiliaries during the examination. Failure to follow this guideline will result in failure of the examination currently being taken by the candidate.

Candidates will be required to submit to the CITA office within three (3) weeks of the examination, a completed Dental Assisting Form and two (2) passport-size photographs of their assistant(s) taken within the last six (6) months at a local post office, drug store or similar venue.

Photographs of assistants are used both for identification and security purposes. **Therefore photographs must be consistent with the appearance of the assistant at the time of the examination.** To insure this, the following rules apply:

a. the photograph must reflect full facial exposure and assistants must appear for the examination with full facial exposure.
b. mustaches and beards are acceptable for male assistants as long as the photograph is reflective of the assistant's facial condition at the time of the examination.
c. hair length for male and female assistants must be basically consistent in length and color between the photograph and appearance at the examination.
d. cosmetics are acceptable for female assistants on both the photograph and at the examination as long as the photograph readily permits identification of the assistant at the examination.
e. dark sunglasses will not be permitted on either the photograph or at the examination. Transitional lenses are permitted.

The Dental Assisting Form can be downloaded from the CITA website at (http://www.citaexam.com). All auxiliary personnel will be required to have a CITA issued identification badge and will be required to wear the badge at all times while on the clinic floor. The badge will be provided in the candidate examination packet on the day of the scheduled examination. Failure to timely provide *or comply with* the items listed above will result in the assistant being prohibited from participating in the examination.

3. **Assigned Procedures and Teeth**

The candidate must perform only the treatment and/or procedures approved by the Examiners. Once the procedure has begun, the procedure must be carried to completion on the approved tooth/teeth with no substitutions permitted. Substituting teeth or preparing the wrong tooth/teeth during the patient-based examinations is prohibited. Performing other treatments or procedures is strictly prohibited. **FAILURE TO FOLLOW THIS GUIDELINE WILL RESULT IN FAILURE OF THE EXAMINATION CURRENTLY BEING TAKEN BY THE CANDIDATE.**

4. **Use of Electronic Equipment**

The use of cellular telephones, pagers, CDs, radios (with or without earphones) and other electronic equipment by candidates, patients or assistants is prohibited within the treatment areas. **ALL CELLULAR TELEPHONES MUST BE TURNED OFF AND STORED WITH PERSONAL BELONGINGS**. In addition, the use of electronic recording devices by the candidate during any part of the examination and the taking of photographs by anyone other than personnel specifically authorized to do so by CITA, during the evaluation or treatment procedures, is prohibited. Failure to follow these guidelines will result in failure of the examination currently being taken by the candidate.

5. **Use of Innovative Technology**

New and innovative technologies are constantly being developed and marketed in dentistry. However, until such time as these innovations become the standard of care and are readily available to all candidates at all testing sites, the use of such innovative technologies, unless expressly authorized elsewhere in this manual, will not be allowed in this examination. Failure to adhere to this guideline will result in failure of the examination currently being taken by the candidate.

6. **Use of Radiographs**

Appropriate radiographs must meet the requirements as published in this manual. Any alteration of radiographs or digital prints will result in failure of the examination currently being taken by the candidate.

7. **Misappropriation, or Damage of Equipment, Instruments or Supplies**

No equipment, instruments, or supplies shall be removed from the examination site without written permission. Nonpayment of fees for rental of space or equipment will be treated as misappropriation of equipment. Violation of this standard will result in failure of the examination currently being taken by the candidate.

8. **Examination Guidelines, Materials, and Records**

The published standards, guidelines, and requirements for the examination must be adhered to at all times during the conduct of the examination. Examination materials distributed by CITA may **NOT** be removed from the examining area, nor may the forms or candidate performances be reviewed by unauthorized personnel.

ALL REQUIRED EXAMINATION RECORDS MUST BE SUBMITTED TO THE CHECK-OUT STATION BEFORE THE EXAMINATION IS CONSIDERED COMPLETE. No written materials, other than this manual, forms provided by CITA and any material obtained from the CITA website, are allowed in operatory areas. **POSSESSION OF UNAUTHORIZED RECORDS, CHARTINGS OR FORMS WILL RESULT IN DISMISSAL FROM THE EXAMINATION.**

9. Examination Procedures and Timeframes

All examination procedures shall be completed within the specified timeframe in order for the examination to be considered complete. Any examination procedures performed outside the assigned time schedule will be cause for dismissal from the examination. Treatment procedures may not be initiated prior to the established starting time(s) and must be completed by the established completion time(s). Violation of this standard will result in dismissal from the examination.

10. Examination Security

All security measures established by CITA must be followed at all times during any examination. Failure to do so will result in failure of the examination.

11. Examination Preparation

All candidates who take the CITA examination are responsible for reading and understanding the CITA examination manual(s), any website documented changes to the published CITA manual(s), and for reviewing and understanding all other material provided by CITA including the on-line candidate tutorial presentations. Candidates are also responsible for addressing any questions that they have regarding such material by directing those questions to the CITA office.

Failure of a candidate to review and master the guidelines provided by CITA to the point that such failure has a significant adverse impact upon that candidate's ability to efficiently and effectively take the CITA examination will be considered unprofessional conduct. Such a gross lack of preparation and the resultant failure to follow instructions or directions is cause for dismissal and failure of the examination and, in some instances, may raise issues of the candidate's character and fitness for licensure. In those instances when such conduct is considered unprofessional, CITA reserves the right to report such conduct to the appropriate state licensure board or boards.

12. Examiner Instructions

Failure to follow instructions or directions from examiners will be considered unprofessional conduct and is cause for dismissal and failure of the examination. Additionally, the candidate shall be denied re-examination by CITA for one (1) full year from the time of the infraction.

13. Actions Resulting in Dismissal from and/or Failure of the Examination

In addition to standards of conduct outlined above and elsewhere in this manual, the following is provided as a quick reference guide for candidates as, although not an all-inclusive list, examples of behaviors that will result in dismissal from and/or failure of the examination currently being taken by the candidate:

- Failure to follow examination guidelines, protocols, and/or exam administrative procedures, as may be published in the candidate manual or as may be provided at the examination site.
- Using unauthorized equipment at any time during the examination process.
- Working in an unassigned clinic, operatory or laboratory space.
- Altering examination and patient records or radiographs.
- Performing required examination procedures outside the allotted examination time period.
- Failure to follow the published time limits and/or complete the examination within the allotted time period.
- Receiving assistance from another practitioner, including, but not limited to, another candidate, dentist, university/dental school representative, etc.
- Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient and/or total disregard for patient welfare, comfort, and safety, which also may include evidence of the candidate's complete lack of skill and dexterity to perform the required procedure.
- Misinformation or missing information that would endanger the patient, candidate, auxiliary personnel, or examiners.
- Unauthorized use or possession of materials, documents or forms not approved by CITA or any other form of cheating.
- Unprofessional, rude, abusive, uncooperative, or disruptive behavior toward other candidates, patients and/or examination personnel.
- Misappropriation or thievery during the examination.
- Noncompliance with anonymity requirements.
- Noncompliance with established guidelines for asepsis and/or infection control.

- For the purpose of this examination, charging patients for services performed.

- Use of cellular telephones, pagers, or other electronic equipment in treatment areas.

- Use of electronic recording devices during any part of the examination, as well as the taking of photographs during the evaluation of treatment procedures.

- Submission of candidate photographs that differ substantially from the candidate's appearance at the examination. Stated differently, a candidate can be dismissed from the examination if his/her appearance differs so significantly from the photograph submitted with his/her application that the candidate's identification badge cannot easily be used by those administering the examination to verify candidate identity at examination stations.

PART III
GUIDELINES

1. Analgesia

The administration of inhalation analgesia or parenteral sedation is not permitted for any clinical procedures.

2. Anesthetic Record

An anesthetic record is included on the candidate's Restorative Progress Form. At the time of the starting check for the restorative procedure requiring anesthesia, the anesthetic information must be indicated on the record. The record requires the following information:

ANESTHETIC RECORD	
Type(s) of Injection: ☐ Infiltration ☐ Block	
Anesthetic(s)	
Vasoconstrictor: ☐ None ☐ 1:50,000 ☐ 1:100,000	
Quantity (cc.) ☐ 1.8 cc ☐ 3.6 cc	
No Anesthetic Being Administered: ☐	
Additional Anesthetic Approval (For one carpule ONLY)	EXAMINER #

- The "Types of Injection" portion pertains to the specific block and/or infiltration administered.

- The "Anesthetic (s)" portion relates to the brand name or generic name used.

- If a vasoconstrictor is utilized, its type and concentration must be specified in the "Vasoconstrictor-(Concentration)" portion of the record. If vasoconstrictor is not used, this must be noted as well.

- The "Quantity (cc.)" portion is specific to volume. If more than two (2) carpules (approximately 3.6 cc.) of local anesthetic are needed during any clinical procedure, the candidate must request approval from the Clinic Floor Examiner who will document and initial the request. This protocol must be followed for each subsequent carpule. An aspirating syringe and proper aspirating technique must be used for the administration of local anesthesia.

If no anesthetic will be administered, candidates must check the box on the Progress Form indicating that fact.

3. Anonymity

For the restorative examination, the anonymous testing procedures for these examinations shall exclude the possibility that any person who is involved with the grading of any examination may know, learn of, or establish the identity of a candidate, or correlate the patient or work-product graded, or to be graded, to a particular candidate. The candidate's name and school information must not appear on any examination forms, materials, or instruments. Grading examiners will be physically isolated from the candidates in a separate area of the clinic, and the movement of patients from the clinical area to the grading area shall be

controlled by the use of CITA or school personnel. All examination forms and materials are identified by the candidate's identification number which is assigned prior to the examination. In addition to the efforts taken by CITA, it is also each candidate's duty to help maintain his/her anonymity. As such, candidates should be attentive to safeguarding their identity in all discussions or use of ancillary materials that may be in their possession.

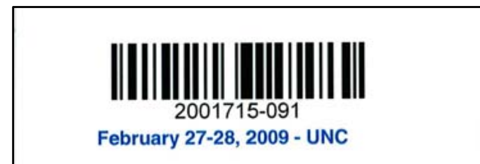
4. **Authorized Personnel**

Only authorized personnel will be allowed in the examining and clinic areas. Only the patient, candidate, chairside assistant, and interpreter (if necessary) are allowed in the operatory during the patient-based examinations.

No visitors such as family members, relatives and/or well wishers are allowed in the clinics or waiting room. **Waiting room space is limited and is needed for back up patients.**

5. **Barcode Labels**

Each candidate will receive a unique identification number which will be bar-coded. At registration, the candidate will receive an examination packet containing, among other items, 2 sheets of identifying barcode labels which will be used during the course of the examination to identify the candidate's evaluation forms, patient napkins and/or other candidate materials.



6. **Caries Detection Agents**

Caries detector liquid may be used. If used, however, the liquid must be completely removed prior to the submission of the preparation for evaluation.

7. **Clinic Attire**

Clinic attire that meets CDC and OSHA standards must be worn in clinic areas. No bare arms or legs or open-toed shoes are allowed in the clinic areas. Laboratory coats, laboratory jackets, and/or long-sleeve protective garments are all acceptable. Color and style are not restricted. There must be no personal or school identifying information on any clinic attire. The only acceptable identification is the candidate identification badge.

8. **Communications with Patients and Auxiliary Personnel**

Candidates may communicate with their patient in either English or another language. However, all communications with Examiners, CITA staff and auxillary personnel must be in English. In communicating with a patient directly or through an interpreter, and in communicating with an interpreter or auxillary personnel, candidates are expected to conduct themselves in a professional manner.

Unprofessional, rude, abusive, uncooperative, or disruptive behavior toward those persons will not be tolerated and may be cause for dismissal and failure of the examination.

9. <u>Communications from and with Examiners, Examination Officials and Examination Staff</u>

a. General Communication Guidelines

At various times during the conduct of the CITA examination, candidates may find it necessary to communicate with examiners, examination officials and/or examination staff. All such communications must be in English.

It is imperative that all candidates understand that the demeanor they display in communications with examiners, examination officials and examination staff is to be on the level of professionalism expected of licensed professionals. Therefore, unprofessional, rude, abusive, uncooperative, or disruptive behavior toward CITA staff, examiners, examination officials or other candidates will not be tolerated and may be cause for dismissal and failure of the examination.

In addition, candidates should understand that discussions, arguments or confrontations of any nature are often at the expense of treatment time and, when prolonged, can be found by Examination Officials to constitute a gross disregard for the patient's welfare, comfort, and safety and be cause for dismissal and failure of the examination.

b. Treatment Related Communications

Candidates **MAY** receive written instructions (Instructions to Candidate Form) from the grading room examiners. If so, the **CANDIDATE MUST IMMEDIATELY SUMMON A CLINIC FLOOR EXAMINER PRIOR TO COMPLETING THESE INSTRUCTIONS.** Candidates should not make the assumption that they have failed when this occurs. Conversely, candidates who receive **NO** instructions may not necessarily assume their performance is totally satisfactory or will result in a passing grade.

INSTRUCTIONS TO CANDIDATE
RESTORATIVE EXAMINATION

SEE CLINIC FLOOR EXAMINER BEFORE PROCEEDING

Candidate # | Unit # | PROCEDURE: Amalgam | Composite

PATIENT APPROVAL
- Improper recordkeeping (ie. blood pressure not recorded, progress form incomplete, etc.)
- Failure to document a known latex allergy
- Improper management of significant history or pathosis
- Radiographs missing or Radiographs missing patient name and/or date
- Poor quality, non-diagnostic radiographs ( ) 1st Rejection ( ) 2nd Rejection ( ) 3rd Rejection
- Proposed restoration rejected (patient or lesion) ( ) 1st Rejection ( ) 2nd Rejection ( ) 3rd Rejection
- Administration of anesthetic before approval of tooth selection

PATIENT TREATMENT
- Improper operator/patient position
- Poor patient management and/or disregard for the patient's welfare or comfort
- Treatment of teeth or surfaces other than those approved or assigned by examiners
- Placement of a Base is Required or Request for Placement of a Base is Rejected
- Inadequate isolation (Replace rubber dam)
- Adjust/Check occlusion, location
- Damage to Adjacent Tooth ( ) Polish ( ) Recontour ( ) Requires Restoration

MODIFICATIONS
- Inappropriate request for modification:
  - Preparation not to ideal stage
  - Rationale for or definition of modification not consistent with clinical presentation
  - ( ) Type ( ) Where ( ) Why ( ) How Much ( ) Other
- Modification Form: ( ) Missing ( ) Incomplete ( ) Not Legible ( ) Other
- Unsatisfactory completion of each required modification sent to the candidate from the Grading Station

EXPOSURE
- Unjustified mechanical pulpal exposure
- Unrecognized pulpal exposure
- Unavoidable pulpal exposure which is inappropriately managed

TEMPORIZATION
- Temporization subsequent to instructions from the Grading Station
- Temporization due to failure to complete a finished restoration during allotted examination time

OTHER
- Failure to submit correct instruments and/or supplies
- Failure to have a patient approved for treatment within allotted time

Additional Instructions:

EXAMINER 1 # | EXAMINER 2 # | CHIEF/CAPTAIN #

CANDIDATE # | CFE #

10. <u>Deficiencies</u>

For the Restorative Examination, deficiencies are treatment that is, for the purposes of this examination, of unacceptable quality, demonstrating areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry.

In evaluating the candidate's procedure, a deficiency must be corroborated by two (2) or more examiners marking the same deficiency on the candidate's evaluation form, i.e., a corroborated deficiency. Deficiencies have been categorized into minor and major deficiencies.

a) Minor Deficiencies

For the restorative examination, *each* confirmed minor deficiency is an **eight (8) point deduction**. A comprehensive list of the examination criteria can be found at the end of this manual. Minor deficiencies are highlighted in grey.

b) Major Deficiencies

Each confirmed major deficiency is a **sixteen (16) point deduction**. A comprehensive list of the examination criteria can be found at the end of this manual.

11. <u>Critical Errors</u>

Critical errors are those errors which could lead to patient injury or may jeopardize the overall prognosis of the treatment, and such errors are given special consideration by the examiners. The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge or skill of the mechanical and physiological principles of restorative dentistry.

In a clinical setting the tooth may be temporized, or the treatment plan must be altered and additional care provided in order to sustain the function of the tooth and the patient's oral health and well-being. Candidates who receive a critical error will receive a score of zero (0) for that procedure and no points will be given for that examination Part and will result in a failure for that examination Part. The following criteria are considered critical errors:

Class II Preparation

- Wrong tooth/surface treated.
- Unrecognized exposure; or unjustified exposure; or inappropriately treated exposure.
- Retention, when used, grossly compromises the tooth or restoration. Features are misplaced, and compromise the tooth or restoration.
- Caries remain within or contiguous to the preparation which is explorer penetrable
- There is gross damage to the adjacent tooth/teeth to the extent that removal would change the interproximal shape, contour and/or contact; or the damage requires a restoration to be placed.
- There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
- There is gross mutilation of the tooth structure.
- The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal preparation, such that caries remains in proximity to the preparation which is either visually or radiographically apparent.

Class II Restoration

- Restoration is not cured and/or adherent to preparation walls
- There is a fractured and/or dislodged restoration requiring replacement.
- There is damage to the treated tooth that requires further restoration.
- There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissues.
- There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
- The initial qualifying carious lesion has not been engaged by the candidate in the development of the ideal preparation, or placement of the subsequent restoration, such that caries remains in proximity to the restoration which is either visually or radiographically apparent.

Class III Preparation

- Wrong tooth/surface treated.
- Unrecognized exposure; or unjustified exposure; or inappropriately treated exposure.
- Caries remain within or contiguous to the preparation which is explorer penetrable
- There is gross damage to the adjacent tooth/teeth to the extent that removal would change the interproximal shape, contour and/or contact; or the damage requires a restoration to be placed.
- There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
- The incisal cavosurface margin is over-extended so that the incisal angle is removed, undermined, and/or fractured; or there is gross mutilation of the tooth structure that is excessive and/or encroaches on the pulp
- The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal preparation, such that caries remains in proximity to the preparation which is either visually or radiographically apparent.

Class III Restoration

- Restoration is not cured and/or adherent to preparation walls
- There is a fractured and/or dislodged restoration requiring replacement.
- There is damage to the treated tooth that requires further restoration.
- There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.
- There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissues.
- There is gross mutilation of the tooth structure
- The initial qualifying carious lesion has not been engaged by the candidate in the development of the ideal preparation, or placement of the subsequent restoration, such that caries remains in proximity to the restoration which is either visually or radiographically apparent.

12. Dental Floss

WAXED dental floss (**NOT** dental tape) is required for checking contact on all restorative procedures.

13. Disclosing Solution

The use of disclosing solution by candidates and examiners is **NOT** permitted.

14. Equipment Failure

In cases of equipment failures, the Chief Examiner or Clinic Floor Examiner must be notified immediately so the malfunction may be corrected. No additional time is granted to the candidate for any equipment failures encountered during the examination UNLESS it is equipment that is provided by the facility and/or CITA.

15. Evaluation Grade Sheets and Procedures

Evaluation forms for each procedure tested will be provided by CITA. Candidate performance will be evaluated by three (3) independent examiners. Candidates are not assigned to specific examiners. The performance criteria and the standards by which the examination is conducted are discussed throughout this manual.

16. Follow-Up Care

In the event that treatment provided during the examination cannot be satisfactorily completed, such as an exposure requiring endodontic treatment, arrangements must be made for the patient to receive follow-up care. A Dental Patient Notification Form will be provided to ensure a record is maintained of the patient's needs.

THE CANDIDATE SHOULD GIVE PRIOR CONSIDERATION TO WHAT ARRANGEMENTS MIGHT NEED TO BE MADE FOR HIS/HER PATIENTS TO RECEIVE FOLLOW-UP CARE. SUCH ARRANGEMENTS WOULD INCLUDE WHO WILL PROVIDE THE TREATMENT AND BE FINANCIALLY RESPONSIBLE FOR SUCH TREATMENT.

17. Identification Badges

During the examination, candidate identification badges must be worn on the OUTSIDE of the clinic gowns so they can be viewed at all times. The badge will have a candidate picture and an identification number bar-coded on the front of the badge. This badge will be provided during registration just prior to the examination.

18. Infection Control Standards

During all patient-based procedures, the candidate, as well as the assisting dental auxiliary, must follow all infection control procedures. These procedures must begin with the initial setting up of the unit, continue throughout the examinations, and

include the final cleanup of the operatory. The operatory and/or operating field must remain clean and sanitary in appearance. It is the candidate's responsibility to ensure that both the candidate and his/her auxiliary fully comply with these procedures.

19. Instruments and Equipment

All necessary materials and instruments for the clinical procedures, other than the operating chair, light, and dental unit must be provided by the candidate. All equipment must be compatible with equipment at the testing site, information about which is provided under separate cover by the testing site. Arrangements for rental handpieces and/or other equipment may be made through the testing site, if such equipment is available. Sonic/ultrasonic instruments are permissible, but they must be furnished by the candidate along with the appropriate connection mechanisms. Air-abrasive polishers are **NOT** permissible. It is the responsibility of the candidate to arrange for his/her own handpiece, sonic/ultrasonic, and all other equipment necessary to complete the clinical examination. It is suggested that all candidates check well in advance with the dental school's site coordinator concerning equipment requirements at the testing site. The following instruments and equipment are specifically **REQUIRED** and must be provided by the candidate for this examination:

- Unscratched, untinted front-surface, non-disposable #4 or #5 mouth mirror
- Metal periodontal probe, color-coded, markings at 1, 2, 3, 5, 7, 8, 9, and 10 mm
- #17/23 explorer
- Patient eye protection (personal eyewear is acceptable)
- Patient napkin holder (chain, self-adhesives, clips, etc.)
- **WAXED** dental floss
- Cotton pliers
- Articulating paper
- Rubber dams with appropriate accessories
- Sealed container (such as Tupperware), which is no larger than 10" x 6" x 3.5", for transporting instruments.

The candidate should be aware that mouth mirrors which are clouded, tinted, or unclean will be rejected. Furthermore, a candidate's performance will not be evaluated without the proper instruments.

Candidates are not limited to the items outlined above but all instruments must be properly sterilized in order to be used.

20. Interpreters

Candidates can employ the services of an interpreter for their patients who do not speak English or who are hearing impaired with a hearing loss which cannot be corrected. (This is particularly important when the patient has a history of medical problems or is on medications.) Interpreters may be related to a patient but in all cases an interpreter must be at least eighteen (18) years old (nineteen (19) years old in Alabama and twenty one (21) years old in Puerto Rico).

Candidates may not share an interpreter during each Part of the examination. All interpreters that are utilized by a candidate during the course of the examination will be required to wear a photo identification badge. Three (3) weeks prior to the scheduled examination, candidates will be required to submit to the CITA office an "Interpreter Form", that states the candidate's name, interpreter's name and contact information and the candidate's patient's name along with two (2) passport size photographs taken within the last six (6) months at a local post office, drug store or similar venue. Interpreters will be required to wear the identification badge at all times while on the clinic floor and assisting the patient in the grading station. An interpreter will be not be permitted to assist a candidate and his/her patient if he/she does not have a CITA issued photo identification badge.

Candidates are responsible for the conduct of their interpreter during the examination. While there is no strict dress code for interpreters, candidates must be mindful of the fact that the examination site is a professional setting and all personnel should be appropriately dressed. Inappropriate dress would include short shorts, tank tops and/or halter-tops.

Candidates should also be mindful of the fact that CITA is committed to providing a safe and secure examination site. Therefore, CITA requires that:

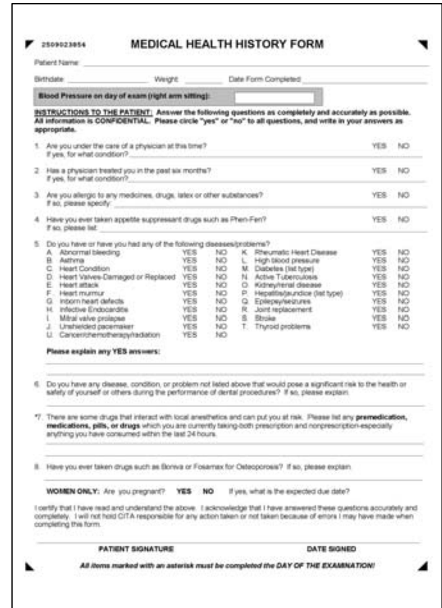
a. all interpreters must appear for the examination with full facial exposure.
b. mustaches and beards are acceptable for male interpreters as long as the photograph is reflective of the interpreter's facial condition at the time of the examination.
c. cosmetics are acceptable for female interpreters on both the photograph and at the examination as long as the photograph readily permits identification of the interpreter at the examination.
d. dark sunglasses will not be permitted at the examination. Transitional lenses are permitted.
e. coats, jackets, and other bulky clothing will not be permitted in the clinic area.
f. Interpreters may be asked to stand outside the operatory during the grading of a candidate performance

Faculty members, candidate assistants, dentists and dental hygienists (licensed or unlicensed), fourth year dental students, and final year dental hygiene students **<u>may not</u>** act as interpreters during the patient-based examinations.

The Interpreter Form can be downloaded from the CITA website at (http://www.citaexam.com). All interpreters will be required to have a CITA issued identification badge and will be required to wear the badge at all times while on the clinic floor. The badge will be provided in the candidate examination packet on the day of the scheduled examination. Failure to timely provide *<u>or comply with</u>* the items listed above will result in the interpreter being prohibited from participating in the examination.

21. Medical History

The candidate shall accurately complete the Medical Health History Form prior to the examination. The Medical Health History Form is contained in the Progress Folder which is mailed to the candidates prior to the examination. A medical health history that reflects the patient's current health must be presented to the examiners at the time of patient check-in.



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MEDICAL HEALTH HISTORY FORM

Patient Name: ______

Birthdate: ______ Weight: ______ Date Form Completed: ______

Blood Pressure on day of exam (right arm sitting): ______

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. Has a physician treated you in the past six months? YES NO
   If yes, for what condition? ______
3. Are you allergic to any medicines, drugs, latex or other substances? YES NO
   If so, please specify: ______
4. Have you ever taken appetite suppressant drugs such as Phen-Fen? YES NO
   If so, please list: ______
5. Do you have or have you had any of the following diseases/problems?

A.	Abnormal bleeding	YES	NO	K.	Rheumatic Heart Disease	YES	NO
B.	Asthma	YES	NO	L.	High blood pressure	YES	NO
C.	Heart Condition	YES	NO	M.	Diabetes (list type)	YES	NO
D.	Heart Valves-Damaged or Replaced	YES	NO	N.	Active Tuberculosis	YES	NO
E.	Heart attack	YES	NO	O.	Kidney/renal disease	YES	NO
F.	Heart murmur	YES	NO	P.	Hepatitis/jaundice (list type)	YES	NO
G.	Inborn heart defects	YES	NO	Q.	Epilepsy/seizures	YES	NO
H.	Infective Endocarditis	YES	NO	R.	Joint replacement	YES	NO
I.	Mitral valve prolapse	YES	NO	S.	Stroke	YES	NO
J.	Unshielded pacemaker	YES	NO	T.	Thyroid problems	YES	NO
U.	Cancer/chemotherapy/radiation	YES	NO				

Please explain any YES answers: ______

6. Do you have any disease, condition, or problem not listed above that would pose a significant risk to the health or safety of yourself or others during the performance of dental procedures? If so, please explain. ______

*7. There are some drugs that interact with local anesthetics and can put you at risk. Please list any **premedication, medications, pills, or drugs** which you are currently taking-both prescription and nonprescription-especially anything you have consumed within the last 24 hours. ______

8. Have you ever taken drugs such as Boniva or Fosamax for Osteoporosis? If so, please explain. ______

WOMEN ONLY: Are you pregnant? **YES NO** If yes, what is the 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 CITA responsible for any action taken or not taken because of errors I may have made when completing this form.

PATIENT SIGNATURE **DATE SIGNED**

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

A blood pressure reading MUST be taken on the day of the examination.

In addition, on the day of the examination the candidate also must update all medications, supplements, or pills consumed within the last twenty-four (24) hours. If a patient requires antibiotic premedication, it must be documented on the Progress Form before patient check-in. The patient's health status must be acceptable for treatment. If conditions indicate an alteration in treatment procedures or a need to consult the patient's physician, the candidate must obtain the necessary written clearance before the patient is accepted.

22. Partial Treatment Plan

It must be recognized that, in many instances, the treatment provided during a clinical examination represents only a portion of the care that is appropriate for the patient within a comprehensive treatment plan. The patient must be advised that only a portion of his/her individual treatment plan can be completed during the clinical examination and that further restorative and periodontal care will likely be required either before or after the examination is completed. Patients also should be apprised of this fact, as is stipulated on the Treatment Consent Form they are required to sign prior to the examination.

23. Patient Selection

For the patient based examinations, candidates must furnish their own patients. Patient selection and management is an important part of the examination and part of candidate assessment. Since Patient Selection is a gradable aspect of the examination, it must be completed **independently,** without the help or assistance of faculty, dentists, dental students, dental hygienists or dental hygiene student colleagues. The solicitation of expertise, advice or consultation with dental educators, dentists, dental students, dental hygiene educators, dental hygienists, or dental hygiene students is considered a breach of examination protocol and unprofessional conduct, and as such, may subject the candidate to **dismissal from the examination.**

24. Patient Acceptability

In selecting a patient, candidates should remember that in the clinical examination setting it is necessary that both the candidate and examining personnel be able to monitor the patient at all times. Therefore, CITA will not accept a patient whose face, neck, temples and ears are not fully visible at all times. Such visibility is necessary (1) for detection of acute conditions which might be identified on observation, (2) to monitor possible allergic reactions and (3) for other similar purposes generally recognized in the profession.

Unacceptable patients will be dismissed, and to continue with the examination, the case acceptance criteria must be corrected on the previously submitted patient or an acceptable back-up patient must be approved. Candidates must advise their patients of the time required to participate in this examination. No extra time will be given in the event a patient is deemed unacceptable.

Patients will not be accepted for the examination unless they meet all of the following criteria:

- The minimum patient age is sixteen (16) years, and a parent or guardian must be available in the waiting area during treatment who must provide written consent for minors under the age of eighteen (18). For Alabama written consent is required for minors under the age of nineteen (19) and for Puerto Rico written consent is required for minors under the age of twenty one (21).

- Dentists, dental hygienists, dental students, and dental hygiene students are **NOT** acceptable as patients for this examination. Dental Assistants may be used as patients for this examination.

- Patients should have a blood pressure reading of 159/94 or below to 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 of 180/110 or greater will **NOT** be accepted for this examination, even if a consult from a physician authorizes treatment.

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

- Patients must not have had a heart attack, stroke, or cardiac surgery within the past six (6) months.

- Patients must not have active tuberculosis (TB). A patient who has tested positive for TB, or who is being treated for TB but does not have the clinical symptoms, is acceptable.

- Patients must not have any condition or medication/drug history that might be adversely affected by the length or nature of the examination procedures.

- Patients must not have a known latex allergy.

- Patients must not have undergone I.V. Bisphosphonate therapy.

- Patients must obtain premedication with a written statement from their physician in the case of any significant medical problems that the American Heart Association classifies as moderate-to-high risk. Written clearance and/or antibiotic premedication from a physician or dentist are specifically required for the conditions listed below. The medical clearance must indicate the specific medical concern and must be attached to the Medical Health History Form on the day of the examination.

  If this clearance and/or verification of premedication is not available, the patient will not be accepted for treatment. Furthermore, the medical clearance **MUST NOT** contain the candidate's name anywhere in the document.

- The patient's medical clearance, if necessary, must include:
  - A legible statement from a physician written within thirty (30) days of the examination clearly stating the medical concern,
  - A positive statement of how the patient should be managed, and
  - The physician's signature, printed or typed name, address and telephone number.

- Candidates must obtain written medical clearance for patients who have taken Dexfluramine, Fenfluramine, Adipex, Pondimin or Redux.

- Candidates must obtain written medical clearance and/or antibiotic prophylaxis, if necessary, for all patients who respond "yes" to question numbers 5.C., 5.D., 5.E., 5.G., 5.H., 5.J., 5.R., and 5.S. on their Medical Health History Form. These items are summarized in the table listed below:

5.C.:	Heart Condition	5.D.:	Heart Valves—Damaged or Replaced
5.E.:	Heart Attack	5.G.:	Inborn Heart Defects
5.H.:	Infective Endocarditis	5.J.:	Unshielded Pacemaker
5.R.:	Joint Replacement	5.S.:	Stroke

- Candidates must obtain written medical clearance for patients reporting a disease, condition, or problem not listed on the Medical Health History Form that would pose a significant risk to their own health or safety or others during the performance of dental procedures.

- For the purposes of this examination, CITA has adopted the current American Heart Association guidelines for antibiotic coverage. Antibiotic Prophylaxis is recommended for the prevention of infective endocarditis in the conditions listed below:

- Prosthetic cardiac valve or prosthetic material used for cardiac valve repair
- Previous infective endocarditis
- Congenital heart disease (CHD)
    - Unrepaired cyanotic CHD, including palliative shunts and conduits;
    - Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention during the first 6 months after the procedure;
    - Reparied CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization).
- Cardiac transplantation recipients who develop cardiac valvulopathy

Except for the conditions listed, antibiotic prophylaxis is no longer recommended for any other form of congenital heart disease:

25. Tooth Selection

Candidates are responsible for independently **(without the help of faculty and/or colleagues)** selecting patients who fulfill the published criteria. Soliciting or receiving assistance from faculty, instructors, or other dentists, will be considered a breach of examination protocol and may result in dismissal and/or failure of the examination. The following guidelines must be adhered to insofar as tooth selection for the restorative examination is concerned:

Class II Preparation and Restoration Procedures

When selecting a tooth for the Class II Preparation and Restoration procedures, the tooth selected must be a permanent posterior tooth, which may be restored with either amalgam or composite, that meets the following requirements:

- At least one proximal surface must have a primary carious lesion which has NOT been previously excavated. The proximal surface to be restored should be in proximal contact with a sound enamel surface or a permanently restored surface of the adjacent tooth.

- There may be a lesion on the proximal surface of the adjacent tooth, provided there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of finished restoration.

- **Replacing pre-existing restorations and/or sealants IS NOT allowed**. However, in the event the lesion, that is originally presented and approved for treatment, needs to be extended, and the extension extends or would extend onto and/or involve a pre-existing restoration, the candidate must submit a Modification Request to extend the lesion. **If the Modification Request is approved, the candidate must then remove ALL pre-existing restorative material prior to submitting the preparation for another Modification Request or for evaluation of the Amalgam Preparation.**

- When in centric occlusion, the selected tooth must be in occlusion with an opposing tooth or teeth, which may be natural dentition, a fixed bridge, or any artificial replacement thereof, demonstrating a basic cusp-to-fossa relationship.

- The primary carious lesion, appears radiographically to extend to the DEJ and/or there must be visual clinical evidence that the lesion extends to the DEJ (i.e. transillumination reveals a lesion of equivalent depth).

- An MOD treatment selection must have at least one proximal contact, which is visually closed, with an adjacent tooth. The surfaces to be restored may not have occlusal contact.

- For examination and evaluation purposes, if there is caries evident on the opposite proximal surface from the surface being presented for acceptance, the treatment plan must be an MOD unless there is an intact transverse or oblique ridge.

- Tooth must be vital and may not have mobility classification of Class III or higher.

- Teeth that have facial veneers are not acceptable.

- Non-vital tooth, pulpal pathology or endodontic treatment is not acceptable.

- Distal surface of cuspids are NOT allowed.

- Circumferential decalcification, contiguous with the lesion or proposed restoration may be basis for rejection of the lesion.

- For the purposes of this examination, slot preparations are NOT allowed.

- If composite, restoration must be placed under a rubber dam

Class III Preparation and Restoration Procedures

The Class III Procedure must be an acid-etched, resin-bonded composite, and the tooth selected must be a permanent anterior tooth that meets the following requirements:

- Have at least one proximal primary carious lesion which shows no signs of previous excavation.

- **Replacing pre-existing restorations and/or sealants IS NOT allowed.** However, in the event the lesion, that is originally presented and approved for treatment, needs to be extended, and the extension extends or would extend onto and/or involve a pre-existing restoration, the candidate must submit a Modification Request to extend the lesion. **If the Modification Request is approved, the candidate must then remove ALL pre-existing restorative**

material prior to submitting the preparation for another Modification Request or for evaluation of the Class III Preparation.

- Should evidence visually closed contact with adjacent tooth on the proximal surface to be restored, although area to be restored may **or** may not be in occlusal contact.

- The primary carious lesion, appears radiographically to extend to the DEJ and/or there must be visual clinical evidence that the lesion extends to the DEJ (i.e. transillumination reveals a lesion of equivalent depth).

- A primary carious lesion whose location relative to the contact point with the adjacent tooth would require the preparation of an ideal Class III restoration and opening of the gingival floor contact pursuant to published criteria.

- The approximating contact of the adjacent tooth must be a natural tooth structure or restored with a permanent restoration.

- There may be a lesion on the proximal surface of the adjacent tooth provided that there is no breakdown of the contact before or during the preparation that would jeopardize proximal contour or contact of the finished restoration.

- Facial entries shall not be allowed. For the purposes of this examination candidates must choose a lesion which supports the entry into the lesion from the lingual of the tooth to be treated.

- All interproximal retraction, wedges and excessive rubber dam material must be removed prior to having the restoration graded.

- Teeth that have facial veneers are not acceptable.

- Class IV restorations may occur through modification but cannot be presented for initial approved treatment.

- A non-vital tooth, pulpal pathology, or endodontic treatment is not acceptable.

- Circumferential decalcification, contiguous with the lesion or proposed restoration, may result in rejection of the restoration.

- Lingual dovetails are acceptable when appropriately used.

26. Penalty Deductions

Throughout the examination, the candidate's professional conduct and clinical performance will be evaluated. A number of considerations will weigh in determining the candidate's final grades and, as noted elsewhere in this manual, penalties may be assessed for violation of examination standards or for procedural errors.

27. Photography

Oral photographs may be taken randomly during the examination by an authorized photographer retained by CITA. The purpose is to capture a broad representation of actual procedures which can be used for examiner calibration exercises and student remediation. The photographs will include no identification of either the patients or candidates.

28. Premedication Record

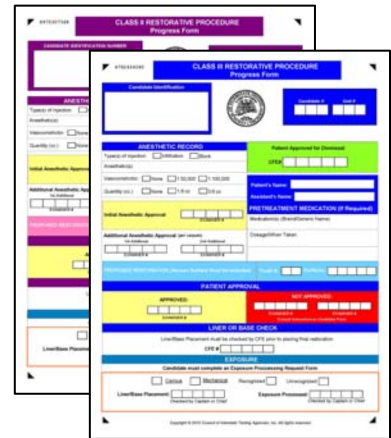
PRETREATMENT MEDICATION (If Required)

Medication(s) (Brand/Generic Name)

Dosage/When Taken

A record must be noted for every patient who requires premedication prior to or during the course of the examination. For each patient-based procedure, there is a place on the Progress Form to record the type and dosage of the medication administered. In addition to premedication, **ALL MEDICATIONS TAKEN WITHIN THE LAST TWENTY-FOUR (24) HOURS,** both prescribed and over-the-counter, must be recorded.

29. Progress Forms



During the examination, color-coded Progress Forms will be issued which will contain a record of the treatment, examiner numbers for all completed portions of the examination, and progress notes from the candidate to the examiner, as appropriate for the course of treatment. A **BLACK OR BLUE BALL-POINT PEN** should be used for all notations on the Progress Form.

30. Recontouring

No recontouring of adjacent teeth or restorations will be permitted without prior approval of the Clinic Floor Examiner.

31. Role of the Clinic Floor Examiner

During the conduct the restorative examination the Clinic Floor Examiner is responsible for checking the candidate's identification badge and proctoring adherence to infection control protocols and proper patient management. If any problems arise during the examination, the candidate should immediately notify the Clinic Floor Examiner. Additionally, the Clinic Floor Examiner also is present to aid in any emergencies which may occur.

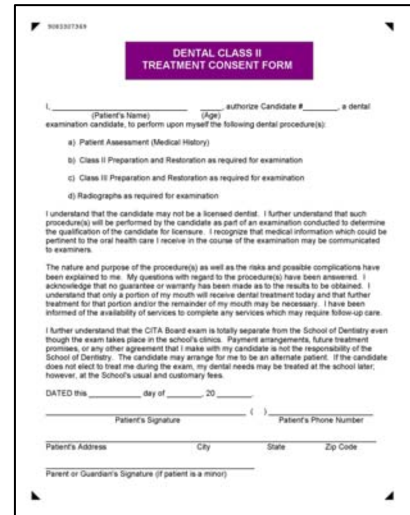
32. Rubber Dam Isolation

A standard 6” x 6” rubber dam should be used in all instances where a rubber dam is required. Cavity preparations may be made with or without a rubber dam. **ALL** cavity preparation checks by the examiners for the Class II Preparation/Class III Preparation procedures will be made with the rubber dam **INTACT**, not **TORN** or **LEAKING**. Final evaluations for the Class II Restoration and Class III Restoration

will be made with the rubber dam **REMOVED**. Failure to properly isolate the tooth will result in a penalty deduction.

33. Treatment Consent

In order for a patient to be acceptable for the clinical portions of the examination, the candidate must complete a Treatment Consent Form for each patient before any patient-based procedures are initiated. The forms are included in the candidate's Progress Forms and should be completed prior to the examination date; however, they must be presented to the examiners at the time of patient check-in. Patients under the age of legal consent for the state in which the examination is being administered (in most states this would be 18 years of age) must have the Treatment Consent Form signed by a parent or guardian. For Alabama written consent is required for minors under the age of nineteen (19) and for Puerto Rico written consent is required for minors under the age of twenty one (21). This form must be completed for each clinical patient.



DENTAL CLASS II
TREATMENT CONSENT FORM

I, ____________________ (Patient's Name) _____ (Age), authorize Candidate #________, a dental examination candidate, to perform upon myself the following dental procedure(s):

a) Patient Assessment (Medical History)

b) Class II Preparation and Restoration as required for examination

c) Class III Preparation and Restoration as required for examination

d) Radiographs as required for examination

I understand that the candidate may not be a licensed dentist. I further understand that such procedure(s) will be performed by the candidate as part of an examination conducted to determine the qualification of the candidate for licensure. I recognize that medical information which could be pertinent to the oral health care I receive in the course of the examination may be communicated to examiners.

The nature and purpose of the procedure(s) as well as the risks and possible complications have been explained to me. My questions with regard to the procedure(s) have been answered. I acknowledge that no guarantee or warranty has been made as to the results to be obtained. I understand that only a portion of my mouth will receive dental treatment today and that further treatment for that portion and/or the remainder of my mouth may be necessary. I have been informed of the availability of services to complete any services which may require follow-up care.

I further understand that the CITA Board exam is totally separate from the School of Dentistry even though the exam takes place in the school's clinics. Payment arrangements, future treatment promises, or any other agreement that I make with my candidate is not the responsibility of the School of Dentistry. The candidate may arrange for me to be an alternate patient. If the candidate does not elect to treat me during the exam, my dental needs may be treated at the school later; however, at the School's usual and customary fees.

DATED this __________ day of ________, 20 ________.

____________________ Patient's Signature ( ) ____________________ Patient's Phone Number

____________________ Patient's Address City State Zip Code

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

If the patient being presented is under the age of legal consent for which the state in which the examination is being administered, the candidate MUST submit with the completed Treatment Consent Form, documentation verifying that the individual is the parent and/or legal guardian of the patient being presented. Documentation may be a copy of a driver's license, government issued ID, legal document, etc.

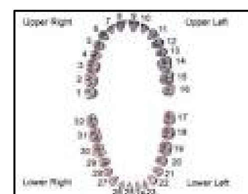
Failure to provide appropriate documentation will result in the patient NOT being accepted for the examination.

34. Treatment Selection

Candidates must make treatment selection decisions independently (without the assistance of faculty and/or colleagues). The candidate must provide a treatment selection that fulfills examination requirements for each procedure. Treatment selections must be presented during the time allotted in the examination schedule with sufficient time available to complete the treatment by the examination deadlines. In no event will a candidate be allowed to begin a new procedure with less than one hour remaining in the clinic period.

35. Tooth Numbering System

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



PART IV
EXAMINATION SCORING METHOD

1. Examiners

Candidates will be evaluated by examiners primarily from the jurisdictions which comprise CITA. These examiners may be members of the various state boards of dentistry, or they may have been selected by their board to serve as examiners. In addition, there are frequently observers at CITA examinations who may be faculty members from other schools, new CITA examiners, or examiners from other CITA member states. Such observers are authorized to participate in calibration exercises, monitor all portions of the examination, and/or evaluate patients from time-to-time; however, observers neither assign grades nor participate in the grading process.

2. Examination Scoring System

CITA's examination scoring system was developed in consultation with a number of measurement specialists and subject matter experts in the field of dentistry, as well as a number of publications on the licensure examination process. The scoring system is criterion-referenced, and it is based on an analytical scoring model where each set of specified criteria is evaluated by three independent graders. The examination is conjunctive, inasmuch as its content is divided into five (5) Parts containing related skill sets.

Competence must be demonstrated on each of the five (5) Parts. In addition, a compensatory scoring system is used within Parts II, III, IV and V to compute the final score for that Part. A score of seventy-five (75) or greater is required to successfully complete each Part (Parts II, III, IV & V). Each of the Parts (Parts I, II, III, IV & V) must be successfully completed to achieve "CITA Status". Parts II, III, IV and V are based on a 100-point scale.

IF ALL SECTIONS OF AN EXAMINATION (PARTS II-V) ARE NOT TAKEN, A SCORE OF "0" WILL BE RECORDED FOR THAT EXAMINATION.

Currently, for Part I, CITA accepts the successful completion of the Dental National Boards Parts I and II as administered by the Joint Commission. Candidates are required to provide the scores to CITA.

3. Restorative Scoring Rubric

For the restorative examination, the rating or points, are assigned for each criterion in every procedure by three (3) different examiners, each of whom conducts an independent evaluation.

The assigned score is the score that is confirmed by at least two (2) examiners. For each line item criteria that receives a rating of a **MINOR DEFICIENCY, EIGHT (8) POINTS WILL BE DEDUCTED AND FOR A MAJOR DEFICIENCY, SIXTEEN (16) POINTS WILL BE DEDUCTED.**

ANY CONFIRMED CRITICAL ERROR WILL RESULT IN A SCORE OF ZERO FOR THAT PROCEDURE, even though other criteria within that procedure or Part may have been rated as satisfactory.

The following table illustrates criteria ratings for procedures evaluated:

EXAMINATION	PROCEDURE	CRITERIA RATED
Part V: Patient-Based Restorative Examination	Class II/Class III Preparation	8
	Class II/Class III Finished Restoration	5
	Class II/Class III Preparation	6
	Class II/Class III Finished Restoration	5

As stated previously, any confirmed minor deficiency is eight (8) points and any confirmed major deficiency is sixteen (16) points. Any confirmed critical error results in an automatic "0". Below is a sample of how to calculate a score for the restorative examination.

Restorative Examination	***Score***
No errors	**100**
1 confirmed minor deficiency	**92**
2 confirmed minor deficiencies	**84**
1 confirmed major deficiency error	**84**
1 confirmed major deficiency; 1 confirmed minor deficiency	**76**
3 confirmed minor deficiencies	**76**
Any confirmed critical error	**0**

4. <u>Examination Content and Scoring</u>

Part V consists of four (4) procedures: (a) Class II /Class III Preparation; (b) Class II/Class III Restoration. Candidates must complete the entirety of Part V within four and a half (4 ½) hours. Three (3) examiners independently evaluate all rated treatment criteria for the examination.

Beginning with the 2012 CITA Examination Series, candidates will be allowed to restore the Class II operative preparation with either an amalgam or composite restorative material approved by the ADA for the restoration of posterior teeth. Regardless of the type of restorative material utilized, the candidate shall prepare the tooth utilizing traditional Class II **amalgam** cavity design principles and criteria.

The Class II and Class III may be performed in the order of the candidate's preference; however, each procedure must be taken to completion, including the dismissal of the patient for each procedure, BEFORE the candidate may initiate the next procedure.

Of the two procedures, the candidate <u>must present the final patient and procedure for approval at least one hour prior to the end of the Restorative examination.</u> Failure to present a patient will result in failure of the examination.

PART V CONTENT
Class II/Class III Preparation
External Outline Form
Internal Form
Class II/Class III Restoration
Margin Integrity and Surface Finish
Contour, Contact, and Occlusion

5. Infection Control

During all procedures, the candidate must follow all infection control regulations of the state wherein the examination is being administered and in accordance with the *"Guidelines for Infection Control in Dental Health-Care Settings—2003"* (CDC MMWR: December 19, 2003, Vol. 52, No. RR-17), as published by the Centers for Disease Control and Prevention (CDC).

These procedures must begin with the initial setting up of the unit, continue throughout the examinations, and include the final cleanup of the operatory. The operatory and/or operating field must remain clean and sanitary in appearance. Infection control will be monitored by the Clinic Floor Examiners. The following point deductions will be applied for infection control violations:

INFECTION CONTROL INFRACTION	POINT DEDUCTION
Gross asepsis; operatory area is grossly unclean, unsanitary, or offensive in appearance	**100 Points**
Failure to dispose of potentially infectious materials and clean the operatory after individual examinations	**20 Points**
Minor violation of infection control or disease barrier technique	**5 Points**

6. **Patient Management and Treatment**

A candidate may be dismissed from the examination for breaches in examination protocol, misrepresentation of blood pressure readings, unprofessional conduct, and/or violations of barrier and infectious disease control which may place patients, staff, examiners or other candidates at risk.

At all times during the conduct of any examination, candidates and their auxiliary personnel are expected to treat patients in an ethical manner and exhibit the proper concern for their safety, comfort, and welfare. In addition, there shall be no unwarranted damage to either hard or soft tissue during the patient-based examinations and incompetent or careless management of tissue will result in a score reduction.

Failure to follow this guideline shall result in the following point deductions from the candidate's overall examination score:

PATIENT MANAGEMENT	POINT DEDUCTION
Improper management of significant medical history or pathological condition	**100 Points**
Gross damage to adjacent tooth structure	**100 Points**
Temporization or failure to complete a finished restoration	**100 Points**
Treatment of teeth other than those approved or assigned by examiners	**100 Points**
Failure to complete any Part of the examination	**100 Points**
Poor patient management and/or disregard for the patient's welfare or comfort	**20 Points**
Improper operator/patient position	**10 Points**
Administration of anesthetic before approval of tooth selection assignment by examiners	**10 Points**
Improper Recordkeeping	**5 Points**
Inadequate Isolation	**5 Points**
Inappropriate Modification Request	**5 Points**
Unsatisfactory completion of each required modification sent to the candidate from the Evaluation Station	**5 Points**
TREATMENT SELECTION	
First rejection for improper treatment selection (patient or lesion rejection)	**6 Points**
Second rejection for improper treatment selection (patient or lesion rejection)	**8 Points**
Third Rejection for improper treatment selection	**12 Points**

Initial rejection of poor quality, non-diagnostic radiographs for the same treatment selection (patient or lesion rejection)	**6 Points**
Second rejection of poor quality, non-diagnostic radiographs for the same treatment selection (patient or lesion rejection)	**8 Points**
Third rejection of poor quality, non-diagnostic radiographs for the same treatment selection (patient or lesion rejection)	**12 Points**

The penalties or deficiencies listed above do not imply limitations, since some procedures will be classified as unsatisfactory for other reasons, or for a **COMBINATION** of several deficiencies.

7. Pulpal Exposure

Pulpal exposures, whether avoidable mechanical or inappropriately managed, will result in the following point deductions:

PULPAL EXPOSURE INFRACTION	POINT DEDUCTION
Unjustified mechanical pulpal exposure	**100 Points**
Unrecognized pulpal exposure	**100 Points**
Unavoidable pulpal exposure which is inappropriately managed	**25 Points**

PART V
ADMINISTRATION

1. Treatment Criteria Overview

The following table depicts the aforementioned treatment criteria for each restorative procedure on Part V.

PART V TREATMENT CRITERIA CLASS II PREPARATION
External Outline Form
Proximal Clearance
Gingival Clearance
Isthmus
Cavosurface Margin
Outline Shape Extension/Sound Marginal Tooth Structure
Internal Form
Axial Walls
Pulpal Floor
Proximal Box Walls
PART V TREATMENT CRITERIA CLASS II RESTORATION
Margin Integrity and Surface Finish
Margin Excess/Deficiency
Surface Finish
Contour, Contact, and Occlusion
Interproximal Contact
Centric/Excursive Contacts
Anatomy/Contour
PART V TREATMENT CRITERIA CLASS III PREPARATION
External Outline Form
Outline Extension
Gingival Clearance
Margin Smoothness/Continuity/Bevels
Sound Marginal Tooth Structure
Internal Form
Axial Walls
Smoothness

PART V TREATMENT CRITERIA CLASS III RESTORATION
Margin Integrity and Surface Finish
Margin Excess/Deficiency
Surface Finish
Contour, Contact, and Occlusion
Interproximal Contact
Centric/Excursive Contacts
Anatomy/Contour

2. Patient/Treatment Selection and Approval (Starting Checks)

Patient selection is an important aspect of the examination process. If the candidate is unable to complete a procedure due to patient management problems, the procedure cannot be evaluated, and no credit will be assigned.

Teeth exhibiting internal or external pulpal pathology, endodontically treated teeth, teeth affixed with orthodontic appliances or approximating orthodontic appliances and deciduous teeth may not be used.

No more than three (3) treatment selections may be submitted for a procedure. Penalty points will be assessed for each unacceptable treatment selection. If a third treatment selection is rejected, or neither a second nor a third treatment selection is presented after the first rejection, the candidate may not continue with that treatment procedure and will receive a score of "0" for the Restorative Examination.

It is strongly suggested that back-up patients be available since a back-up patient may be presented for approval should the candidate's first patient be deemed unacceptable. When using a back-up patient, the candidate is required to complete the examination in the remaining scheduled time **INCLUDING COMPLETION OF MEDICAL AND DENTAL CHARTS AND RADIOGRAPHS.**

Candidates who do not utilize their back up patients, should dismiss them from the waiting room before beginning the procedure.

The criteria for tooth selection outlined in this manual are **GUIDELINES** utilized by examiners for the approval of treatment selection. However, it must be recognized that criteria cannot cover every possible condition that may exist for each situation. Examiners also must be guided by time factors, limitations of the examination setting, and reasonable consistency among candidates in the cases being treated. The examiners must make the final decision for approval of treatment selection, **but in no event shall a candidate be allowed to submit a patient for approval with less than an hour remaining in the Restorative examination period. Failure to submit a patient will result in failure of the examination.**

All treatment selections must be approved by at least one (1) Examiner. The candidate will have thirty (30) minutes to set up his/her operatory, obtain all instruments and complete all necessary forms for patient check-in.

The candidate may request only one (1) starting check at a time and must carry the procedure through to the appropriate stage of completion before beginning another procedure.

3. Radiographs

Modern dental clinical practice has seen the introduction of competing variables into the diagnostic equation, and with the fairly recent evolution in therapeutic treatment agents, on the one hand, and improvements in caries detection devices, not the least of which has been digital radiology on the other, the practitioner is confronted with a host of factors to weigh into the overall decision of whether teeth require restorative intervention, adjunctive therapeutic treatment, or monitoring. While the paradigm of using radiographic interpretation as a sole methodology for validation of restorative intervention may have never been absolutely defensible, certainly in current practice, the radiograph is but one of the many pieces of diagnostic evidence gathered in making absolute decisions.

For the purposes of the CITA examination process, examiners are instructed to evaluate each proposed restoration from many perspectives, but in the final analysis, to decide if a restoration of the tooth in question is clinically defensible. Radiographic presentation is one component, but examiners are challenged to review the visual and tactile evidence, as well as consideration of the overall clinical condition of the accompanying dentition. In the final analysis, the examiner is asked to make a determination as to whether or not there is sufficient clinical evidence to support the restoration of the tooth being presented by the candidate.

That clinical evidence may consist of visual evaluation, tactile evaluation, digital interpretation, and/or radiographic evaluation, and any rationale combination of the foregoing. As a matter of practicing protocol, it is the only defensible position the ethical practitioner can embrace.

As a candidate preparing to take the examination, it is advisable to present a patient with a proposed restoration which from a radiographic perspective would demonstrate support for a restorative diagnosis. Typically, that radiographic appearance may be a lesion which appears to have penetrated at least to the DEJ.

What is ill advised for the candidate is to present a proposed restoration which demonstrates questionable radiographic support for a diagnosis of disease, and which also lacks radiographic, visual or tactile supporting evidence for a restorative diagnosis.

a. Pre-Operative Radiographs

A periapical and a bitewing radiograph of the tooth selected for the Class II restoration must be presented when that procedure is presented for acceptance.

A periapical radiograph of the tooth selected for a Class III restoration, must be submitted at the time the treatment selection is presented for acceptance.

These pre-operative radiographic films must be of diagnostic quality, cannot be more than six (6) months old, and must depict the **CURRENT CLINICAL CONDITION OF THE TOOTH** to be treated as well as the surrounding teeth. In other words, there must have been no treatment between the time of taking the radiograph and CITA's examination that would alter the situation depicted on the radiograph.

Duplicate radiographs of diagnostic quality are acceptable. The radiographic films must be mounted according to ADA guidelines (convexity up). **These radiographs must be submitted at the conclusion of the examination, and they become the property of CITA.**

If the dental school stipulates that radiographs must be returned to the school as part of the patient's examination records, candidates must submit duplicates of the required radiographs to the dental school.

b. Post-Operative or Additional Radiographs

Post-operative radiographs are **NOT** required. However, additional or post-operative radiographs may be requested at any time during the conduct of the examination and at the discretion of any examiner. All such requested radiographs should be mounted, meet the same criteria as previously specified for pre-operative radiographs, and returned to the requesting examiner for evaluation.

c. Digital Radiographs

Although conventional radiographs are CITA's preferred radiographic method for this examination, digital radiographs may be accepted if they are presented in a standardized format as specified below:

- The films or digital images must be of diagnostic quality.
- For the patient-based examinations, digital periapicals and bitewing images must each be a 4" x 6" image with both images printed on one sheet of 8½" x 11" premium quality photographic paper.
- The patient's name, date of exposure, and candidate's identification number must be written on the page.

4. Forms

All forms are available for review and download on the CITA website http://www.citaexam.com.

a. Patient Medical Health History Form

This form is part of the Restoration Progress Forms and is used by the candidate to record the health and medical history of the patient. All notations regarding the patient's medical history must be made on the Medical History Form. The patient's current blood pressure must be taken by the candidate, and the required records should be reviewed for accuracy and completeness.

b. Patient Consent Form

This form is part of the Progress Forms and is reviewed and signed by the patient.

c. Instructions to Candidate Form

This form is used by the Examiners to notify the candidate of the need for any additional action or requirement.

d. Dental Notification Form

This form is reviewed by the patient and signed by the patient should there be a need for patient follow up care.

e. Progress Form

The candidate should fill out the Progress Forms and refer to this form for patient approval and patient rejection.

f. Grading Station Request Forms

The candidate will need to fill out the appropriate Grading Station Request Form each time his/her patient is sent to the grading station for evaluation.

g. Radiograph Verification Form

This form is provided in the confirmation packet and candidates are required to complete the form and turn it in during registration the day of the examination. This form verifies the radiographs presented during the examination are of the patient being presented for approval.

h. Follow-Up Care Form

This form is provided in the confirmation packet and is part of the Radiograph Verification Form and candidates are required to complete the form and turn it in during registration the day of the examination. The candidate must indicate who or

what facility will provide follow-up care for the patient, in the event that follow-up care is required.

i. Modification Forms

This form is used by a candidate to request a modification from the ideal preparation.

5. Bases, Liners, and Varnishes

The candidate must decide whether a treatment **LINER** is indicated by checking the liner/base request box on the Class II or Class III Grading Room Request Form, **PRIOR TO** sending the patient to the Grading Station for the preparation check.

a. Cavity Sealers

Cavity Sealers provide a protective coating for the freshly cut tooth structure of the prepared cavity.

- Varnish is a natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether. Examples include Copalite, Plastodent Varnish, and Barrier.
- Resin Bonding Agents include the primers and adhesives of dentinal and all-purpose bonding agents. Examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.

b. Cavity Liners

Cavity Liners are typically a material placed between dentin and a dental restoration to provide protection to the dentin and/or pulp. Examples include Gluma, Vitrebond, Dycal and Cavitec.

c. Cavity Bases

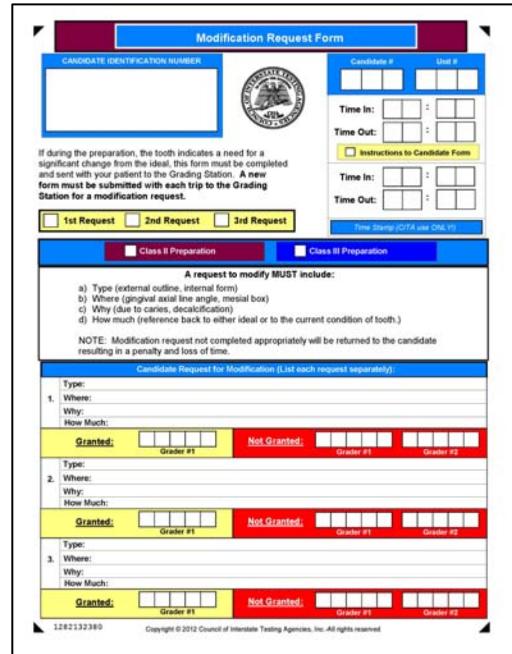
Cavity Bases are typically a replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOE B&T, IRM, glass ionomer cement and zinc-phosphate cement.

NOTE: For the purposes of the CITA examination, the terms base and liner may be used synonymously; however, preparations will not typically be required to be based to anatomical preparation form prior to final restoration placement.

6. Blood Pressure and Anesthetic Record

During the set-up period, the patient may be seated and his/her blood pressure MUST be taken by the candidate, and the required records must be reviewed for accuracy and completeness. Candidates must complete the anesthetic record portion of the Progress Form **WHETHER OR NOT** anesthesia is to be used.

7. Modifications from the Ideal



Modification Request Form

CANDIDATE IDENTIFICATION NUMBER

Candidate # | Unit #

Time In: :
Time Out: :

☐ Instructions to Candidate Form

Time In: :
Time Out: :

Time Stamp (CITA use ONLY!)

If during the preparation, the tooth indicates a need for a significant change from the ideal, this form must be completed and sent with your patient to the Grading Station. **A new form must be submitted with each trip to the Grading Station for a modification request.**

☐ 1st Request ☐ 2nd Request ☐ 3rd Request

☐ Class II Preparation ☐ Class III Preparation

A request to modify MUST include:

a) Type (external outline, internal form)
b) Where (gingival axial line angle, mesial box)
c) Why (due to caries, decalcification)
d) How much (reference back to either ideal or to the current condition of tooth.)

NOTE: Modification request not completed appropriately will be returned to the candidate resulting in a penalty and loss of time.

Candidate Request for Modification (List each request separately):

1. Type:
Where:
Why:
How Much:

Granted: Grader #1 | Not Granted: Grader #1 Grader #2

2. Type:
Where:
Why:
How Much:

Granted: Grader #1 | Not Granted: Grader #1 Grader #2

3. Type:
Where:
Why:
How Much:

Granted: Grader #1 | Not Granted: Grader #1 Grader #2

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If, during the preparation, the tooth indicates a need for a significant change from the ideal, the candidate will need to complete a Modification Request Form explaining the proposed modification(s) **PRIOR TO PERFORMING THEM**. The request to modify should include:

- Type (external outline, internal form)
- Where (gingival axial line angle, mesial box)
- Why (due to caries, decalcification)
- How much (reference back to either ideal or to the start)

All requests for modifications will be sent to the Grading Station. If the candidate feels a finger extension is appropriate and/or necessary to eliminate marginal decalcification, such a modification also should be submitted for approval.

IF THE CANDIDATE ANTICIPATES OR ACTUALLY EXPERIENCES A PULPAL EXPOSURE, THE CLINIC FLOOR EXAMINER SHOULD BE NOTIFIED AT ONCE.

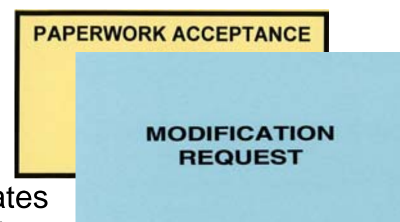
In the event the lesion, that is originally presented and approved for treatment, needs to be extended, and the extension extends or would extend onto and/or involve a pre-existing restoration, the candidate must submit a Modification Request to extend the lesion.

If the Modification Request is approved, the candidate must then remove ALL pre-existing restorative material prior to submitting the preparation for another Modification Request or for evaluation of the Class II/Class III Preparation.

DO NOT SEND ANY GRADE SHEETS ALONG WITH THE MODIFICATION REQUEST FORMS.

NOTE: Excessive use of modification requests MAY result in the candidate failing the examination for failure to complete the procedure(s) in the allotted time period.

a. Presenting the Patient to the Grading Station for a Modification Request



If the candidate desires to submit a modification request, the candidate will need to submit to the check-in station the required paperwork and materials. Candidates are NOT to bring their patients to the check-in station.

Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff representative will check all paperwork and material and will give the candidate a “Paperwork Acceptance” card and a “Modification Request” card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station.

With the rubber dam in place, the patient is sent to the Grading Station for approval of the modification request. The following materials will need to be sent with the patient to the Grading Station:

- Required Instruments in a sealable container no larger than 10” x 6” x 3.5”
- Modification Request Form (including any prior requests approved or rejected)
- Progress Form
- Radiographs

b. Returning from Evaluation of a Modification Request

When the patient returns from the Grading Station, if the candidate does not receive an Instructions to Candidate Form the candidate should continue with treatment.

If a Modification Request is rejected, a red “Modification Request Denied” card will be returned to the candidate with the paperwork and Instructions to Candidate Form.

If the candidate receives an Instructions to Candidate Form, **THE CANDIDATE MUST INFORM THE CLINIC FLOOR EXAMINER BEFORE PROCEEDING** and follow the instructions that have been issued by the examiners.

8. <u>**Exposure Processing**</u>

<u>If the candidate anticipates or actually experiences a pulpal exposure, a clinic floor examiner should be notified at once.</u> The candidate should inform the examiner that either an exposure is anticipated, or that there is an exposure and the basis for making that observation. The clinic floor examiner will not clinically evaluate the patient or the preparation, but will summons the Chief or a Co-Chief Examiner who will instruct the candidate to complete an Exposure Processing Form.

The Exposure Processing Form will require the candidate to note the exact location of the exposure within the preparation outline and the approximate

dimensions. The candidate will then describe the precise procedure for management of the exposure, including all medicaments and instructions to the patient. Lastly, the candidate should describe any additional extensions or removal of tooth structure which would be required prior to the preparation being submitted to the grading station.

If the candidate has finished all cavity preparations and desires to have the preparation graded while the patient is in the grading area, the candidate should also complete a Grading Area Request Form and check those boxes which are applicable to the candidate's situation.

When the paperwork is submitted for acceptance the candidate should also include three grade sheets with barcodes attached for the procedure being performed by the candidate. In total, the candidate will need to submit to the Check-In Station the Exposure Processing Form, the Progress Form, any Modification Request Forms, and a Grading Area request Form if the candidate wishes to have the preparation graded while the patient is in the Grading Station for the processing of the exposure. Please note, that the preparation will not be graded unless the candidate specifically designates that grading of the preparation should occur.

When all paperwork has been completed, the Chief, or Co-Chief, or CITA staff will escort the patient to the grading station where it will be evaluated.

9. Completion of Class II/Class III Preparation and Restoration Procedures

The following sections will take the candidate step-by-step through the procedural aspects for completion of the Class II/Class III Preparation and Restoration procedures of the restorative examination.

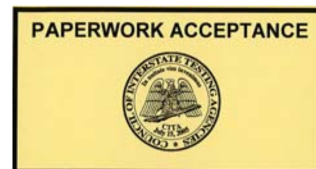
a. Presenting the Patient and Treatment Selection for Approval

Candidates are encouraged to refer to the Candidate Tutorial Booklet for information regarding patient approval. Candidates will need to have the following items available to the examiners to receive a starting check:

- Completed Medical Health History Form (contained in the Progress Form)
- Completed Treatment Consent Form (contained in the Progress Form)
- Progress Form noting tooth number and type of restoration, as well as the anesthetic record section completed with **NO** anesthetic administered
- Pre-operative radiographs (bitewing and periapical for the Class II, and just a periapical for the Class III), which are no more than six [6] months old, which depict the current condition of the tooth and surrounding structures
- Required Instruments

b. Examiner Evaluation of the Class II/Class III Preparation Procedure

Once the candidate is ready to have their patient evaluated for the Class II/Class III preparation procedure, the candidate will need to submit to the check-in station the required paperwork and materials. Candidates are NOT to bring their patients to the check-in station. Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff representative will check all paperwork and material and will give the candidate a "Paperwork Acceptance" card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station.



With the rubber dam in place, the patient is sent to the Grading Station for evaluation of the Class II/Class III Preparation procedure. The candidate should send the following items:

- Required Instruments in a sealable container no larger than 10" x 6" x 3.5"
- Preparation Grading Room Request Form
- All Modification Request Forms (Approved or Rejected)
- Progress Form
- Pre-operative radiographs
- Class II Preparation Grade Sheets (3)

The preparation should be presented in sufficient time for the patient to be evaluated (which may involve waiting delays) and for the finished restoration if amalgam, to be condensed, carved, and set up enough to withstand flossing during evaluation.

c. Returning from Evaluation of the Class II/Class III Preparation Procedure

When the patient returns from the Grading Station, if the candidate does not receive an Instructions to Candidate Form, the candidate should continue with treatment. If the candidate receives an Instructions to Candidate Form, **THE CANDIDATE MUST INFORM THE CLINIC FLOOR EXAMINER BEFORE PROCEEDING** and follow the instructions that have been issued by the examiners.

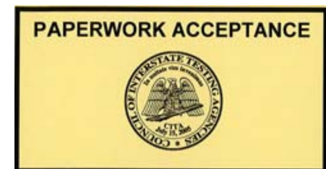
A treatment liner is neither required nor evaluated; however, if the candidate determines that a treatment liner is indicated, or should he/she have been directed to place one by the examiners, the placement of the liner must be checked at the Grading Station **AFTER THE PREPARATION HAS BEEN EVALUATED**.

If amalgam, the condensed and carved amalgam surface should **NOT** be polished or altered by abrasive rotary instrumentation except for purposes of adjusting

occlusion. Proximal contact is a critical part of the evaluation, and the candidate should be aware that the examiners will be checking the contact with **WAXED** dental floss. Field trials have indicated most amalgams can withstand floss being passed through the contact within thirty (30) minutes **AFTER THE MATRIX BAND HAS BEEN REMOVED**. The candidate should be familiar with the properties of the amalgam being used and should allow sufficient time for the amalgam to set before sending the finished restoration to the Grading Station. A developed and mounted post-operative bitewing **MAY** be requested at any time at the discretion of a restorative examiner or the Clinic Floor Examiner.

If composite, the restorative material does not need to be polished; however, it should be free from void or defect, must be cured to sufficient hardness to retain interproximal contact, withstand forces of mastication, and not dislodge within the cavity walls.

d. Examiner Evaluation of the Class II/Class III Restoration Procedure



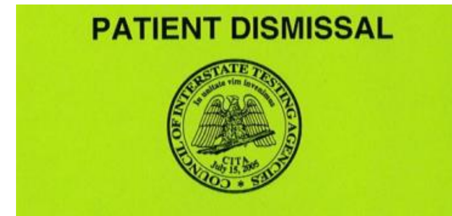
Once the candidate is ready to have their patient evaluated for the Class II/Class III restoration procedure, the candidate will need to submit to the check-in station the required paperwork and materials. Candidates are NOT to bring their patients to the check-in station. Candidates are encouraged to refer to the Candidate Tutorial Booklet received in the confirmation packet for instructions on submitting paperwork. A CITA staff representative will check all paperwork and material and will give the candidate a “Paperwork Acceptance” card. The candidate will then be instructed to return to their operatory and a CITA staff representative and/or assistant will retrieve the patient from the operatory, along with the paperwork and instruments and will escort the patient to the grading station.

With **NO** rubber dam in place, the patient is sent to the Grading Station for evaluation of the finished restoration. The finished restoration must be presented by the required time as specified in the examination schedule, or it will not be evaluated. The candidate should send the following items to the Grading Station with the patient:

- Required Instruments in a sealable container no larger than 10” x 6” x 3.5”
- Progress Form
- Pre-operative radiographs
- Restoration Grading Room Request Form
- All Modification Request Forms (Approved or Rejected)
- Class II Restoration Grade Sheets (3)

e. Examination Completion Following Examiner Evaluation

If the candidate receives no communication from the Grading Station the patient may be dismissed after a clinic floor examiner has approved the patient for dismissal and recorded his/her number in the appropriate space on the Progress Form and given the candidate a green “Patient Dismissal” card.



Once the candidate has received the green Dismissal Card, if they have completed all procedures for the Restorative examination, they should compile the necessary documents for Check Out, and present those documents in their proper order to the Check Out station. There will be a Check Out Form which is disseminated to candidates at registration which contains the required documents for Check Out and specifies the order those documents should be arranged.

However, if the finished restoration is **NOT** clinically acceptable as stated on the Instructions to Candidate Form, the candidate may be required to remove the restoration and temporize the tooth.

In such cases, the Clinic Floor Examiner must be contacted, and a Dental Patient Notification Form is completed by the candidate and Chief Examiner to ensure the responsibility for further treatment is understood and that the patient will receive the proper care.

DENTAL PATIENT NOTIFICATION FORM

AMALGAM: Prep / Finish — COMPOSITE: Prep / Finish — PERIO

Tooth # (if applicable):

Candidate # — Unit #

White Copy (CITA)
Yellow Copy (Candidate)

PATIENT INFORMATION

First Name — MI — Last Name

Mailing Address

City — State or Province — Zip Code

Daytime Phone Number — Evening Phone Number

FOLLOW-UP CARE PROVIDER

First Name — Last Name

Physical Address

City — State or Province — Zip Code

Daytime Phone Number

Instructions to Follow-Up Care Provider:

1.) I understand that I will require an additional treatment for the reason(s) outlined above.

Patient's Signature — Date

2.) I will make arrangements for the patient to have dental care provided as stipulated above.

Candidate's Signature — Date

3.) The patient has been informed that follow-up care is necessary and that arrangements will need to to be made for patient treatment.

Chief Examiner/Designee Signature — Date

<u>All post-treatment required as a result of treatment rendered during the examination is the responsibility of the candidate and handled at the expense of the candidate.</u>

10. Restorative Check-Out Procedure

Candidates are encouraged to consult the Candidate Tutorial Booklet regarding the check out process. The items specified below should be enclosed in the ***original Candidate packet*** and turned-in at the Check-Out Station in the following order:

1. Identification Badge without the badge holder (only if it the candidate is NOT taking the Periodontal and/or Manikin Examinations)
2. Assistant Badge without the badge holder (only if it is the candidate is NOT taking the Periodontal Examination or utilizing the same assistant for the Periodontal Examination)
3. Class II/Class III Restorative Progress Forms
4. Class II/Class III Restorative Preparation Grading Room Request Forms
5. Class II/Class III Restorative Restoration Grading Room Request Forms
6. Class II/Class III Restorative Radiographs

7. Class II/Class III Modification Request Forms
8. Any Class II/Class III Restorative Procedure Grade Sheets not used
9. Any Progress Forms from patient rejections
10. Any yellow Instructions to Candidate Forms
11. Any extra barcode labels (only if candidate is NOT taking the Periodontal examination)

RESTORATIVE
CANDIDATE CHECK – OUT FORM

DIRECTIONS: THE FOLLOWING INFORMATION MUST BE IN THE PROPER ORDER BEFORE APPROACHING THE CHECK-OUT STATION. If your paperwork is NOT in the correct order, you will be instructed to return to your operatory and organize the paperwork correctly. YOU WILL NOT BE ALLOWED TO CHECK-OUT UNTIL ALL OF YOUR MATERIAL IS IN THE PROPER ORDER.

STOP IF YOU ARE TAKING THE PERIODONTAL AND/OR MANIKIN EXAM - **DO NOT** TURN IN:

Staff Initials	Candidate Initials	
____	____	**Identification Badge**
____	____	**Assistant Badge (If utilizing the same assistant for Periodontal Exam)**

Staff Initials	Candidate Initials	**CLASS II PROCEDURE:**
____	____	Class II Progress Form *(With Clinic Floor Examiner Number Recorded Indicating Patient Dismissal)*
____	____	Class II Preparation Grading Room Request Form
____	____	Class II Restoration Grading Room Request Form
____	____	Class II Radiographs
____	____	Amalgam Modification Forms
		CLASS III PROCEDURE:
____	____	Class III Progress Form *(With Clinic Floor Examiner Number Recorded Indicating Patient Dismissal)*
____	____	Class III Preparation Grading Room Request Form
____	____	Class III Restoration Grading Room Request Form
____	____	Class III Radiographs
____	____	Class III Modification Forms
		OTHER MATERIALS (IF APPLICABLE):
____	____	Identification Badge *(Please Remove Badge From Holder Before Turning In)*
____	____	Assistant Badge *(Please Remove Badge From Holder Before Turning In)*
____	____	Any Incomplete Grade Sheets / Paperwork / or Other Material, Due To Examination Termination
____	____	Cards = Patient Dismissal (Green), Modification: Request (Blue)/Denied (Red)
____	____	All Remaining Restorative Bar Code Labels (only if this is your last exam)

All information is complete:______ Candidate #________________
(Candidate confirms by Printing Candidate Number on line)

All information has been verified:________________________
Staff Signature

PART VI
TERMINOLOGY

Terminology

For criteria to be consistently and appropriately applied, it is often necessary for there to be a clear definition of terminology and a well-defined examination protocol that provides documentation sufficient to determine whether good clinical judgment has been exercised throughout the treatment process. Although a comprehensive *"Glossary of Words, Terms, and Phrases,"* is included later in this examination manual, there are several definitions that need to be emphasized. These terms are:

***Sound Tooth Structure*:** May include proximal decalcification that cannot be penetrated by an explorer and does not exceed one-half (½) the thickness of the enamel.

Open Margin: A void at the restoration-tooth interface which allows the tine of an explorer to penetrate between the restoration and the internal aspect of the preparation.

Deficient Margin: The occlusal cavosurface margin demonstrates more than a 0.5 mm deficiency in restorative material, and the margin is sealed.

Caries: The diagnosis of dentinal caries is made by tactile sensation with light pressure on an explorer, described as a defect with a soft, sticky base, or a defect that can be penetrated and exhibits definite resistance upon withdrawal of the explorer.

PART VII
GLOSSARY OF WORDS, TERMS AND PHRASES

The following information provides definitions and/or descriptions of words, terms or phrases used by CITA for purposes of examining and evaluating candidates for dental licensure. Furthermore, this information should assist not only candidates with their understanding of the criteria and procedures for this examination, but also examiners in making consistent evaluations of candidate performance.

The words, terms or phrases have been collected from many sources, including, but not limited to, CITA's evaluation criteria, various evaluation forms, and information appearing elsewhere this manual. Other similar items not found in the foregoing sources have been included, inasmuch as they also may be used by examiners or candidates during the course of the examination. The definitions or descriptions for the words, terms or phases were derived from dictionaries, dental dictionaries, operative dentistry textbooks, glossaries from dental schools, operative dentistry technique or procedure manuals. The periodontal terms were taken from the "*Glossary of Periodontic Terms"* published by the American Academy of Periodontology.

TERM	DEFINITION
Abfraction	The deep V-shaped groove usually noted at the CEJ which is caused by bruxism. This may be visible or below the gingival margin.
Abrasion	Abnormal wearing of tooth substance or restoration by mechanical factors other than tooth contact.
Abutment	A tooth used to provide support or anchorage for a fixed or removable prosthesis.
Acrylic Resin	Synthetic resin derived from acrylic acid used to manufacture dentures/denture teeth and provisional restorations
Adjustment	Selective grinding of teeth or restorations to alter shape, contour, and establish stable occlusion
Angle	A corner; **cavosurface angle**: angle formed between the cavity wall and surface of the tooth; **line angle:** angle formed between two cavity walls or tooth surfaces.
Apical	The tip, or apex, of a root of a tooth and its immediate surroundings.
Attached Gingiva	The portion of the gingiva that extends apically from the base of the sulcus to the mucogingival junction.
Attrition	Loss of tooth substance or restoration caused by mastication or tooth contact.

TERM	DEFINITION
Axial Wall	An internal cavity surface parallel to the long axis of the tooth.
Base	Typically a replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOE B&T, IRM, glass ionomer cement and zinc-phosphate cement.
Bevel	A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.
Bonding Agent	See *"Sealers."*
Bridge	Permanently fixed restoration that replaces one or more missing natural teeth.
Build Up	A restoration associated with a cast restoration, which replaces some, but not all, of the missing tooth structure coronal to the cementoenamel junction; the buildup provides resistance and retention form for the subsequent cast restoration; also called Pin Amalgam Build Up (PABU) or Foundation.
Calculus	A hard deposit attached to the teeth, usually consisting of mineralized bacterial plaque.
Caries	An infectious microbiological disease that results in localized dissolution and destruction of the calcified tissues of the teeth. The diagnosis of dentinal caries is made by tactile sensation with light pressure on an explorer described as (1) a defect with a soft, sticky base, or (2) a defect that can be penetrated and exhibits definite resistance upon withdrawal of the explorer.
Cavity Preparation	Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.
Cavosurface Margin	The line angle formed by the prepared cavity wall with the unprepared tooth surface; the margin is a continuous entity enclosing the entire external outline of the prepared cavity; also called the cavosurface line angle.
Cementoenamel Junction	Line formed by the junction of the enamel and cementum of a tooth.
Centric Occlusion	That vertical and horizontal position of the jaws in which the cusps of the maxillary and mandibular teeth interdigitate maximally.
Centric Relation	That operator guided position of the jaws in which the condyles are in a rearmost and uppermost position in the fossae of the temporomandibular joint.
Contact Area	The area where two adjacent teeth approximate.
Convenience Form	The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.

TERM	DEFINITION
Convergence	The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface.
Core	A restoration associated with a cast restoration which replaces **ALL** coronal tooth structure and is usually associated with a post of one type or another; the core provides resistance and retention form for the subsequent cast restoration.
Crown	Cast-metal restoration or porcelain restoration covering most of the surfaces of an anatomical crown.
Cusp (Functional)	Those cusps of teeth which by their present occlusion provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Cusp (Non-Functional)	Those cusps of teeth which by their present occlusion **DO NOT** provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Debris	Scattered or fragmented remains of the cavity preparation procedure; all debris should be thoroughly removed from the preparation before the restoration is placed.
Defective Restoration	Any dental restoration which is judged to be causing or is likely to cause damage to the remaining tooth structure if not modified or replaced.
Dentin	Calcified tissue surrounding the pulp and forming the bulk of the tooth.
Deposits--Subgingival	Deposits which are apical to the gingival margin.
Deposits--Supragingival	Deposits which are coronal to the gingival margin.
Divergence	The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth.
Embrasure	A “V” shaped space continuous with an interproximal space formed by the point of contact and the subsequent divergence of these contacting surfaces in an occlusal (incisal), gingival, facial or lingual direction.
Enameloplasty	The selected reshaping of the convolutions of the enamel surface (fissures and ridges) to form a more rounded or “saucer” shape to make these areas more clean able, finish able, and allow more conservative cavity preparation external outline forms.
Erosion	Abnormal dissolution of tooth substance by chemical substances; typically involves exposed cementum at the CEJ.
Exposure	*See “Pulp Exposure.”*
Fissure	A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes.
Flash	Excess restorative material extruded from the cavity preparation extending onto the unprepared surface of the tooth.

TERM	DEFINITION
Foundation	See *"Build Up."*
Gingival Recession	The visible apical migration of the gingival margin, which exposes the CE junction and root surface.
Gingival Wall	An internal cavity surface perpendicular to the long axis of the tooth near the apical or cervical end of the crown of the tooth or cavity preparation.
Gingivitis	Inflammation of the gingiva.
Glass Ionomer	Material containing polyacrylic acid and aluminosilicate glass that that can be used as restorative, lining or luting material.
Grainy	The rough, perhaps porous, poorly detailed surface of a material.
Ill-Defined	A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.
Infra-Occlusion	A tooth or restoration which lacks opposing tooth contact in centric when such contact should be present.
Interproximal Contact	The area of contact between two adjacent teeth; also called proximal contact.
Isthmus	A narrow connection between two areas or parts of a cavity preparation.
Keratinized Gingiva	In healthy mouths, this includes both the free marginal and attached gingiva which are covered with a protective layer of keratin; it is the masticatory oral mucosa which withstands the frictional stresses of mastication and toothbrushing; and provides a solid base for the movable alveolar mucosa for the action of the cheeks, lips and tongue.
Line Angle	The angle formed by the junction of two surfaces; in cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls.
Line of Draw	The path or direction of withdrawal or seating of a removable or cast restoration.
Liner	Typically, a material placed between dentin and a dental restoration to provide protection to the dentin and/or pulp. Examples of liners include Gluma, Vitrebond, Dycal and Cavitec.
Liner - Treatment	An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc.; also called therapeutic liner.
Long Axis	An imaginary straight line passing through the center of the whole tooth occlusoapically.
Marginal Deficiencies	Failure of the restorative material to properly and completely meet the cut surface of the cavity preparation; the marginal discrepancy does not exceed 0.5 mm, and the margin is sealed; may be either voids or under-contour.

TERM	DEFINITION
Marginal Excess	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also "*over-contoured," "flash," "over-extension."*
Mobility	The degree of looseness of a tooth.
Occluso-Axial Line Angle	In a casting preparation, the angle formed by the junction of the prepared occlusal and axial (lingual, facial, mesial, distal) surfaces.
Open Margin	A cavity margin or section of margin at which the restorative material is not tightly adapted to the cavity preparation wall(s); margins are generally determined to be open when they can be penetrated by the tine of a sharp dental explorer
Outline Form (External)	The external boundary or perimeter of the area of the tooth surface to be included within the outline or enamel margins of the finished cavity preparation.
Outline Form (Internal)	The internal details and dimensions of the finished cavity preparation.
Over-Contoured	Excessive shaping of the surface of a restoration so as to cause it to extend beyond the normal physiologic contours of the tooth when in health.
Over-Extension (Preparation)	The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Over-Extension (Restoration)	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also "*Over-Contoured," "Flash," "Marginal Excess."*
Overhang (Restoration)	The projection of restorative material beyond the cavosurface margin of the cavity preparation but which does not extend on to the unprepared surface of the tooth; also, the projection of a restoration outward from the nominal tooth surface; see also "*Flash."*
Path of Insertion	The path or direction of withdrawal or seating of a removable or cast restoration; see "*Line of Draw."*
Periapical	Area around the root end of a tooth.
Periodontitis	Inflammation of the supporting tissues of the teeth; usually a progressively destructive change leading to loss of bone and periodontal ligament; an extension of inflammation from gingiva into the adjacent bone and ligament.
Pits (Surface)	Small voids on the polished surface (but not at the margins) of a restoration.
Polishing (Restoration)	The act or procedure of imparting a smooth, lustrous, and shiny character to the surface of the restoration
Pontic	The suspended portion of a fixed bridge that replaces the lost tooth or teeth.

TERM	DEFINITION
Porous (Restoration)	To have minute orifices or openings in the surface of a restoration which allow fluids or light to pass through.
Provisional Restoration	Any restoration, which by its intent, is placed for a reduced period of time or until some event occurs; any restorative material can be placed as a provisional restoration; it is only the intent or the restoration and not the material which determines the provisional status.
Pulp Cap (Direct)	The technique of placing a base (usually a calcium hydroxide material) over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure; the decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed.
Pulp Cap (Indirect)	The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with a calcium hydroxide material to promote reparative dentin formation; the tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries.
Pulp Exposure (Carious)	The frank exposure of the pulp through clinically carious dentin.
Pulp Exposure (General)	The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.
Pulp Exposure (Irreparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is greater than 0.5 mm; the tooth had been symptomatic; the pulp hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic.
Pulp Exposure (Mechanical) (Unwarranted)	The frank exposure of the pulp through non-carious dentin caused by operator error, misjudgment, pulp chamber aberration, etc.
Pulp Exposure (Reparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.
Pulpal Wall	An internal cavity surface perpendicular to the long axis of the tooth; also pulpal floor.
Pulpoaxial Line Angle	The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.
Pulpotomy	The surgical amputation of the vital dental pulp coronal to the cementoenamel junction in an effort to retain the radicular pulp in a healthy, vital state.
Resistance Form	The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.

TERM	DEFINITION
Retention Form	The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.
Root Planing	A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.
Scaling	Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.
Surface Sealant Composite Resin Restoration Coating	After polishing, the application of the unfilled resin (bonding agent) of the composite resin system to the surface of the restoration to fill porosities or voids in the body of the restoration or at the margins or to provide a smooth surface to the restoration followed by curing.
Sealers	Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity; **Varnish:** A natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether; examples include Copalite, Plastodent, Varnish, and Barrier; **Resin Bonding Agents:** Include the primers and adhesives of dentinal and all-purpose bonding agents; examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.
Shade (Restoration)	The color of a restoration, as defined by hue, value, and chroma which is selected to match as closely as possible the natural color of the tooth being restored.
Shoulder Preparation	A shelf cut around the tooth as for a porcelain jacket crown.
Sound Tooth Structure	Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer
Stain - Extrinsic	Stain which forms on and can become incorporated into the surface of a tooth after development and eruption; these stains can be caused by a number of developmental and environmental factors.
Stain - Intrinsic	Stain which becomes incorporated into the internal surfaces of the developing tooth; these stains can be caused by a number of developmental and environmental factors.
Sonic Scaler	An instrument tip attached to a transducer through which high frequency current causes sonic vibrations (approximately 6,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Sterilization	A heat or chemical process to destroy microorganisms.

TERM	DEFINITION
Supra-Occlusion	A tooth or restoration which has excessive or singular opposing tooth contact in centric or excursions when such contact should not be present and should be balanced with the other contacts in the quadrant or arch.
Taper	To gradually become more narrow in one direction
Temporary Restoration	See "*Provisional Restoration.*"
Tissue Trauma	Unwarranted iatrogenic damage to extra/intraoral tissues resulting in significant injury to the patient such as lacerations greater than 3.0 mm, burns, amputated papilla, or large tissue tags.
Ultrasonic Scaler	An instrument tip attached to a transducer through which high frequency current causes ultrasonic vibrations (approximately 30,000 cps); these vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Uncoalesced	The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.
Under-Contoured	Excessive removal of the surface of a restoration so as to cause it to be reduced beyond the normal physiologic contours of the tooth when in health.
Undercut	. Feature of tooth preparation that retains the intra-coronal restorative material; an undesirable feature of tooth preparation for an extra-coronal restoration.
Under-Extension (Preparation)	Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Under-Extension (Restoration)	Restorative material which fails to extend to the cavosurface margin of the cavity walls thereby causing exposure of the prepared cavity wall.
Undermined Enamel	During cavity preparation procedures, an enamel tooth surface (particularly enamel rods) which lacks dentinal support; also called unsupported enamel.
Unsound Marginal Enamel	Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied.
Varnish	See "*Sealers.*"
Void(s)	An unfilled space within the **BODY** of a restoration or at the restoration margin which may or may not be present at the external surface and therefore may or may not be visible to the naked eye.

PART VIII
MODIFICATION REQUESTS

The concept of ideal cavity form is basic to the tenants of dental education and as such should be familiar to all candidates for licensure in dentistry The criteria established by CITA for evaluation of cavity preparations in the restorative sections, are based upon the candidate's preparation of an ideal cavity design for retention and resistance form. In the situation where the candidate contemplates that extension of the cavity preparation beyond ideal is necessary for complete removal of caries, the candidate should first prepare the cavity to ideal form and then submit a Modification Request to the Grading area, **BEFORE** extending the cavity preparation beyond ideal.

The Modification Request Form utilized to communicate with the Grading Station must be completed in its entirety. In the "Candidate Identification" box on the Modification Request Form, if a barcode label is not preprinted, the candidate must place a barcode label in the box. On the form, the candidate must denote whether this is the first, or a subsequent Modification Request, and whether it is for the amalgam or composite procedure. The Modification Request must be specific and denote:

1. "Type" of modification, Will it be made to the Internal or External Form ?
2. "Where" the modification of the preparation from ideal will occur,
3. "Why" the modification from ideal is required, (i.e. caries, undermined enamel)
4. "How Much" modification from ideal will occur. (Specifically .25mm to 2.0mm)

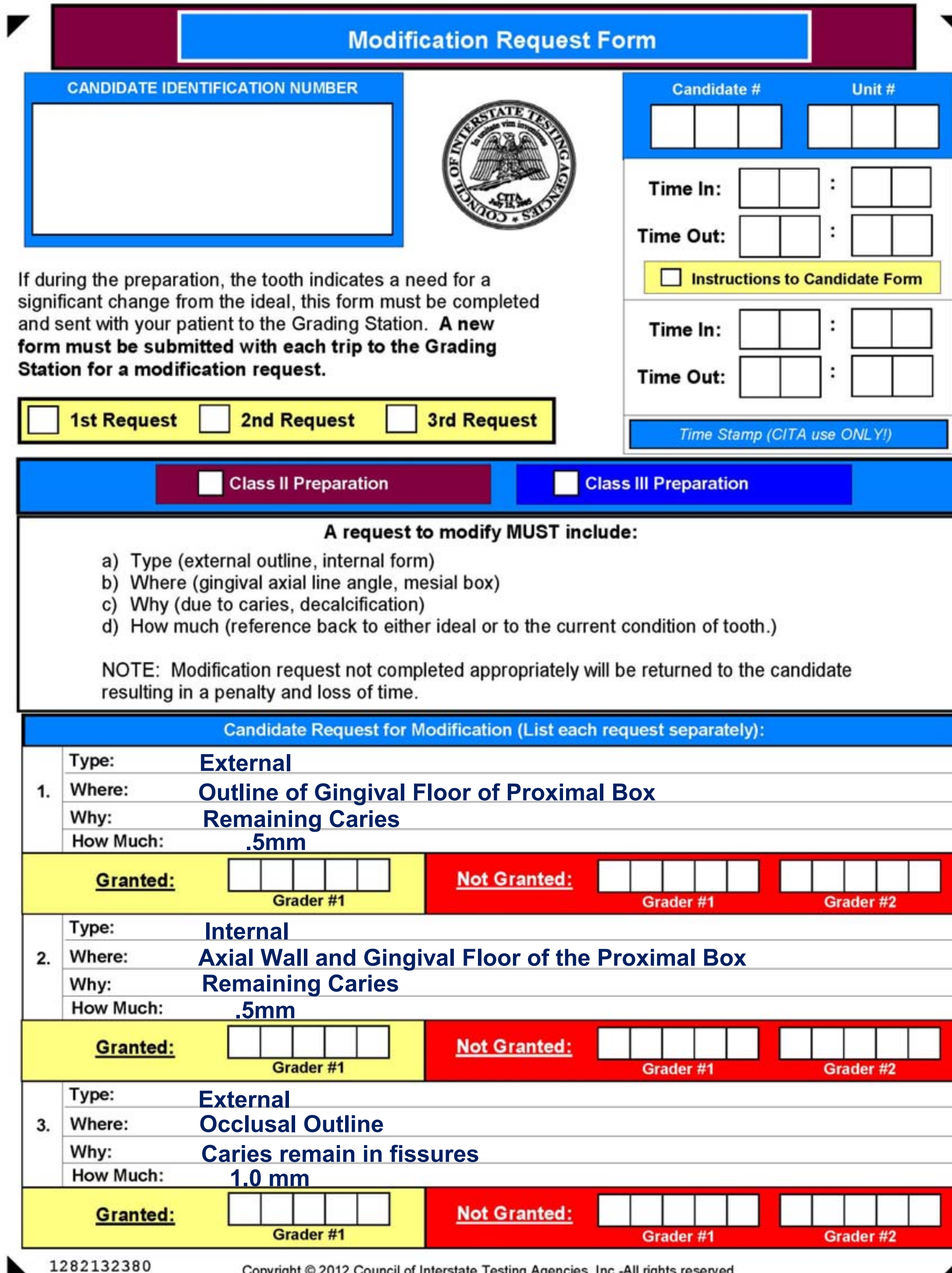
If the Modification Request Form is not properly completed in its entirety, it will be returned to the candidate for completion, and a penalty will be assessed.

The candidate must take the preparation to ideal form prior to submission for a Modification request. If the preparation is not taken to ideal form and a modification request is submitted to the Grading Station, the Modification Request will be denied and the Modification Request Form will be returned to the candidate with instructions that "cavity preparation must be taken to ideal before submission for a modification request," and a penalty will be assessed to the candidate.

For demonstration purposes on the following pages there is one illustration of an incorrect modification request scenario and correct modification request scenario. Candidates should consult the candidate presentations on the CITA website (www.citaexam.com) for further discussion and examples of modification requests.

Example One

Modification Request Form submitted to the Grading Station requesting a modification from ideal to remove remaining caries present on the gingival floor of the proximal box.



Modification Request Form

CANDIDATE IDENTIFICATION NUMBER

Candidate # | Unit #

Time In: :

Time Out: :

☐ Instructions to Candidate Form

Time In: :

Time Out: :

Time Stamp (CITA use ONLY!)

If during the preparation, the tooth indicates a need for a significant change from the ideal, this form must be completed and sent with your patient to the Grading Station. **A new form must be submitted with each trip to the Grading Station for a modification request.**

☐ 1st Request ☐ 2nd Request ☐ 3rd Request

☐ Class II Preparation ☐ Class III Preparation

A request to modify MUST include:

a) Type (external outline, internal form)
b) Where (gingival axial line angle, mesial box)
c) Why (due to caries, decalcification)
d) How much (reference back to either ideal or to the current condition of tooth.)

NOTE: Modification request not completed appropriately will be returned to the candidate resulting in a penalty and loss of time.

Candidate Request for Modification (List each request separately):

1.	Type:	External
	Where:	Outline of Gingival Floor of Proximal Box
	Why:	Remaining Caries
	How Much:	.5mm
	Granted: Grader #1	Not Granted: Grader #1 Grader #2
2.	Type:	Internal
	Where:	Axial Wall and Gingival Floor of the Proximal Box
	Why:	Remaining Caries
	How Much:	.5mm
	Granted: Grader #1	Not Granted: Grader #1 Grader #2
3.	Type:	External
	Where:	Occlusal Outline
	Why:	Caries remain in fissures
	How Much:	1.0 mm
	Granted: Grader #1	Not Granted: Grader #1 Grader #2

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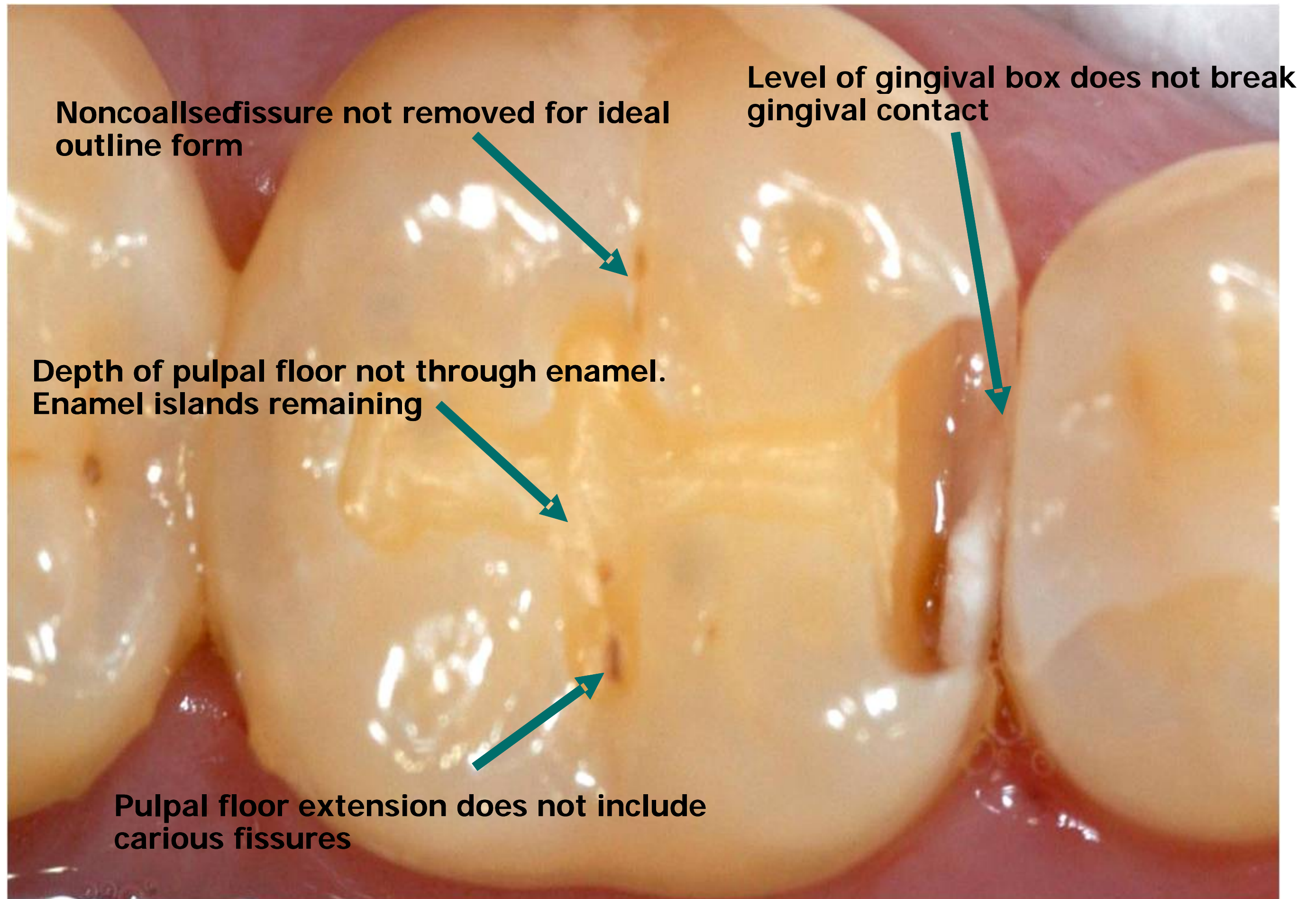


Incorrect Modification Request
(Not at Ideal Prep Stage)

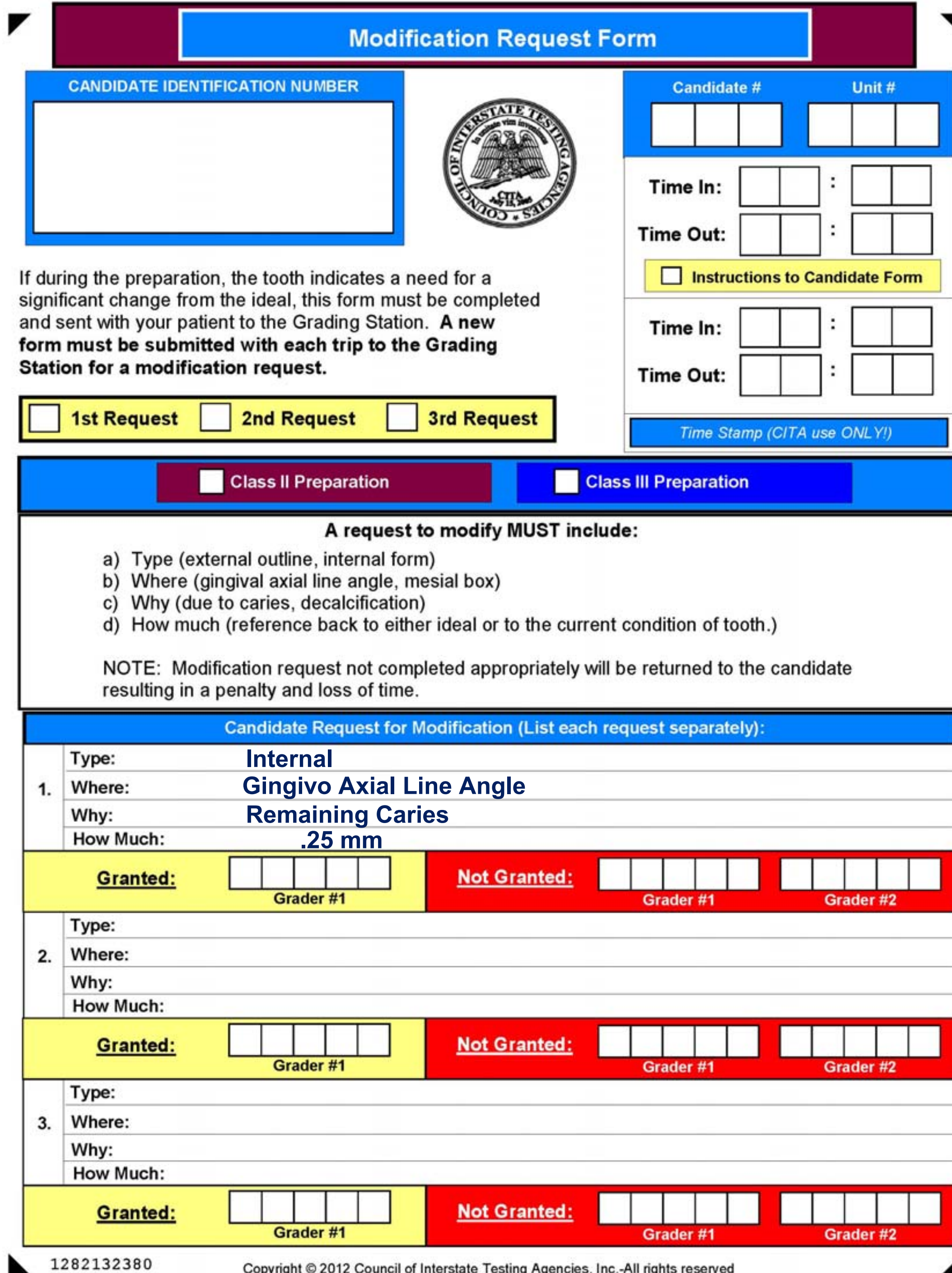
Clinical evaluation of the preparation reveals that while caries is present on the floor of the gingival box, and all defective fissures have not been removed from the outline form, the preparation has not been taken to ideal preparation stage based upon the following:

a. Depth of Pulpal floor is not through the enamel
b. Outline extension and Pulpal floor extension does not include carious fissures
c. Level of gingival box floor does not break gingival contact.

This Modification Request would be rejected with a notation made on an Instructions to Candidate Form that the candidate should take the initial cavity preparation to ideal before submission for modification request.

Example Two

Modification Request Form submitted to the Grading Station requesting a modification from ideal to remove remaining caries present on the axio gingival line angle and the axial wall of the proximal box.



Modification Request Form

CANDIDATE IDENTIFICATION NUMBER

Candidate # | Unit #

Time In: :

Time Out: :

☐ Instructions to Candidate Form

Time In: :

Time Out: :

Time Stamp (CITA use ONLY!)

If during the preparation, the tooth indicates a need for a significant change from the ideal, this form must be completed and sent with your patient to the Grading Station. **A new form must be submitted with each trip to the Grading Station for a modification request.**

☐ 1st Request ☐ 2nd Request ☐ 3rd Request

☐ Class II Preparation ☐ Class III Preparation

A request to modify MUST include:

a) Type (external outline, internal form)
b) Where (gingival axial line angle, mesial box)
c) Why (due to caries, decalcification)
d) How much (reference back to either ideal or to the current condition of tooth.)

NOTE: Modification request not completed appropriately will be returned to the candidate resulting in a penalty and loss of time.

Candidate Request for Modification (List each request separately):

1.	Type:	Internal
	Where:	Gingivo Axial Line Angle
	Why:	Remaining Caries
	How Much:	.25 mm
	Granted: Grader #1	**Not Granted:** Grader #1 Grader #2
2.	Type:	
	Where:	
	Why:	
	How Much:	
	Granted: Grader #1	**Not Granted:** Grader #1 Grader #2
3.	Type:	
	Where:	
	Why:	
	How Much:	
	Granted: Grader #1	**Not Granted:** Grader #1 Grader #2

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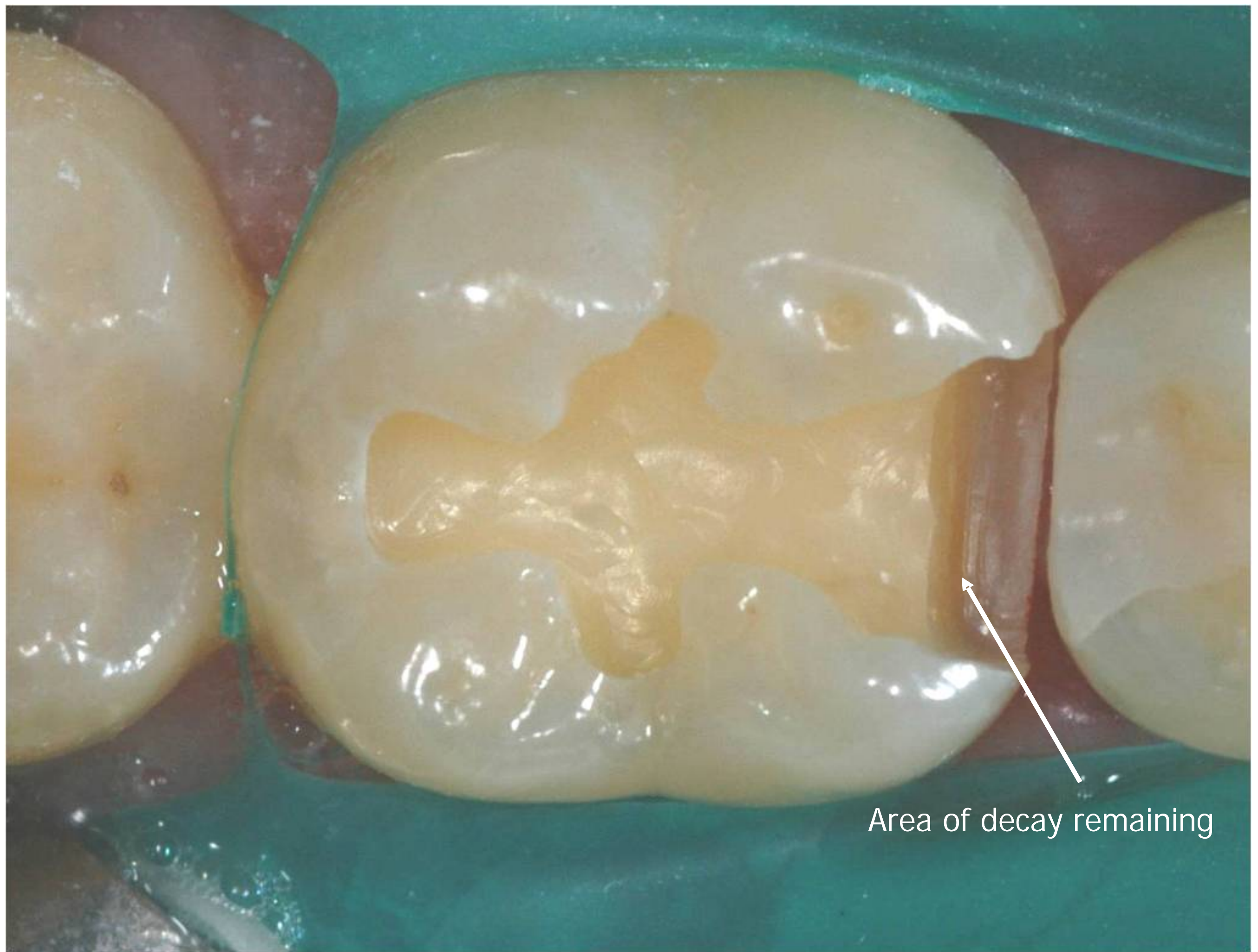

Correct Modification Request
(Ideal Prep Stage)

This modification request would be approved and the candidate would proceed with the removal of the remaining caries as indicated on the Modification Request Form. Note, the candidate should not remove more tooth structure than approved in the Modification Request. Should additional removal of tooth structure be indicated, the candidate must submit an additional Modification Request, BEFORE proceeding with the additional removal of tooth structure.

PART IX
RESTORATIVE EXAMINATION CRITERIA

CLASS II PREPARATION

EXTERNAL OUTLINE FORM

PROXIMAL CLEARANCE

Satisfactory

Proximal clearance at the height of contour is visibly open; but proximal clearance does not exceed 1.5 mm, on either one or both proximal walls.

Unsatisfactory

a) The proximal contact is not visibly open on either one or both proximal walls.

b) The proximal clearance at the height of contour extends beyond 1.5 mm.

Can have "a" & "b" as grade

EXTERNAL OUTLINE FORM

GINGIVAL CLEARANCE

Satisfactory

Gingival contact is visibly open but gingival clearance is less than 1.5 mm.

Unsatisfactory

a) The gingival contact is not visibly open.

b) The gingival clearance is greater than 1.5 mm.

Can have "a" and "b"

CLASS II PREPARATION

EXTERNAL OUTLINE FORM

ISTHMUS

Satisfactory

The isthmus width must be at least 1.0 mm but not greater than 1/2 the intercuspal width.

Unsatisfactory

a) The isthmus width is less than 1.0 mm.

b) The isthmus width is greater than ½ the intercuspal width and/or undermines the remaining cusps and/or marginal ridge.

EXTERNAL OUTLINE FORM

CAVOSURFACE MARGIN

Satisfactory

The external cavosurface margin provides for adequate dimension of restorative material. There are no gingival bevels. The gingival floor is flat, smooth and perpendicular to the long axis of the tooth.

Unsatisfactory

a) The external cavosurface margin does not provide for adequate dimension of restorative material and is likely to jeopardize the longevity of the tooth or restoration. There are areas of unsupported enamel which would make the restoration unserviceable.

b) The gingival floor is not flat, smooth and perpendicular to the long axis of the tooth and/or has a gingival bevel.

CLASS II PREPARATION

EXTERNAL OUTLINE FORM

OUTLINE SHAPE EXTENSION/SOUND MARGINAL TOOTH STRUCTURE

Satisfactory

The outline form includes all carious and non-coalesced fissures, is smooth, rounded and flowing; or is slightly inappropriately over-extended so that it minimally compromises the remaining marginal ridge and/or cusp(s), but the restoration will still be serviceable. The cavosurface margin terminates in sound natural tooth structure.

Unsatisfactory

a) The outline form is under-extended leaving non-coalesced fissure(s) which extend to the DEJ; or terminates in remaining restorative material.

b) The outline form is over-extended leaving the remaining marginal ridge and/or cusp(s) unsupported and/or the remaining marginal ridge is less than 1.0 mm in width.

INTERNAL FORM

AXIAL WALLS

Satisfactory

The axial wall is entirely in dentin and is less than 1.5 mm beyond the DEJ. Small islands of enamel may remain.

Unsatisfactory

a) The axial wall is predominantly in enamel.

b) The axial wall is extended more than 1.5 mm beyond the DEJ.

Can have "a" and "b" as grade for MOD prep

CLASS II PREPARATION

INTERNAL FORM

PULPAL FLOOR

Satisfactory

The pulpal floor is entirely in dentin, is smooth, flat and perpendicular to the long axis of the tooth and is no more than 1.5 mm beyond the DEJ. Small enamel islands may remain.

Unsatisfactory

a) The pulpal floor is predominantly in enamel.

b) The pulpal floor is more than 1.5 mm beyond the DEJ and/or is not smooth, flat and perpendicular to the long axis of the tooth.

INTERNAL FORM

PROXIMAL BOX WALLS

Satisfactory

The walls of the proximal box should be at least parallel to convergent occlusally and meet the external surface at a 90 degree angle so that minimal retention exists to prevent displacement of the restoration.

Unsatisfactory

The walls of the proximal box diverge occlusally, which offers no retention and will jeopardize the longevity of the tooth and/ or the restoration.

CLASS II PREPARATION

Critical Errors

0 Wrong tooth/surface treated.

0 Unrecognized exposure; unjustified exposure; or inappropriately treated exposure.

0 Retention, when used, grossly compromises the tooth or restoration. Features are misplaced, and compromise the tooth or restoration.

0 Caries remain within or contiguous with the preparation which is explorer penetrable

0 There is gross damage to the adjacent tooth/teeth to the extent that correction would change the interproximal shape, contour and/or contact; or the damage would require a restoration to be placed.

0 There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

0 There is gross mutilation of the tooth structure.

0 The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal preparation, such that caries remains in proximity to the preparation which is either visually or radiographically apparent.

CLASS II RESTORATION

MARGIN INTEGRITY AND SURFACE FINISH

MARGIN EXCESS/DEFICIENCY

Satisfactory

No significant marginal excess or deficiency is explorer detectable at the restoration-tooth interface. There is no evidence of open margins.

Unsatisfactory

a) Pits and voids exist at the restoration-tooth interface; or there is evidence of an open margin or marginal deficiency greater than 1.0 mm.

b) There is evidence of marginal excess of greater than 1.0 mm; or there is evidence of an overhang which is explorer detectable.

MARGIN INTEGRITY AND SURFACE FINISH

SURFACE FINISH

Satisfactory

The surface of the restoration is uniformly smooth to slightly rough and either free of pits and voids; or exhibits slight surface irregularities, including minor pits or voids.

Unsatisfactory

The surface is excessively rough; and/or contains significant pits or voids.

CLASS II RESTORATION

CONTOUR, CONTACT AND OCCLUSION

INTERPROXIMAL CONTACT

Satisfactory

The interproximal contact is present and the contact is visually closed and properly shaped and positioned; there is definite, but not excessive, resistance to waxed dental floss when passed through the interproximal contact area.

Unsatisfactory

a) The interproximal contact is visually open.

b) The interproximal contact is improperly formed; and/or shreds floss.

CONTOUR, CONTACT AND OCCLUSION

CENTRIC/EXCURSIVE CONTACTS

Satisfactory

Centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth in that quadrant; or in slight hyper-occlusion which can be corrected with minor adjustment.

Unsatisfactory

There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.

CLASS II RESTORATION

CONTOUR, CONTACT AND OCCLUSION

ANATOMY/CONTOUR

Satisfactory

The restoration reproduces the normal physiological proximal contours of the tooth, occlusal anatomy and marginal ridge anatomy.

Unsatisfactory

The restoration does not reproduce the normal physiological proximal contours, occlusal anatomy and marginal ridge anatomy of the tooth, and may be expected to adversely affect the tissue health.

Critical Errors

0 Restoration is not cured and/or adherent to preparation walls

0 There is a fractured and/or dislodged restoration requiring replacement.

0 There is damage to the treated tooth that requires further restoration.

0 There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissues.

0 There is gross iatrogenic damage to the soft tissue that is inconsistent with the procedure and pre-existing condition of the soft tissue.

0 The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal prep state, or placement of the subsequent restoration, such that caries remains in proximity to the restoration which is either visually or radiographically apparent.

PART V

CLASS III PREPARATION

EXTERNAL OUTLINE FORM

OUTLINE EXTENSION

Satisfactory

The outline form provides adequate access for complete removal of caries; the facial cavosurface margin, if broken, may extend no more than 1.0 mm beyond the contact area.

Unsatisfactory

a) The outline form is not of adequate size to allow for complete removal of all caries and/or is under-extended providing inadequate retention.

b) The facial cavosurface margin extends more than 1.0 mm beyond the contact area; or the entry surface is grossly over-extended based upon the requirements for caries excavation.

EXTERNAL OUTLINE FORM

GINGIVAL CLEARANCE

Satisfactory

The gingival contact is broken but gingival clearance is less than 1.0 mm. The incisal contact need not be broken, unless indicated by the location of the caries.

Unsatisfactory

a) Gingival contact is not broken.

b) The gingival clearance is greater than 1.0 mm and is over-prepared relative to the extent of existing caries.

CLASS III PREPARATION

EXTERNAL OUTLINE FORM

MARGIN SMOOTHNESS/CONTINUITY BEVELS

Satisfactory

The cavosurface margins form a smooth continuous curve with no sharp angles; or are slightly irregular. Enamel cavosurface margins may be beveled, and if present, bevels do not exceed 1.0 mm in width.

Unsatisfactory

a) The cavosurface margin is severely irregular and/or rough.

b) Enamel cavosurface margin bevels, if present, exceed 1.0 mm in width; or are inappropriate for the size of the restoration.

Can have “a” or “b” as a grade

EXTERNAL OUTLINE FORM

SOUND MARGINAL TOOTH STRUCTURE

Satisfactory

The cavosurface margin terminates in sound natural tooth structure which consists of enamel adequately supported by underlying dentin.

Unsatisfactory

There are large and/or multiple areas of unsupported enamel.

CLASS III PREPARATION

INTERNAL FORM

AXIAL WALLS

Satisfactory

The axial wall is either entirely in dentin or exhibits small islands of enamel and the depth is no more than 1.5 mm from the DEJ.

Unsatisfactory

a) The axial wall remains predominantly in enamel.

b) The depth of the axial wall is more than 1.5 mm beyond the DEJ.

INTERNAL FORM

SMOOTHNESS

Satisfactory

All internal prepared surfaces are either smooth and well-defined; or only slightly rough and irregular.

Unsatisfactory

The internal walls are significantly rough and irregular.

CLASS III PREPARATION

Critical Errors

0 Wrong tooth/surface treated.

0 Unrecognized exposure; unjustified exposure; or inappropriately treated exposure.

0 Caries remain within or contiguous to the preparation which is explorer penetrable. and/or clinically visible.

0 There is gross damage to the adjacent tooth/teeth to the extent that correction would change the interproximal shape, contour and/or contact; or the damage would require a restoration to be placed.

0 There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

0 The incisal cavosurface margin is over-extended so that the incisal angle is removed, undermined, and/or fractured; or there is gross mutilation of the tooth structure that is excessive and/or encroaches on the pulp.

0 The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal prep state, such that caries remains in proximity to the preparation which is either visually or radiographically apparent.

PART V

CLASS III RESTORATION

MARGIN INTEGRITY AND SURFACE FINISH

MARGIN EXCESS/DEFICIENCY

Satisfactory

No significant marginal excess or deficiency is explorer detectable at the restoration-tooth interface. There is no evidence of an open margin(s).

Unsatisfactory

a) Pits and voids exist at the restoration-tooth interface; or there is evidence of an open margin or marginal deficiency greater than 1.0 mm.

b) There is evidence of a marginal excess of greater than 1.0 mm; or there is evidence of an overhang that is explorer detectable

MARGIN INTEGRITY AND SURFACE FINISH

SURFACE FINISH

Satisfactory

The surface of the restoration is either uniformly smooth and free of pits and voids; or is slightly rough exhibiting minor surface irregularities, pits or voids.

Unsatisfactory

The surface is excessively rough; and/or contains significant pits or voids.

CLASS III RESTORATION

CONTOUR, CONTACT AND OCCLUSION

INTERPROXIMAL CONTACT

Satisfactory

The interproximal contact is present; the contact is visually closed and is properly shaped and positioned; there is definite, but not excessive, resistance to waxed dental floss when passed through the interproximal contact area.

Unsatisfactory

a) The interproximal contact is visually open.

b) The interproximal contact is improperly formed and/or shreds floss; and/or does not allow floss to pass through the contact area.

CONTOUR, CONTACT AND OCCLUSION

CENTRIC/EXCURSIVE CONTACTS

Satisfactory

Centric and excursive contacts on the restoration are consistent in size, shape and intensity with such contacts on other teeth in that sextant; or in slight hyper-occlusion which can be corrected with minor adjustment.

Unsatisfactory

There is gross hyper-occlusion so that the restoration is the only point of occlusion in that sextant.

CLASS III RESTORATION

CONTOUR, CONTACT AND OCCLUSION

ANATOMY/CONTOUR

Satisfactory

The restoration reproduces the normal physiological anatomy and proximal contours of the tooth.

Unsatisfactory

The restoration does not reproduce the normal physiological anatomy and proximal contours of the tooth and would be expected to adversely affect the tissue health.

Critical Errors

0 Restoration is not cured and/or adherent to preparation walls.

0 There is a fractured and/or dislodged restoration requiring replacement.

0 There is damage to the treated tooth that requires further restoration.

0 There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissues.

0 There is gross iatrogenic damage to the soft tissue inconsistent with the procedure and pre-existing condition of the soft tissue.

0 The initial qualifying carious lesion has not been engaged by the candidate in the development of the initial ideal prep state, or placement of the subsequent restoration, such that caries remains in proximity to the restoration which is either visually or radiographically apparent.