

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.

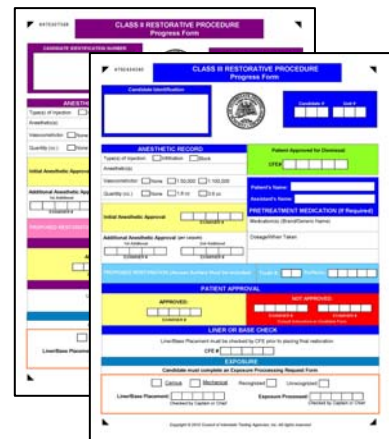
28. **Premedication Record**

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.

PRETREATMENT MEDICATION (If Required)	
Medication(s) (Brand/Generic Name)	
Dosage/When Taken	

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.

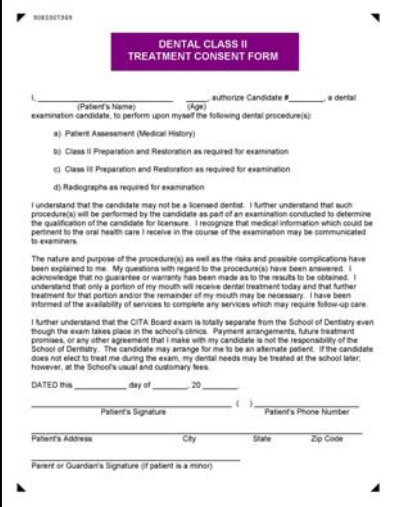
32. **Rubber Dam Isolation**

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.



The image shows a 'DENTAL CLASS II TREATMENT CONSENT FORM'. It includes fields for Patient's Name, Age, and Candidate #. The form lists procedures: Patient Assessment (Medical History), Class II Preparation and Restoration as required for examination, and Radiographs as required for examination. It contains several paragraphs of consent text, including a statement of understanding that the candidate may not be a licensed dentist and that the candidate acknowledges no guarantee or warranty has been made. At the bottom, there are fields for 'DATED this ___ day of ___ 20___', 'Patient's Signature', 'Patient's Phone Number', 'Patient's Address', 'City', 'State', 'Zip Code', and '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.

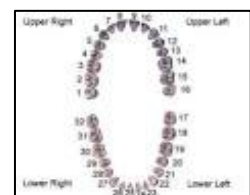
Failure to provide appropriate documentation will result in the patient NOT being accepted for the examination.

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.



7. Modifications from the Ideal

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.

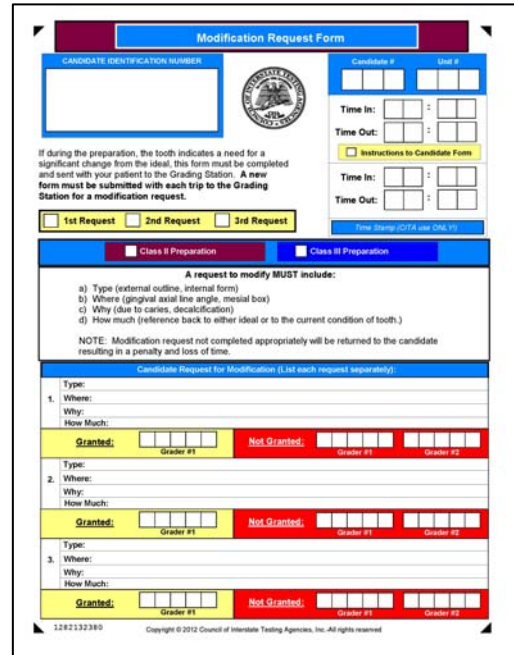
If the Modification Request is approved, the candidate must then remove ALL pre-existing restorative material prior to submitting the preparation for another Modification Request or for evaluation of the Class II/Class III Preparation.

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.




The image shows a 'Modification Request Form' with a header and several sections. The header includes 'CANDIDATE IDENTIFICATION NUMBER' and 'Candidate #'. Below the header, there are instructions: '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.' The form has three request sections: '1st Request', '2nd Request', and '3rd Request'. Each section includes a 'Type' field, 'Where' (gingival axial line angle, mesial box), 'Why' (due to caries, decalcification), and 'How Much' (reference back to either ideal or to the current condition of tooth). There are also 'Granted' and 'Not Granted' checkboxes for each request. The form is titled 'Modification Request Form' and includes a logo for the Council of Interstate Testing Agencies, Inc. (CITA).




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			
<div style="border: 2px solid #0070C0; padding: 5px; min-height: 60px;">CANDIDATE IDENTIFICATION NUMBER</div>		Candidate #	Unit #
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>
		<input type="checkbox"/> Instructions to Candidate Form	
		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>
<input type="checkbox"/> 1st Request <input type="checkbox"/> 2nd Request <input type="checkbox"/> 3rd Request			
<input type="checkbox"/> Class II Preparation		<input type="checkbox"/> 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: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Grader #1		Not Granted: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Grader #1 Grader #2	
2.	Type: Internal	Where: Axial Wall and Gingival Floor of the Proximal Box	
	Why: Remaining Caries	How Much: .5mm	
Granted: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Grader #1		Not Granted: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Grader #1 Grader #2	
3.	Type: External	Where: Occlusal Outline	
	Why: Caries remain in fissures	How Much: 1.0 mm	
Granted: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Grader #1		Not Granted: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Grader #1 Grader #2	
Time Stamp (CITA use ONLY!)			

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			
<div style="border: 2px solid #0070C0; padding: 5px; min-height: 60px;">CANDIDATE IDENTIFICATION NUMBER</div>		Candidate # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Unit # <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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.		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	<input type="checkbox"/> Instructions to Candidate Form
<input type="checkbox"/> 1st Request <input type="checkbox"/> 2nd Request <input type="checkbox"/> 3rd Request		Time In: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> Time Out: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/>	Time Stamp (CITA use ONLY!)
<input type="checkbox"/> Class II Preparation		<input type="checkbox"/> 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: <input style="width: 40px; height: 20px;" type="text"/> Grader #1	Not Granted: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Grader #1 Grader #2
2.	Type: Where: Why: How Much:	Granted: <input style="width: 40px; height: 20px;" type="text"/> Grader #1	Not Granted: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Grader #1 Grader #2
3.	Type: Where: Why: How Much:	Granted: <input style="width: 40px; height: 20px;" type="text"/> Grader #1	Not Granted: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Grader #1 Grader #2