

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 Parts IV and V

Candidates **MUST** be present for registration between 7:00 am – 7:15 am, for specific instructions and distribution of examination materials. 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 Certification of Presentation, Examination Preparation, Incident Disclaimer and Radiograph Verification/Follow-Up Care Forms. Extra forms will be available in the room designated for Registration between 6:45 am and 7:00 am. Candidates who do not have the required identification and completed forms **WILL NOT** be admitted to the examination. Candidates who do **NOT** attend the registration and/or are **NOT** registered between

4. Tooth Selection

Candidates are responsible for independently (without the help of faculty and/or colleagues) selecting patients who fulfill the published criteria.

Under no circumstances can anesthetic solution be administered prior to patient approval by a CITA examiner. Anesthetic type and quantity must be listed on the Progress Form as part of the Patient approval process.

The following guidelines must be adhered to insofar as tooth selection for Part V is concerned:

Class II Amalgam Preparation and Restoration Procedures

When selecting a tooth for the Class II Amalgam Preparation and Restoration procedures, the tooth selected must be a permanent posterior tooth 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.
- **Pre-existing restorations and/or sealants ARE 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.
- Caries must extend radiographically to approximate the DEJ (at least halfway through the enamel) or there must be visual clinical evidence that the lesion is at least halfway through the enamel.

- An MOD treatment selection must have at least one proximal contact, which is visually closed, with a 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.

Class III Composite Preparation and Restoration Procedures

The acid-etched, resin-bonded composite must be a Class III restoration, 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.
- **Pre-existing restorations and/or sealants ARE 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 Composite 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 approximate the DEJ (at least halfway through the enamel) and/or there is clinical evidence of equivalent depth (i.e. transillumination reveals a lesion of equivalent depth).

7:00 am – 7:15 am **WILL NOT** be allowed to participate in the examination. Registration of candidates will closed promptly at 7:15 am and no additional candidates will be registered after that time. THERE WILL BE NO EXCEPTIONS.

9. 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 Amalgam or Composite Preparation.**

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

Examples of “correct” and “incorrect” modification requests can be found in Appendix C.

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