2015 DENTAL HYGIENE MANUAL UPDATES (04-07-2015)

The 2-12-15 version of the manual is our current version. Below are updates to that manual.

02-10-2015
- Removed from Page 29 “For the purposes of this examination, incisors are considered anterior teeth while canines are considered posterior teeth.”

02-12-2015
- Removed from page 25 “or an acceptable back-up patient must be approved” this was confusing since back up patients are not allowed for the hygiene exam.
- Added to page 30 “Candidates should print a copy of their online treatment selections and bring to exam.”

03-03-2015
- Changed PCV 12 Hu-Friedy PH-6 Color Vue to Williams Markings Probe.
- Changed probe on sample Evaluation Station form to Williams Markings Probe.
- Added 2015 Interpreter Form Sample
- Clarified wording for uploading candidate application form.

03-12-2015
- Corrected typo on page 32 (Loss to Lose)
- Remove ODU from 11/12 explorer. Any 11/12 explorer can be used.

03-18-2015
- Page 29 changes highlighted. The following is the updated section:

  Calculus - There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth, and no more than four surfaces may be on incisors. Three of the 12 identified surfaces of calculus must be on interproximal surfaces of molars and/or premolars. The canines are considered posterior surfaces but do not qualify as interproximal surfaces.

04-07-2015
- Page 11 Addition – CSCE (Computer Simulated Clinical Examination) $100 fee added to fee chart. Meets Extra/Intra oral exam required by some non-CITA member dental boards.
- Added to Page 18 the following section:

  CSCE

  The CSCE (Computer Simulated Clinical Examination) is an optional computerized exam for Hygiene candidates. Some Dental Board require candidates to take an Extra/Intra oral exam in addition to their clinical boards, before they can be granted a license. In order to help candidates meet this requirement, candidates may register to take the CSCE exam through CITA. CITA member state do not require this at this time. However, it is the
candidate's responsibility to understand the licensing requirements from the Dental Board where they plan to apply for a license.

In order to apply for the CSCE exam, candidates must have a verified online CITA Profile (See page 7). Once verified, candidates will click on the Apply tab and select the CSCE exam. After the payment has been made, approval will be sent to PSI. PSI will send an email to the candidate when PSI is ready to schedule the CSCE exam with the candidate. A current listing of the locations of PSI Testing Centers can be found on the PSI website at www.psiexam.com.

Appointments must be scheduled with a minimum of 24-hour notice. Appointments are made based on availability. Check the Apply tab of your candidate profile for your eligibility number and CSCE scheduling instructions.

For the fastest and most convenient test scheduling process, PSI recommends that candidates register for their exams using the Internet. Candidates register online by accessing PSI’s registration website at www.psiexams.com. Internet registration is available 24 hours a day. In order to register by Internet, complete the steps below:
1. Log onto PSI’s website, select Certification/Professional Associations and then select the link associated with the CITA examination. Complete the associated registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available exam dates and locations for scheduling your examination. Select your desired testing date and location.

Candidates must provide no less than a 48-hour notice (Monday-Friday) to reschedule/cancel their testing appointment. Rescheduling/cancellation is done through PSI’s Central Registration Office, NOT the local testing center. Failure to provide 48-hours’ notice will result in forfeiture of the CSCE exam fee. The cost of the CSCE is $100.

Requests for waivers must be submitted to PSI in writing within 72 hours of the testing appointment and must include a doctor’s note verifying a medical emergency. Candidates who fail to appear for their scheduled test appointment will be reported as a no-show and will need to reschedule as a retest candidate through CITA after paying the CSCE fee of $100. Please note the CSCE scores will be released to a Candidates profile (results tab). Candidates must use the Duplicate Score process to have CSCE scores sent to a State Dental Board.
CITA
DENTAL HYGIENE

2015 CANDIDATE MANUAL

Council of Interstate Testing Agencies, Inc.
1003 High House Road, Suite 101
Cary, NC 27513
www.citaexam.com

Registration information included
Please read this manual in detail prior to attending the examination

Copyright © 2015 Council of Interstate Testing Agencies, Inc.
ATTENTION DENTAL HYGIENE CANDIDATES

The CITA Dental Hygiene Examination is administered on behalf of a number of state dental boards and in accordance with state licensing requirements. This examination should be valid in any state accepting the CITA Dental Hygiene Examination. However, to be certain, candidates should check with the state dental board of any state in which they wish to be licensed to determine whether this examination will qualify them for licensure in that state.

This manual is published by the Council of Interstate Testing Agencies, Inc. and is specific to the administration of that examination. For information about examination sites, dates, deadlines and fees, visit the CITA website at www.citaexam.com.

Occasionally examinations are interrupted or postponed because of hurricanes, blizzards, other severe weather, power outages, or similar occurrences. CITA reserves the right in its sole discretion, to delay, halt, postpone, or cancel an examination because of unforeseen and serious events. In the event of predicted severe weather events, candidates should monitor the testing agency website and email for site specific candidate information.

Council of Interstate Testing Agencies
1003 High House Road, Suite 101
Cary, North Carolina 27513
Telephone: (919) 460-7750  ●  Fax (919) 460-7715
info@citaexam.com  ●  http://www.citaexam.com
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This manual has been developed to provide the candidate with the information required to be successful on the CITA Dental Hygiene examination. 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). There may also be other test related material sent to candidates directly by the CITA office should the need arise.

The electronic scoring and patient management software is currently utilized for both the dental periodontal examination as well as the dental hygiene examination. There may be some forms and electronic pages that refer to a “periodontal” process and/or examination. Please understand that this scoring system does reflect the current dental hygiene examination and process.

All candidates who participate in the CITA Dental Hygiene examination are responsible for reading and understanding the CITA Dental Hygiene examination manual, any website documented changes to the published CITA manual, 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 via email. (See contact information below)

Prior to taking the CITA examination, each candidate will be required to sign forms certifying that he/she reviewed the 2015 CITA manual, and read other material provided by CITA.

Please see the Registration and Administrative Guidelines section for step-by-step instructions on how to register for the Dental Hygiene exam through CITA. During the online registration process, candidates are required to create a unique profile that contains all relevant contact information. It is extremely important that candidates maintain a current email and physical mailing address with CITA. This is the only way to ensure that there will be a timely receipt of important materials from CITA.
About CITA

The Council of Interstate Testing Agencies, Inc. (CITA) is a non-profit corporation which serves the community as an independent regional testing agency. CITA now administers the ADEX Dental examination and the CITA Dental Hygiene examination. Regional testing agencies contract with individual boards of dentistry to administer the clinical examination required for licensure in those states/jurisdictions. Regional testing agencies DO NOT have the authority to license individuals or implement policy that goes beyond the laws of its member states/jurisdictions. Furthermore, regional testing agencies should not be confused with state boards of dentistry. Therefore, it is the obligation of the candidate to ascertain the necessary qualifications and procedures necessary to obtain licensure in the intended jurisdiction of practice, prior to the candidate undertaking any activity or activities which may constitute the practice of dentistry.

CITA MISSION STATEMENT: “CITA’s mission is to provide psychometric, technical and administrative services in the administration and delivery of clinical licensure examinations in dentistry and dental hygiene. CITA will demonstrate integrity and fairness as it provides assistance to state boards of dentistry in their mission to protect the health, safety and welfare of the public by assuring that only competent and qualified individuals are allowed to practice dentistry and dental hygiene.”

CITA-member states map:

![CITA-member states map](image)

The CITA Dental Hygiene exam is currently accepted in 26 states:
The CITA Dental Hygiene Examination

I. Registration & Administrative Guidelines
This section of the manual is designed to serve as an adjunctive aid for candidates applying for the CITA Dental Hygiene examination. It provides a detailed description of the utilization of the electronic registration process.

**Candidate Profile and Registration**

Applicants are required to fully complete an online profile via [https://cita.brighttrac.com](https://cita.brighttrac.com) prior to being permitted to register for a dental hygiene examination.

Candidates should create their required profiles well in advance of a published deadline. Profiles must be verified in order to apply for any exam date. Late fees will be assigned for any exam registrations that are submitted after the examination’s thirty (30) day deadline. Verification can take up to two (2) weeks. Therefore, candidates should plan accordingly when beginning the registration process. See the CITA website at [www.citaexam.com](http://www.citaexam.com) for specific deadlines for each exam.

**Step by Step Online Registration Process**

Applying online is a multi-step process:

**STEP 1: CLICK**

Go To: [https://cita.brighttrac.com/](https://cita.brighttrac.com/)

Click the *fill out a basic profile* link and complete the form.

The email address you enter will become your username to login to your profile and will be used to communicate your site assignment and notify you when results are available for release. Double check your email address and choose a secure password.

**TO RESET YOUR PASSWORD AT ANY TIME, PLEASE CONTACT THE CITA OFFICE**

Once you have created your login and password, you will see your Dashboard which will include the following tabs:

**Dashboard.** Under this tab the candidates find a list of items they must submit for their CITA profile and the status of each item.

- Check Mark = completed item
- Exclamation Mark = item requires attention

**Profile.** Under this tab candidates can view and edit their personal information and upload their photo, proof of graduation form (s), scheduling requests, name change, etc.

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

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

**Results.** Candidate results will be posted under this tab once they are finalized and released. Candidates receive an email when scores have been released stating that they should check their profile.

- **If your name changes, you must upload supporting documentation to the “Name Document” area under the Profile tab of your candidate profile.** Please contact the CITA office if you are having any difficulty.

- **Please ensure that your mailing address/email address remain current.** You may change your mailing address/email address in your online candidate profile. Please contact the CITA office if you are having any difficulty.

The screenshot seen below will be displayed each time the candidate logs in to his/her profile. The Dashboard tab is displayed by default. Here the candidate will find a list of current items and his/her status:

- **Check Mark = completed item**
- **Exclamation Mark = item requires attention**
STEP 2: UPLOAD PHOTO

On your Dashboard page, you will be prompted to upload a photo in which you are wearing professional attire or clinically-acceptable scrubs. Click the Upload link and follow the instructions. A current passport quality photo is required. All photos will be reviewed by CITA and may be rejected if they are not found to be acceptable for identification purposes. Submitting an unacceptable photo will delay your registration, as this photo will be printed on your ID badge for wear at all times during the exam.

- Photos must be in one of the following formats: JPG/JPEG, GIF, or PNG.
- Photos must be square and have a minimum resolution of 200 x 200 and a maximum resolution of 500 x 500. Photos must be displayed in the upright position.
- Candidates must be wearing professional or clinical attire.
- The candidate’s photo must be a front facing headshot in the format that would be used for a passport. The candidate’s name must not be visible on the photo. A white background should be used.
- Photos must be resubmitted if any visible changes (such as hair color, facial hair, hair length) in appearance have taken place prior to exam. The candidate’s photo must match your current appearance the day of the exam.

The candidate’s name on both forms of ID must match exactly the name used for registration. If the name on the identification presented differs from the name (other than middle name or initial) used for registration, official documentation or authorization of a name change must be presented for admittance to the examination. If a candidate is not admitted because he/she fails to provide this documentation, his/her examination fee will be forfeited.
STEP 3: UPLOAD PROOF OF GRADUATION

All applicants must complete the Dental Hygiene Candidate Application Form. This form can be found on the CITA website at www.citaexam.com.

Applicants should follow the application directions for their qualifying category.

Dental Hygiene Program STUDENT:

A graduating dental hygiene student may not participate in a CITA examination unless approved by their Dental Hygiene Program Director (or designee). Applicants must have their Dental Hygiene Candidate Application form signed by Dental Hygiene Program Director (or designee) before they have it notarized. Once the form has been completed, the applicant must scan the form and create a PDF file. They will upload this file to the “Proof of Graduation” area in their profile. APPLICANTS DO NOT NEED TO MAIL IT TO THE CITA OFFICE.

Dental Hygiene Program GRADUATE:

Applicants who have graduated from a qualified dental hygiene program and who are eligible to apply to take the CITA Dental Hygiene examination are required to upload a copy of their diploma along with their Dental Candidate Application Form. Combine the following applicable forms into one PDF file and subsequently upload the file with both forms into the “Proof of Graduation” area (Profile tab of online candidate profile). FORMS DO NOT NEED TO BE MAILED TO CITA.

Only applicants who are enrolled or have graduated from Dental Hygiene programs accredited by the American Dental Association Commission on Dental Accreditation (ADA/CODA) or by the Commission on Dental Accreditation of Canada (CDAC) are eligible to apply for the CITA dental hygiene licensure examination. International graduates must contact the CITA office for registration assistance.
STEP 4: APPLY

After your profile and graduation status are verified, you will be able to click on the Apply tab to register for examinations. Follow the options to select an exam location and date. Verify that you have applied for the correct exam by clicking on the Apply tab of your candidate profile.

Assignment Priorities:

STUDENTS OF RECORD:

Greater than 60 days prior to the exam date, only candidates of record at the exam site will be accepted to that exam. Applicants who have not been accepted to the exam will be notified via email from the CITA office within one week following the 60-day deadline, and alternate exam date options will be presented. If the exam is full, contact the CITA office for assistance. *NOTE: Candidates’ “Exam Status” on their online profiles will remain “tentative” until the exam has officially closed (30-days prior to exam).

NON-STUDENTS OF RECORD:

Between 59 and 30 days prior to the exam date, the assignments to the test site will be based on a first come, first served basis. Applicants may register and pay for their exam at any time. However, they will not be assigned to an exam (if seats are available) until 59 days prior to the exam. Applicants will continue to be assigned to a test site until all seats/chairs at the test site are taken. If the exam is full and you cannot register, you must choose an alternative exam date as well as email the CITA office at sstiegler@citaexam.com to be placed on a waitlist for your preferred exam. *NOTE: Candidates’ “Exam Status” on their online profiles will remain “tentative” until the exam has officially closed (30-days prior to exam).

STEP 5: PAY

The candidate will be prompted to submit payment for the examination they selected in STEP 4. CITA accepts VISA and MasterCard only. Debit cards may be used if allowable by the issuing bank and bears the VISA or MasterCard logo. All payments are drawn immediately and must be paid in full. Failure to pay the registration fee at the time of registration may forfeit the candidate’s ability to sit for the examination. Initial registration fees that are not paid within 72 hours of completing Step 4 may be dropped from the candidate’s profile.

<table>
<thead>
<tr>
<th>FEE DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial application fee</td>
<td>$950.00</td>
</tr>
<tr>
<td>ADHP State only application fee</td>
<td>$400.00</td>
</tr>
<tr>
<td>Late application fee</td>
<td>$500.00</td>
</tr>
<tr>
<td>Examination review fee</td>
<td>$125.00</td>
</tr>
<tr>
<td>Administrative Fee (including, but not limited to deferrals, refunds, and corrections)</td>
<td>$200.00</td>
</tr>
<tr>
<td>Duplicate Score Request (request for score report for jurisdictions not currently member states/jurisdictions of CITA)</td>
<td>$35.00</td>
</tr>
<tr>
<td>Request for candidate manuals for jurisdictions not currently member states/jurisdictions of CITA</td>
<td>$50.00 each</td>
</tr>
<tr>
<td>Testing site fees (facility, staff, equipment, instrument (if provided) and/or supply fees)</td>
<td>See Examination Forms</td>
</tr>
</tbody>
</table>
Failure to pay the initial registration fees within 72 hours will result in the candidate being automatically dropped from the exam for which the candidate has begun registration.

**BEFORE PAYING:** IF YOUR PAYMENT BALANCE DOES NOT MATCH WHAT YOU HAD ANTICIPATED YOUR EXAM COST WOULD BE, PLEASE CONTACT THE CITA OFFICE WITHIN YOUR 72 HOURS. FAILURE TO DO SO MAY DELAY ENTRANCE INTO AN EXAM. NO PAYMENT ADJUSTMENTS WILL BE MADE ONCE AN EXAM HAS BEEN CLOSED. PAYMENT ADJUSTMENTS MADE AFTER CREDIT CARD PAYMENT HAS BEEN MADE MAY RESULT IN A $200 ADMINISTRATIVE FEE OR A DELAY IN REFUND UNTIL THE CANDIDATE HAS COMPLETED THE EXAM.

NOTE: Students of record will only be charged the application fee at the time of registration. Facility and staffing fees will be assessed SEPARATELY if different than non-students of record. All such fees must be paid prior to the 30-day deadline.

**SEE FACILITY FEES CHART FOR YOUR SITE’S FACILITY FEES (APPENDIX B)**

**Late Applications**

All applicants who apply after the published deadline will be assessed a $500 late application fee and should be paid within seventy-two (72) hours. Candidates will be accepted only if space is available and after any wait list has been exhausted. No late applications will be accepted once the exam is fewer than 15 days in the future. Candidates who are applying late need to contact the CITA office for assistance.

**Fee Deferrals and Refunds**

Requests **MUST** be made in writing to CITA via email, fax, or US Postal Service and **MUST** state the reason for the request or transfer. Notification will be sent immediately after a determination is made. Should a fee deferral be granted, the terms and conditions for a future examination will be included. It should be noted that a “request for” and the “granting of” a deferral does not guarantee seating at the requested examination site. Such seating will be assigned in accordance with CITA’s exam seating assignment priorities as described earlier in this section.

Fee deferrals and refunds will **NOT** be given for a patient’s failure to appear, non-acceptability of a patient, or a candidate’s inability to secure patients for the examination, as patient approval is considered part of the examination.

Requests for the examination fee to be deferred to a later examination within the examination cycle or to be refunded will be as follows:

<table>
<thead>
<tr>
<th>30 days or more prior to exam</th>
<th>29-14 days prior to exam</th>
<th>13 days prior to exam – day 1 of exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full refund minus $200.00 administrative fee</td>
<td>50% of all fees paid minus $200.00 administrative fee</td>
<td>No refund available</td>
</tr>
</tbody>
</table>

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Please note that requests for a fee deferral or refund may not be carried over into the next year’s examination cycle. Requests for a fee deferral or refund received on or after the dates outlined above WILL NOT be honored, and all fees will be forfeited. A refund or fee deferral request received that is due to extenuating circumstances may be reviewed on an individual basis by the CITA Board of Directors.

**STEP 6: MONITOR.**

Watch your online Profile for any status changes and required document deadlines. Final Assignments will be made no later than 15 days prior to the exam. Forms and schedules will be emailed to you once the exam closes (30 days prior to exam). Candidates must print each form, complete them, and bring them to the on-site registration. Candidates should also print their schedule (located both at www.citaexam.com as well as in this manual).

*If your scheduled exam is less than 25 days away and you have not received any communication via email from the CITA office, please contact the CITA office for help.*

**Check the SPAM folder in your inbox prior to contacting the CITA office**

Please note that requests for a change in assignment time 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 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.

**Required Exam Day Registration Documents**

Complete and bring with you to the exam day registration:

1. *Preparation and Orientation Form (All candidates)*
2. *Dental/Dental Hygiene Examination Disclaimer*
3. *Radiograph/Follow up Care Form*
4. *Identification Card*: In order to receive the ID badge and the rest of the examination materials at orientation or registration, **candidates must provide their 3-digit sequential number available through their online profile (under the Apply Tab) on the online registration website**, along with two forms of personal identification. One of these additional IDs must contain the candidate’s signature, and one must have a recent photograph which is similar to the photo the candidate uploaded to his/her profile. (Candidates are required to upload a recent photo of themselves to their online profile—for photo guidelines, see Registration Step #2 on pg. 12 of this manual—during the application process. The photo will be applied to the candidates’ individual ID badges, which they will receive on the day of the examination. This ID badge is to be worn at all times during the examination.)
Acceptable forms of ID include:

- Current driver’s license
- Current passport
- Military ID
- Employee ID
- School ID
- Voter registration card

A national credit card is an acceptable secondary form of ID. An expired driver’s license, expired passport or a social security card are not acceptable forms of ID for this exam.

The candidate’s name on both forms of ID must match exactly the name used for registration. If the name on the identification presented differs from the name (other than middle name or initial) used for registration, official documentation or authorization of a name change must be presented for admittance to the examination. If a candidate is not admitted because he/she fails to provide this documentation, his/her examination fee will be forfeited.

Once your identification has been verified, you will receive a candidate packet. Each packet will include a minimum of the following items:

- [ ] Candidate Name Tag
- [ ] Interpreter Name Tag (if requested)
- [ ] Candidate Identification Labels
- [ ] Cubical Card

TELEPHONE CONFIRMATION IS NOT PROVIDED UNDER ANY CIRCUMSTANCES! QUESTIONS SHOULD BE SUBMITTED VIA EMAIL.
A. Special Circumstances

i. Request for Non-Standard Accommodations

CITA, in accordance with the Americans with Disabilities Act, will provide reasonable and appropriate accommodation for candidates with documented disabilities. CITA will provide reasonable accommodation, auxiliary aids, or services that are necessary to the extent required by law provided the requested accommodation, auxiliary aids, or services would not fundamentally alter the measurement of the skills or knowledge the exam is intended to test.

Candidates with disabilities who require accommodation while taking the CITA exam may apply to CITA for consideration of the accommodation by submitting the “Special Accommodation Request Form” and documentation no later than 45 days prior to the exam. For an accommodation request to be considered the “Special Accommodation Request Form” must be completed and submitted to CITA with supporting documentation in accordance with the conditions and guidelines stated.

The candidate is responsible for obtaining documentation of disabling conditions that require accommodation. Specific guidelines for acceptable documentation of disability can be found under the Disability Documentation Guidelines section of the Special Accommodation Request Form (see Appendix for example of form). It is recommended that these guidelines be shared with the evaluators providing the documentation for the applicant, as incomplete or inadequate documentation written in support of accommodation may be denied by CITA.

ii. Special Testing Provisions and Auxiliary Aids

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

• Submit, in writing, a request for the auxiliary aid or modification stating the exact auxiliary aid or modification(s) needed. Requests received after the registration deadline date and retroactive requests will not be considered.
• Provide documentation of the need for the auxiliary aid or modification, indicating any portion of the dental examination for which such aid or modification will be needed.
• Provide a letter from an appropriate healthcare professional documenting the disability. This letter must be received by CITA no later than 45 days prior to the date of the exam.
• In providing such auxiliary aids or modifications, CITA reserves the ultimate discretion to choose between effective auxiliary aids or modifications and reserves the right to maintain the security of the examination. All information obtained regarding a candidate’s physical and/or learning disability will be kept confidential, with the following exceptions:
Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification.

First aid and safety personnel at the test site may be informed if the disability might require special emergency care.

CITA reserves the right to verify all information submitted by an applicant in support of a request for accommodation, and additional information from evaluators providing the supporting document may be requested. CITA has the right to refuse an accommodation request and/or deny the candidate’s eligibility status if it is found that either the candidate has deliberately misrepresented the information or the profession providing the information.

iii. Requests for Special Accommodations Due to Religious Constraints

Candidates requesting special accommodations due to religious constraints must submit in writing a request for Religious Accommodation and specifically the accommodations they need. This request should be submitted by mail at least 45 days prior to the first day of the exam to the CITA office.

B. Examination Cancellation Policy

CITA reserves the right to cancel or postpone any examination where the number of candidates registered to take the examination does not, in the sole discretion of CITA, financially justify the administration of the Dental Hygiene examination or in the event of an emergency or other unforeseen circumstance that is beyond CITA’s control.

Emergency or unforeseen circumstances may include, but are not limited to, acts of nature, acts of terrorism, events resulting in the destruction of CITA office or testing site facility, loss or delays in the delivery of necessary equipment and/or supplies by a shipping agent, failure of the testing site facility to provide expected and necessary services, equipment, supplies or personnel or other similar events.

Under no circumstance does CITA assume liability for costs incurred by candidates in preparing to take a CITA examination. This policy extends to situations where CITA might be forced to cancel an examination because of an emergency or unforeseen circumstance, such as those listed above, or for the lack of participants as explained above. However, if such an examination cancellation were to occur for those reasons stated or any reason in CITA’s sole discretion, CITA would either refund those candidates’ application fees or reassign candidates to the next available examination site or reschedule the examination at the earliest possible date.

C. Limited Liability Insurance

CITA has a blanket Professional Liability Insurance policy that covers all dental hygiene candidates for all CITA examinations. The cost of that coverage is included in CITA’s examination fee. Therefore, candidates are not required to obtain additional limited liability insurance.
D. **Three-Time Failure Rule**

Candidates failing the CITA Dental Hygiene exam on three (3) successive attempts during an 18 month period of time must contact their State Licensing Board to understand their state’s 3-time failure guidelines. Every state board is different. After three failures of the examination, the candidate may be required to undergo remediation by their state board before the exam can be retaken. Contact the state board where you plan to obtain a license to learn about their policy on this rule. It is the candidates responsibility to understand the guidelines of their licensing board before they attempt their next exam.

E. **Score Release**

Scores will be released no more than ten (10) business days from the completion of the last day of the examination. Following completion of the examination the candidate’s individual scores will be released electronically to the candidate’s online profile. An email will be sent to each candidate at the same time the results have been released stating that their scores can now be viewed online in their profile. Dental hygiene program coordinators may contact the CITA office for information on how they can receive scores of their candidates.

Scores are not released to candidates or their representatives by telephone or fax. Scores are not released to anyone other than the candidate, the candidate’s dental hygiene program and the participating jurisdictions, unless a request for a Score Report is received and a Confidentiality Agreement has been executed with CITA.

Scores will be listed as “Pass, score 75 or above” for a passing score and “Fail, score below 75” for a failing score. A report of the candidate’s deficiencies in their clinical performance for all failing candidates is furnished to the candidate within their online profile.

Once a candidate has successfully passed the CITA examination, a certification of CITA Status is automatically distributed to all current CITA member state boards within fifteen (15) business days from the time the scores have been released. A map of the 26 states where the CITA Dental Hygiene exam is accepted may be found on CITA’s website at [http://www.citaexam.com](http://www.citaexam.com) as well as in the beginning of this manual. These results may be accepted by state boards for a period of five (5) years from the date of each candidate’s successful completion of the CITA examination, or for a different time period as determined by the individual state boards.

F. **Examination Scoring System and Content**

To pass the CITA Dental Hygiene Examination and achieve “CITA Status,” the candidate must score 75 or better on the examination. While only state boards of dentistry can legally determine the standards of competency for licensure in their states, CITA has recommended a score of 75 to be a demonstration of sufficient competency, and the participating state dental boards have agreed to accept this standard. The CITA Dental Hygiene examination must be successfully completed within eighteen (18) months of the date of a candidate’s initial attempt of the CITA clinical examination.
G. **The Joint Commission’s National Boards**

CITA no longer requires National Boards scores to be sent to the CITA office, before granting CITA Status. **Candidates do need to request a copy of their National Board scores be sent to their State Board office directly from the National Board office.** The phone number of the National Board Office is (312) 440-2678.

H. **Duplicate Score Request**  
(request for score report for jurisdictions that are not currently members of CITA)

Candidates who wish to have their results released and/or a copy of the examination manuals transmitted to jurisdictions that are currently not a member state of CITA must submit a Notarized Duplicate Score Request Form to the CITA office along with a Certified Check or Money Order for the set fee amount. A fee of $35.00 will be charged per address to send exam scores to non-member state boards. An additional $50.00 for the examination manual if required, must be included with the request.

CITA will only send specified scores to state dental boards for licensure purposes. All other requests must be made in writing and approved by the CITA Board of Directors. An example of the Duplicate Score Request Form can be found in the appendix of this manual or on the CITA website at [www.citaexam.com](http://www.citaexam.com).

I. **Appeals Process**

If a candidate believes that his/her results were adversely affected by extraordinary conditions during the examination, the candidate may submit an appeal. Appeals are reviewed by a special committee whose charge is to review the facts, paperwork, and score tabulations to determine if the examiners’ findings substantiate the results. Appeals based on patient behavior, tardiness, or failure to appear will not be considered. The appeals process is the final review authority, and if the appeal is denied, there is no further review process authorized by or conducted by CITA.

Candidates who contact CITA’s administrative office regarding their examination results must clearly indicate in a written form whether they simply wish to express a concern related to the examination or whether they are interested in initiating a formal appeal.

A $125.00 filing fee will be charged by CITA to file and process a formal appeal. Any request for an appeal must be received at CITA’s central office no later than fourteen (14) days following the official date on which the scores were released.

CITA’s special committee is required to complete its review within sixty (60) days from the time of receiving a formal request; during that time, the candidate may apply for a re-examination. **If the candidate files a formal request, then retests and passes the examination before the request has been fully processed, the review will be terminated and the $125.00 filing fee will be forfeited by the candidate.**

In determining whether to file a petition for review, the candidate should be advised that all reviews are based on a re-assessment of documentation of the candidate’s paperwork for the examination. **Candidates should understand that the review does not include a re-grading of any performance.**
The review WILL NOT take into consideration other documentation that is not part of the examination process, such as radiographs, post-treatment photographs, character references or testimonials, dental hygiene school grades, class ranking, faculty recommendations, or opinions of other "experts" solicited by the candidate. In addition, the review will be limited to a consideration of the results of only one (1) examination at a specific test site. Candidates will not participate in the review process and will be notified in writing, within sixty (60) days of receiving the review request, as to the results of the review.

Again, the review will not take into consideration other documentation that is not part of the examination process. Opinions of the candidate, auxiliaries, faculty members, patients, colleagues, examiners acting outside of their assignment area, and records of academic achievement are not considered in determining the results of the examination and do not constitute a factual basis for an appeal. Consideration can only be given to documents, radiographs, or other materials that were submitted during the examination and remain in the possession of the testing agency.
The CITA Dental Hygiene Examination

II. Examination Overview
Examination Overview

Examination Content

The examination consists of a patient-based examination. CITA no longer requires candidates to send their National Board scores to the CITA office. Candidate scores will be sent to the state boards upon successful completion of the patient-based exam.

The CITA examination has been developed, and is revised as needed, by the CITA Board of Directors and the Members of CITA. These individuals have considerable content expertise upon which to draw, and also rely on its Job Task Analysis, practice surveys, current educational curricula, standards of competency, published literature and textbooks on psychometric principles and the American Association of Dental Examiners' (AADE) publication entitled “Guidance for Clinical Licensure Examinations in Dentistry” to assure that the content and protocol of the examination are current and relevant to the practice of dentistry. Determining the examination content is also guided by such considerations as patient availability, logistical restraints, and the potential to ensure that a skill can be evaluated reliably. The examination content and evaluation methodologies are reviewed on an ongoing basis and are revised annually.

Examination Schedule

Dates, Sites and Registration Deadlines

Specific examination dates, exam sites and registration deadlines for a participating dental or dental hygiene school can be found on the CITA website.

Timely Arrival

Candidates are responsible for determining their travel and time schedules to ensure they can meet all CITA’s time requirements. The candidate is 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.

Candidates will be informed via email to check their profile as to the date and session (AM or PM) on which they are to take the examination. Candidates should note that the patient-based examination procedures have specific time restraints, and all procedures for the examination must be completed within the allotted time. The charts in this manual are samples of the timelines of this examination; however, examination schedules are not finalized until after the examination application deadline. Candidates’ actual schedules will be emailed to them once the exam registration has closed (approx. 30-days prior to the exam).

Candidates should consider the fact that the time allowed for completion of the examination INCLUDES THE TIME DURING WHICH PATIENTS WILL BE AT THE EVALUATION STATION and thus should plan their time accordingly. As such, this time may vary according to the procedure being evaluated, the testing site, and the number of candidates.
B. **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 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 email to the CITA office (info@citaexam.com) a completed, legible Interpreter Form (Examination Forms Section) that states the candidate’s name, interpreter’s name and contact information and the candidate’s patient’s name. Bring to the exam-day registration one (1) passport size photograph of your requested interpreter 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:

- All interpreters must appear for the examination with full facial exposure
- 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
- 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
- Dark sunglasses will not be permitted at the examination; transitional lenses are permitted
- Coats, jackets, and other bulky clothing will not be permitted in the clinic area
- Interpreters may be asked to stand outside the grading area operatory during examiner grading

The Interpreter Form can be downloaded from the documents tab of the candidate online profile (https://cita.brighttrac.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 or comply with the items listed above will result in the interpreter being prohibited from participating in the examination.

An interpreter may NOT be:

- Under 18 years of age
- A faculty member, dentist, or dental hygienist (licensed or unlicensed)
- A third, fourth, or final year dental student
- A final-year dental hygiene student
- The chairside assistant

Misinformation or missing information that would endanger the patient, candidate, auxiliary personnel or examiners is considered cause for dismissal from the examination.
Patient Selection

Candidates must furnish their own patients. Patient selection and management is an important part of the examination and should be completed independently, without the help or assistance of faculty or colleagues.

Patient Management - The candidate must behave in an ethical and proper manner towards all patients. Patients shall be treated with proper concern for their safety and comfort. The candidate shall accurately complete the appropriate Medical History Form and be capable of notifying an examiner of any considerations which may impact treatment. The patient’s health status must be acceptable for clinical treatment and the lengthy examination process.

Only one patient may be submitted for the Dental Hygiene Examination. Due to the natural stress of an examination, candidates should avoid selecting patients who are apprehensive, hypersensitive, have physical limitations that could hinder the examination process or aren’t able to stay for the duration of the examination.

However, at the candidate’s discretion, an individual who has a physical disability may, in most cases, be a patient in the examination. Candidates must contact the testing agency a minimum of 60 days prior to the examination for authorization for patients with special requirements.

Patient’s Medical History

Medical History Form - A Medical History Form must be completed independently by the candidate (without help of faculty or colleagues) for each clinical patient prior to the examination. This form may be completed prior to the examination date; however, the form must reflect the patient’s current health at the time of the examination. If completed prior to the examination it must be a double-sided form. Two sheets are not acceptable and will have to be transferred to a double-sided sheet onsite if not done so before the examination. Candidates must initial form prior to the exam and then sign the form upon completion of the exam.

Follow up Questions - The Medical History Form includes questions pertaining to medical conditions that might affect the patient’s suitability for treatment.

If the patient gives a positive response to one of these questions, the candidate must explore the nature of the condition and provide an adequate explanation on the Medical History Form.

Blood Pressure - A screening blood pressure reading should be taken when the patient is selected and must be retaken on the day of the examination during the Set Up Period and recorded on the Medical History Form. The examination-day reading must be documented by a CFE. If the patient is sitting for more than one examination session on the same day, his/her blood pressure must be taken and recorded prior to each section. Failure to take or falsification of the blood pressure reading will result in dismissal of the candidate from the examination.

Medications - On the day of the examination, the candidate must document on the Medical History Form all medications or supplements taken by the patient within the last 24 hours. Candidates should document antibiotic premedication on the appropriate Progress Form, as well as on the Medical History Form.
Health Qualifications and Eligibility

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. 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.

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). Proof of legal guardianship is required.

Dentists, dental hygienists, third or fourth (final year) dental students, and dental hygiene students are NOT acceptable as patients for this examination.

In order to participate in the examination, patients must meet the following criteria:

1. Patients must 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 a written medical clearance from the patient’s physician. Patients with a blood pressure reading 180/110 or greater will not be accepted for this examination, even if a physician authorizes treatment.
2. Candidates who are sharing a patient requiring antibiotic prophylaxis must treat the patient the same day. Treatment of the same patient on subsequent clinical days will not be permitted.
3. Patient must have no history of heart attack (myocardial infarction), stroke, or cardiac surgery within the last six months.
4. Patients may not have active tuberculosis. A patient who has tested positive for tuberculosis or who is being treated for tuberculosis but does not have clinical symptoms is acceptable.
5. Patients may not have undergone chemotherapy for cancer within the last six months.
6. Patients participating in the Dental Hygiene Examination may not have a history of taking IV or orally-administered bisphosphonate medications.
7. Patients may not have an active incidence of bisphosphonate osteonecrosis of the jaw (BON) also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ).
8. Patients may not have any condition or medication/drug history that might be adversely affected by the length or nature of the examination process.
9. Patients with latex allergies may not participate in the examination.
10. If the patient answers "yes" to any of the questions on the Medical History Form, the candidate must explore the item further and determine whether a medical clearance from a licensed physician would be appropriate. A medical clearance is required if the finding could affect the patient's suitability for elective dental treatment during the examination.

11. 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. 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.

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

13. 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. 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.

14. Candidates must follow the current American Heart Association **antibiotic premedication** recommendations when treating patients at potential risk of infective endocarditis following dental treatment. A medical clearance may be indicated to determine the patient's potential risk of infective endocarditis.

15. 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:

<table>
<thead>
<tr>
<th>5.C.: Heart Condition</th>
<th>5.D.: Heart Valves—Damaged or Replaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.E.: Heart Attack</td>
<td>5.G.: Inborn Heart Defects</td>
</tr>
<tr>
<td>5.R.: Joint Replacement</td>
<td>5.S.: Stroke</td>
</tr>
</tbody>
</table>

16. 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:

   a. Prosthetic cardiac valve or prosthetic material used for cardiac valve repair
   b. Previous infective endocarditis
   c. Congenital heart disease (CHD)
   d. Unrepaired cyanotic CHD, including palliative shunts and conduits;
e. 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;

f. Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization).

g. 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:

**Medical Clearance**

If the patient indicates a medical history that could affect his/her suitability for treatment, the candidate must receive written medical clearance from a licensed physician indicating that the patient may participate in the examination.

**The medical clearance, if necessary, must include:**

- A clearly legible statement from a licensed physician written within 30 days prior to the examination on official letterhead
- A positive statement of how the patient should be medically managed
- The physician’s clearly legible name, address and phone number
- A telephone number where the physician may be reached on the day of the examination if a question arises regarding the patient’s health

The Medical History Form and medical clearance will be reviewed by a CFE and must accompany the patient when the treatment selection is submitted for evaluation (patient check-in/case acceptance). If the patient sits for more than one candidate, a separate Medical History Form and Patient Consent Form must be completed for each examination.

**Patient Rejection**

Patients who fall into these categories will NOT be accepted:

- Patients who are under 16 years of age
- Patients who are unable to give legal consent
- Minors, as defined by the host state, who are unaccompanied by legal parent or guardian
- Dentists (licensed or unlicensed) and third or fourth year (final year) dental students
- Dental hygienists (licensed or unlicensed) and final-year dental hygiene students
Documentation

Patient Consent Form - A Patient Consent Form must be completed and signed by their patient prior to any treatment being rendered. Initially, only candidate’s bar code and date should be added on the Consent Form; the candidate’s name must be added after the examination is completed and before the records are turned in.

Premedication Record - A record must be kept for each patient who requires premedication prior to or during the course of the examination. For each procedure, there is a place on the Progress Form to record the type(s) and dosage(s) of medication(s) administered. Candidates who are sharing a patient requiring antibiotic prophylaxis must treat the patient the same clinical day. Treatment of the same patient on subsequent days will not be permitted.

Anesthetic Record - At the time of the examination and prior to the start-check for each hygiene clinical procedure, the following anesthetic information must be indicated on the appropriate Progress Form:

- Topical Anesthetic(s) (generic or brand name and percent used)
- Oraqix Gel (or similar)
- Quantity (volume)

If more than five (5) cc’s of topical anesthetic or 2 carpules of Oraqix are needed during any clinical procedure, the candidate must request approval from a CFE, who will document and initial the request. This protocol must be followed for each subsequent application. Additional topical anesthetic or Oraqix may be administered only with approval by the CFE. The total quantity of either anesthetic must also be documented on the Progress Form.

If the patient has already received anesthetic earlier on the same day, the candidate must present the record of the previous anesthetic to the CFE before administering additional anesthetic.
Treatment Selection Requirements

Qualifications

The candidate’s treatment selection must include the proper number of teeth, adequate deposits of calculus and appropriate pocket depths as defined below:

- **Teeth** - There must be at least six and not more than eight permanent teeth selected, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth surface within 2 mm distance. Each of the selected teeth must have at least one surface of subgingival calculus selected for removal. (If the candidate has a treatment selection where tooth number eighteen is missing, the distal of tooth number nineteen would NOT be a valid surface for meeting the number requirement for interproximal surfaces but may be used in the examination as an otherwise qualifying surface of calculus.) The numbers of the teeth must be listed in ascending order. The teeth selected for treatment will be entered electronically prior to the day of the examination. See below for details.

- **Pocket depths** - There must be three pockets of 4 mm or greater in depth, each on a separate tooth from among the six to eight teeth selected for treatment. The pockets are not required to be from the SURFACES listed on the treatment selection, only that they be from the TEETH listed in the treatment selection. Examiners allow a ± 1 mm leeway in measurement. Pocket depths that don’t meet these guidelines will be assessed a penalty. See below for details.

It is recommended that pocket depths greater than 6 mm not be included; however, the patient will not be rejected if pockets are this deep. Although the three pockets of 4 mm or more must be on the teeth within the treatment selection, it is not necessary that those surfaces be selected for calculus removal.

- **Calculus** - There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth, and no more than four surfaces may be on anterior teeth. Three of the 12 identified surfaces of calculus must be on interproximal surfaces of posterior teeth, i.e., on molars and/or premolars.
  - Explorer detectable subgingival calculus is defined as a distinct deposit of calculus that can be felt with a #11/12 explorer as it passes over the calculus. Qualified deposits may exhibit such characteristics as:
    - A definite “jump” or “bump” felt by the explorer, with the rough surface characteristic of calculus
    - Ledges or ring formations
    - Spiny or nodular formations
  - Qualified deposits must be apical to the gingival margin and may occur with or without associated supragingival deposits.

Exclusions

- Patients with full-banded orthodontics are **not** acceptable.
- Implants or teeth with any fixed appliance – banded, bonded or splinted, either orthodontically or periodontally – may **not** be included in the treatment selection.
- No retained primary teeth may be included in the treatment selection.
Online Treatment Selection

Once the candidate has been assigned to an examination site the candidate should return to his/her CITA Online Profile. The Dashboard will prompt the candidate to enter their teeth selections for the calculus detection and removal aspect of the examination. The deadline for tooth entry will be posted on the dashboard. Deadlines are always 48 hours prior to the beginning of the first day of the exam. The candidate’s treatment selection must include the proper number of teeth, adequate deposits of calculus and appropriate pocket depths as defined above in the Treatment Selection Qualifications. Candidates should print a copy of their online treatment selections and bring to exam.

Should a candidate need to enter their teeth selection at the examination site, a computer will be available for that purpose near the check in stations. CITA staff will be available to assist with update to teeth selections.

Performance Requirements

**Scaling** - After the candidate performs the periodontal procedure, the subgingival surfaces of the assigned teeth must be smooth, with no deposits detectable with an 11/12 explorer. Air may be used to deflect the tissue to locate areas for tactile confirmation. (All subgingival surfaces on an assigned tooth must be scaled, but only the selected surface will be evaluated.)

**Supragingival Deposits (polishing)** - All supragingival calculus, plaque and stain must be removed from all coronal surfaces of the assigned teeth so that all surfaces are visually clean when air-dried and tactilely smooth upon examination with an 11/12 explorer. The use of disclosing solution is not permitted.
**Scoring Content**

**Dental Hygiene Examination – 100 points**

<table>
<thead>
<tr>
<th>DENTAL HYGIENE EXAMINATION CONTENT</th>
<th>FORMAT</th>
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<tbody>
<tr>
<td>Assignment</td>
<td></td>
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<tr>
<td>1. Case acceptance</td>
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<tr>
<td>2. Pocket depth qualification</td>
<td></td>
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<tr>
<td>3. Subgingival calculus detection</td>
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<tr>
<td>Treatment</td>
<td></td>
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<tr>
<td>4. Subgingival calculus removal</td>
<td></td>
</tr>
<tr>
<td>5. Supragingival plaque/stain removal</td>
<td></td>
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<tr>
<td>6. Tissue and treatment management</td>
<td></td>
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<tr>
<td></td>
<td>Performed on a patient</td>
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<tr>
<td></td>
<td>Time: 3 hours or less at the candidate’s discretion</td>
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<tr>
<td></td>
<td>Treatment Time: 1.5 hours (following pre-treatment evaluation)</td>
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</tbody>
</table>

**Scoring Process**

The scoring rubric for the Dental Hygiene examination is defined by the candidate receiving points for the successful completion of specified skill sets. The ultimate goal is to accumulate points so that the ratio of points accumulated as a function of the number of available points, when equated to one hundred, would result in a passing score for the examination. The four aspects of the examination are as follows:

1. **Case Acceptance** – Penalties are assessed for those areas that do not meet the described criteria for case acceptance.

2. **Calculus Detection and Removal** – 90 points total with 7.5 points for each surface of subgingival calculus correctly detected and removed.

3. **Supragingival Deposit Removal** – 6 points total with one point for each one of the first 6 teeth selected in ascending order.

4. **Treatment Management** – 4 points total for pain control and tissue management that meets the written criteria. The candidate will receive a maximum of 2 points for Patient Comfort and 1 point each for Hard and Soft Tissue management.
Candidates may lose points by failing to meet stated criteria as defined below:

The following scoring point deductions are applicable to the Dental Hygiene Examination. The candidate must meet the criteria established for Satisfactory on each criteria or the candidate performance will be reduced by the penalty points consistent with the examiner’s observation. As part of the scoring decision rule penalty points for Case Acceptance and Pocket Depth Qualification are not cumulative. (only the highest penalty in both areas is assessed as one penalty)

I. Treatment Selection

1. **Radiographs**
   - Acceptable (ACC) – 0 point penalty
   - Marginally Substandard (SUB) – 15 point penalty
   - Critically Deficient (DEF) – 100 point penalty

2. **Required Forms**
   - Satisfactory (SAT) – no penalty
   - Minimally Acceptable (ACC) – 5 point penalty
   - Marginally Substandard (SUB) – 15 point penalty
   - Critically Deficient (DEF) – 100 point penalty

3. **Blood Pressure**
   - Satisfactory (SAT) – no penalty
   - Minimally Acceptable (ACC) – 5 point penalty
   - Critically Deficient (DEF) – 100 point penalty

3. **Pocket Depth Qualification** (3 pockets of 4 mm or more +/- 1 mm)
   - 1 pocket depth not accurate - 15 point penalty
   - 2 pockets depth not accurate - 30 point penalty
   - 3 pockets depth not accurate - 45 point penalty

II. Treatment Evaluation

1. **Patient Comfort**
   - Satisfactory (SAT) – no penalty
   - Marginally Substandard (SUB) – 2 point penalty

2. **Soft Tissue Management**
   - Satisfactory (SAT) – no penalty
   - Minimally Acceptable (ACC) – no penalty
   - Marginally Substandard (SUB) – 1 point penalty
   - Critically Deficient (DEF) – 100 point penalty

3. **Hard Tissue Management**
   - Satisfactory (SAT) – no penalty
   - Marginally Substandard (SUB) – 1 point penalty
   - Critically Deficient (DEF) – 100 point penalty
Penalties

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

- Any of the following may result in a deduction of points from the score of the entire examination part or dismissal from the examination:
  - Violation of universal precautions, infection control or disease barrier technique or failure to dispose of potentially infectious materials and clean the operatory after individual examination sections
  - Unprofessional demeanor: unkempt, unclean or unprofessional appearance; inconsiderate or uncooperative behavior with other candidates, examiners or testing site personnel
  - Poor patient management, disregard for patient welfare or comfort
  - Improper management of significant history or pathosis
  - Improper operator/patient position
  - Improper record keeping
  - Improper treatment selection
  - Administration of topical anesthetic before approval of tooth selection assignment by examiners

- The following will result in the loss of all points for an individual examination:
  - Violation of examination standards, rules or guidelines
  - Treatment of teeth other than those approved or assigned by examiners
  - Gross damage to adjacent teeth or tissue
  - Failure to complete treatment within the stated time guidelines

This listing is not exhaustive, and penalties may be applied for errors not specifically listed, since some procedures will be classified as unsatisfactory for other reasons, or for a combination of several deficiencies.
The CITA Dental Hygiene Examination

III. Standards of Conduct and Infection Control
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.

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, 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 dental hygienist 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.

All substantiated evidence of falsification or intentional misrepresentation of registration requirements, collusion, dishonesty or use of unwarranted assistance during the course of the examination will result in automatic failure of the entire examination series.

In addition, there will be no refund of examination fees and the candidate will not be allowed to reapply for reexamination for one full year from the time of the infraction.

Standards of Conduct

The CITA examination strives to evaluate the candidate’s clinical judgment and skills in a fair manner. In addition, conduct, decorum and professional demeanor are evaluated. The candidate is required to adhere to the rules, regulations and standards of conduct for the CITA Dental Hygiene Examination.

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 score, and penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and further described within this manual.

1. Unethical personal/professional conduct: Any substantiated evidence of collusion, dishonesty, use of unauthorized assistance or intentional misrepresentation during registration or during the course of the examinations or failure of the candidate to carry out a directive of the chief examiner shall automatically result in failure of the examination. The candidate must behave in an ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort. Improper behavior is cause for dismissal from the examination at the discretion of the chief examiner and will result in failure of the examination. Additionally, the candidate shall be denied reexamination for one full year from the time of the infraction.

2. Termination of the examinations: The right is reserved to terminate or delay the examinations at any time if 1) that action becomes necessary to safeguard the health, safety or comfort of the patient, 2) the candidate or examiners are threatened in any manner or 3) other interfering events occur that are not under the control of the administering testing agency.

3. Completion of the examination: Examination procedures performed outside the assigned time will be considered incomplete, and the candidate will fail the examination section. If all specified materials and required documentation are not turned in at the end of an examination section that section will be considered incomplete, and the candidate will fail the section.

4. Misappropriation and/or damage of equipment: No equipment, instruments or materials shall be removed from the examination site without written permission of the owner. Willful or careless damage of dental equipment may result in failure. All resulting repair or replacement costs will be charged to the candidate and must be paid to the host site before the candidate’s examination results will be released.

5. Submission of examination records: All required records and radiographs must be turned in before the examination is considered complete. If all required documentation is not turned in at the end of the examination, the examination will be considered incomplete, and the candidate will fail the examination.
6. **Assigned procedures**: Only the treatment and/or procedures assigned may be performed. (In the Dental Hygiene Examination, all surfaces of the selected teeth must be scaled and polished; however, only the selected surfaces will be evaluated.) Performing other treatment or procedures may result in failure of the examination.

7. **Electronic recording devices and cameras**: The use of electronic recording devices or cameras by the candidate, an auxiliary or a patient during any part of the examination is a violation of examination guidelines and may result in failure of the entire CITA Dental Hygiene Examination. However, intra-oral photographs may be taken by authorized examiners or school personnel during the course of the examination for the purpose of future examiner standardization and calibration.

8. **Electronic equipment**: The use of pagers, cell phones, computers, DVDs, CDs, PDAs, Blackberries, radios (including walkie-talkies with or without earphones) and any other electronic equipment is not permitted on the clinic floor by candidates, auxiliaries or patients during the examination. Any such use will be considered unprofessional conduct and may result in dismissal from the examination.

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**Dismissal from Examination**

In addition to the standards of conduct listed in the previous section, the following list is provided as a quick reference for candidates. While the following is not an all-inclusive listing, it does provide examples of behaviors that may result in dismissal/failure of the examination:

- Using unauthorized equipment at any time during the examination time
- Altering patient records or radiographs
- 26 points or more deducted during Pre-Treatment Evaluation
- Performing required examination procedures outside the allotted examination time
- Failure to follow the published time limits and/or complete the examination within the allotted time
- Receiving unauthorized assistance (prior to or during the exam) from another practitioner, including another candidate, dentist or dental hygienist, school representative(s), etc.
- Exhibiting dishonesty
- 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
- Unprofessional, rude, abusive, uncooperative or disruptive behavior to other candidates, patient and/or exam personnel
- Misappropriation or thievery during the examination
- Noncompliance with anonymity requirements
- Noncompliance with established guidelines for asepsis and/or infection control
- Charging patients for services performed
- Use of cellular telephones, pagers or other electronic equipment in patient care areas
- Use of electronic recording devices or cameras by the candidate, or patient during any part of the examination.
Infection Control Requirements

Candidates must follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention for the Dental Hygiene Examination. These infection control procedures must begin with the initial set-up of the unit and continue throughout the examination to include the final clean-up of the operatory. Failure to comply will result in loss of points, and any violation that could lead to direct patient harm will result in failure of the examination.

As much as possible, dental professionals must help prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are, in fact, contagious. Use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization are essential.

Candidates must adhere to the following infection control procedures:

1. **Barrier Protection**
   - Gloves must be worn when setting up or performing any intra-oral procedures and when cleaning up after any treatment. If rips or tears occur, don new gloves. Do not wear gloves outside the operatory.
   - Patients with known allergies to latex will not be allowed to sit for the examination.
   - Wash and dry hands between patients and whenever gloves are changed. Do not wear hand jewelry that can tear or puncture gloves.
   - Wear clean, long-sleeved uniforms, gowns or laboratory coats, and change them if they become visibly soiled. Remove gowns or laboratory coats before leaving the clinic area.
   - Wear facemasks and protective eyewear during all procedures in which splashing of any body fluids is likely to occur.
   - Discard masks if the masks become damp or soiled.
   - Do not wear sandals or open-toed shoes.
   - Cover surfaces that may become contaminated with impervious-backed paper, aluminum foil or plastic wrap. Remove these coverings (while gloved), discarded them and replace them between patients (after removing gloves).
   - The patient must wear a clean patient napkin when he/she goes to the Evaluation Station.
   - Patients must wear protective eyewear during all clinical procedures and are required to bring protective eyewear with them to the Evaluation Station for use during the evaluation of clinical procedures.

2. **Sterilization and Disinfection**
   - Instruments that become contaminated must be placed in an appropriate receptacle and identified as contaminated.
• Any instrument that penetrates soft or hard tissue shall be disposed of or sterilized before and after each use. Instruments that do not penetrate hard or soft tissues but do come in contact with oral tissues shall be single-use disposable items and must be properly discarded.

• If not barrier wrapped, surfaces and counter tops shall be pre-cleaned and disinfected with a site-approved tuberculocidal hospital-level disinfectant.

• Handpieces, prophy angles and air/water syringes shall be sterilized before and after use or properly disposed of after use.

• Used sharps are to be placed in a spill-proof, puncture-resistant container.

• All waste and disposable items shall be considered potentially infectious and shall be disposed of in accordance with federal, state and local regulations.

• Resuscitation equipment (sterilizable or disposable), pocket masks, resuscitation bags or other ventilation devices will be provided by the school in strategic locations to minimize the need for any emergency mouth-to-mouth contact. Candidates should be familiar with their use.

3. Exposure to blood borne pathogens

An exposure incident is defined as contact with blood or other potentially infectious materials (PIMS) through:

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

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

- Immediately following the exposure incident, puncture wounds or other percutaneous exposures should be cleaned with soap and water. Mucous membrane exposed to blood or other PIMS should be extensively rinsed with water or sterile saline.

- All percutaneous exposures and other exposures to blood and PIMS should be reported immediately to the Chief Examiner and the person in authority at the examination site so that appropriate measures can be initiated and the exposure incident documented.

- If possible, post-exposure prophylactic treatment should be initiated at the examination site if appropriate, as determined by the U.S. Department of Health and Human Services recommendations, or an appropriate referral should be made.

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

IV. Examination Content
The Examination

Time Management

When taking the Dental Hygiene Examination the candidate must plan his/her time to accommodate all procedural considerations such as patient case acceptance, calculus detection evaluation and grading of the candidate performance as part of the post treatment evaluation. Time management is considered an aspect of the examination and the assessment of the candidate’s competency.

In scheduling patients and planning the utilization of time, the candidate should be aware that the time allowed for the examination includes the time during which the patient(s) will be at the Evaluation Station for assignment and evaluation. The minimum time patients will be in the Evaluation Station is approximately 30 minutes – possibly longer, depending on the time of day. Times may vary according to the procedure being evaluated, the testing site and the number of candidates being processed.

Additionally, when a candidate fails to submit the required instruments to the Evaluation Station, the Evaluation Station will instruct the candidate to comply with examination requirements and submit the proper instruments. This results in a loss of candidate treatment time.

Patient selection is also an important aspect of the examination and should be taken into consideration in selecting an individual who will serve as the candidate’s patient for the intended procedure.

Lastly, there is no substitute for preparation. Candidates are strongly advised to read the candidate manual and to bring the candidate manual with them to the exam site as a reference if needed. Candidates should come to the examination understanding the process and what will occur during the course of the day’s activities.

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.
General Administrative Flow

Exam Registration

Candidates should consult this manual, their document tab in their online profile and their confirmation email (sent just after the 30 day deadline) for all items required for registration. Candidates for the morning session will obtain their examination packet at the registration session held at 6:30 a.m. at a place designated within the school or facility hosting the examination. Candidates for the afternoon session will obtain their examination packet at the registration session held at 12:30 p.m. at a place designated within the school or facility hosting the examination. Only candidates may be in the registration room. All patients and interpreters must wait in the designated waiting area.

In order to receive an examination packet and be admitted to the examination, candidates must have:

1> Two Identification Cards (See Registration and Administrative Guidelines sections for details)
2> Preparation and Orientation Form (All candidates)
3> Dental/Dental Hygiene Examination Disclaimer
4> Radiograph/Follow up Care Form

ONLY CANDIDATES WHO HAVE ATTENDED REGISTRATION MAY ENTER CLINIC TO BEGIN THE SET UP PROCESS. FAILURE TO OBSERVE AND FOLLOW THIS GUIDELINE WILL RESULT IN DISMISSAL FROM THE EXAMINATION.

Check in Stations

During the course of the examination candidates will have their patients sent to the Evaluation Station for both assessments of the candidate’s performance as well as to meet other procedural aspects of the examinations. There will be a table(s) designated in the clinic which will serve as the Blue Station (paperwork review) and Green Station (electronic check in). Updates to teeth entries may be done at the Orange Station. These tables will have CITA administrative staff present at all times.

Patient Set Up and Approval

Candidates taking the Dental Hygiene Examination in the morning session will begin set up in the clinic at 7:00 a.m. whereas candidates taking the afternoon session will begin set up at 1:00 p.m.

Clinic Floor Examiners (CFEs) will be available in the clinic beginning at 7:00 a.m./1:00 p.m. to assist candidates with examination protocol and to answer any questions from the candidates. Patient check in for the Dental Hygiene examination takes place at the candidate’s cubicle between 7:30 a.m. and 8:30 a.m. or 1:30 p.m. and 2:30 p.m.. Beginning at 7:30 a.m. or 1:30 p.m. candidates may call over a CFE for patient check in which includes a review of the teeth selection, validation of approximating posterior teeth, a review of the Paperwork and Forms, and confirmation that the Blood Pressure has been taken and recorded during the set up period.
The first item the CFE will validate is whether all posterior teeth listed in the Treatment Selection have an approximating tooth within 2.0 mm to the surfaces of calculus scheduled for removal. If the criteria are satisfied the CFE will continue to the evaluation of the Consent Form and Medical History. If the approximating teeth criteria is not satisfied the candidate will be required to submit a Revised Treatment Selection. The candidate will make a new or altered treatment selection, list that selection on a treatment selection worksheet, and present it to the Desk Coordinator at the Orange Station so they can enter it into the electronic treatment selection program.

Once the revised treatment selection is entered into the computer, a tooth selection confirmation page is printed which will serve as validation that the teeth presented on the Treatment selection worksheet have been correctly entered into the computer program by the Desk Coordinator at the Orange Station. The candidate will be required to confirm the treatment selection by entering his/her initials on the form. The candidate may then have a CFE return to his/her operatory and begin the Case Acceptance procedure again. The CFE will again review the treatment selection and make the initial determination as to whether or not all the posterior teeth listed in the treatment selection have an approximating tooth within 2.0 mm from the surfaces of calculus which are to be identified and removed as part of the Dental Hygiene Examination.

The CFE will then review the Patient Consent form and the Medical History Form to ascertain whether proper consent to treatment has been granted and to determine if the patient’s health status is consistent with the treatment proposed for the examination. Should the review uncover an error or deficiency in candidate patient presentation, the candidate, if appropriate, may be allowed to correct such deficiency and re-submit the patient for approval. Candidates will not be allowed to proceed with treatment until their patient and documents have been approved.

**Only one patient may be presented for the Dental Hygiene Examination.**

Once a patient has been presented to the Clinic Floor Examiner for patient check-in, a back-up patient may not be presented if that patient is found not to be acceptable due to examination protocols, guidelines or requirements. If the patient is otherwise acceptable but there has been a correctable paperwork error, the candidate may be allowed to correct those errors and re-submit that patient for approval. In all circumstances the candidates must have their patients presented and approved for case acceptance and treatment BEFORE proceeding further with the examination. Treatment on a patient without documented approval by a Clinic Floor Examiner is a violation of examination protocol and may subject the candidate to dismissal from the examination.

**Pre-Treatment Evaluation**

*Whether the candidate is in the morning or the afternoon schedule, the candidate must have completed the Dental Hygiene Pre-Treatment Evaluation with a minimum of 45 minutes remaining in that clinic session (IE 10:45 for morning session and 4:45 PM for afternoon session). Candidates who do not meet this deadline will NOT be allowed to continue with patient treatment.*
At 8:30 a.m. or 2:30 p.m. the examination begins. All approved patients may be submitted to the Evaluation Station for Treatment Selection Evaluation (Pre-Treatment Evaluation). The candidate will gather all required forms, including a completed Evaluation Station Request Form (opposite side of Progress Form), radiographs, and the patient records and place them in a candidate folder which will be provided at the test site. The folder with all required materials will be presented to the Blue Station (paperwork review station) where they will be reviewed by CITA staff. This is a review to ascertain that the required documents are present and does not substitute for the approval process which has been conducted by a Clinic Floor Examiner during Patient check in on the clinic floor.

If the documents and radiographs are present for the evaluation or process being requested, the candidate will be issued a yellow procedure card which denotes the procedure for which the candidate is submitting their patient. The procedure card will be placed in the front pocket of the candidate folder so that it is easily visible. If not, the candidate will be required to complete the necessary forms and acquire any materials necessary.

Upon receipt of the procedure card the candidate should proceed to the Desk Coordinator at the Green Station (electronic check in). If a chair is available in the Evaluation Station, then it will be assigned and an escort will follow the candidate back to their operatory to pick up their patient. The patient and their required instruments will then be escorted to the Evaluation Station.

If a seat is not available in the Evaluation Station, the candidate will return to their operatory and have the required instruments ready for the arrival of an escort who will walk the patient to the Evaluation Station when a chair in the Evaluation Station is available. Candidates should NOT bring their patients to the Blue Station (paperwork review) or the Green Station (electronic check in).

The procedures, instruments and materials used are the choice of the candidate, as long as they are currently accepted and taught by accredited dental hygiene schools and the candidate has been trained in their use. For submission to the Evaluation Station, candidates are required to submit those instruments stipulated by examination protocols. **It is the responsibility of the candidate to provide the instruments used in this examination by the evaluation station and listed in this Candidate Manual, unless such instruments are furnished by the school.**

**EXAM SITE FACILITY INFORMATION CAN BE FOUND ON THE CITA WEBSITE**

Failure to have the required instruments may result in a penalty being assessed to the candidate. Candidates should consult their manual and/or the Evaluation Station Form for a list and description of the instruments required for each visit to the Evaluation Station.

**Patient Return and Instructions to Candidates**

Once the patient is returned from the Evaluation Station, the candidate should check the paperwork to see that all forms have been completed and to note the presence or absence of an Instructions to Candidate Form (ITC) which must, if present, be reviewed with the candidate by a Clinic Floor Examiner. The ITC will notify the candidate of any issues which may need to be corrected BEFORE patient treatment can begin.

The candidate will review the ITC with the Clinic Floor Examiner and will then document that review by entering his/her three digit candidate identification
number on the correct area of the ITC form. If a copy of the ITC is left with the candidate then it should be turned in at the completion of the examination.

Candidates who receive an Instruction to Candidate Form should not assume that they have failed. It is possible to pass the examination after being instructed to modify a procedure. Conversely, candidates who receive no instructions to modify procedures should not necessarily assume that their performance is totally satisfactory or will result in a passing grade. In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether each candidate has passed or failed a specific examination.

**Candidates who lose 26 points or more during the pre-treatment evaluation will not be allowed to continue the exam.**

**Finish Time Assignment**

Candidates will be assigned a Finish Time when their patient leaves the Evaluation Station following Dental Hygiene Pre-Treatment Evaluation which is ninety (90) minutes from the point of dismissal from the Dental Hygiene Pre-Treatment Evaluation. The latest finish time allowed will be 11:30 AM for the morning section and 5:30 PM for the afternoon session. Candidates must meet the required finish time or they will be in violation of examination protocol and a failure will be entered for that candidate.

The Finish Time will be listed on the front of the Progress Form. The Evaluation Station Request Form should be marked with an “OK” stamp at the bottom of the form to denote that Pre-Treatment has been electronically scored. See the CFE if you do not have a stamp and your patient has returned from Pre-Treatment. If your form has been stamped and there is an absence of an ITC form, the candidate may begin treatment of the patient and removal of the calculus listed on the treatment selection grid.

**Post-Treatment Evaluation**

Candidates are considered to have met required end time deadlines i.e. “Candidates Must be Checked In for Post-Treatment Evaluation” when they have completed the check in procedure for Post-Treatment Evaluation or the candidate is in line at the Blue Station (paperwork review) for Post-Treatment Evaluation.

When the candidate is ready to have the final cleaning evaluated they will submit an Evaluation Station Request Form (opposite side of Progress Form) for the Post Treatment Evaluation. When the patient is returned from the Evaluation Station, the Evaluation Station Request Form should be marked with an “OK” stamp at the bottom of the form to denote that it has been electronically scored.
### Exam Schedule Tables

#### Dental Hygiene Morning Session

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 a.m.</td>
<td>Candidate registration</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>Set Up and Approval</td>
</tr>
<tr>
<td></td>
<td>Case acceptance takes place in the candidate’s operatory.</td>
</tr>
<tr>
<td></td>
<td>Candidate may request a CFE to review and approve Medical History, Patient Consent Form, <strong>anesthetic record</strong> on the Progress Form and radiographs.</td>
</tr>
<tr>
<td>8:30 a.m.</td>
<td>Examination begins. Candidates send patients to the Evaluation Station for Treatment Selection (Pre-Treatment) evaluation.</td>
</tr>
<tr>
<td>Treatment Time</td>
<td>Candidates have 90 minutes to complete the periodontal treatment, starting after the patient returns from the Evaluation Station for the Treatment Selection (Pre-Treatment) evaluation.</td>
</tr>
<tr>
<td></td>
<td>Candidates must be in line for Paperwork Acceptance per stated time lines</td>
</tr>
<tr>
<td></td>
<td>Thus, patients must visit the Evaluation Station twice during the Dental Hygiene Examination – once before the treatment and once afterward. Each visit will take approximately 30 minutes.</td>
</tr>
<tr>
<td>11:30 a.m.</td>
<td>Final post-treatment check in Exam Ends</td>
</tr>
</tbody>
</table>

#### Dental Hygiene Afternoon Session

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 p.m.</td>
<td>Candidate registration</td>
</tr>
<tr>
<td>1:00 p.m.</td>
<td>Set Up and Approval</td>
</tr>
<tr>
<td></td>
<td>Case acceptance takes place in the candidate’s operatory.</td>
</tr>
<tr>
<td></td>
<td>Candidate may request a CFE to review and approve Medical History, Patient Consent Form, <strong>anesthetic record</strong> on the Progress Form and radiographs.</td>
</tr>
<tr>
<td>2:30 p.m.</td>
<td>Examination begins. Candidates send patients to the Evaluation Station for Treatment Selection (Pre-Treatment) evaluation.</td>
</tr>
<tr>
<td>Treatment Time</td>
<td>Candidates have 90 minutes to complete the periodontal treatment, starting after the patient returns from the Evaluation Station for the Treatment Selection (Pre-Treatment) evaluation.</td>
</tr>
<tr>
<td></td>
<td>Candidates must be in line for Paperwork Acceptance per stated time lines</td>
</tr>
<tr>
<td></td>
<td>Thus, patients must visit the Evaluation Station twice during the Dental Hygiene Examination – once before the treatment and once afterward. Each visit will take approximately 30 minutes.</td>
</tr>
<tr>
<td>5:30 p.m.</td>
<td>Final post-treatment check in Exam Ends</td>
</tr>
</tbody>
</table>
**Patient Dismissal**

When a candidate’s patient has returned from their post-treatment evaluation, the candidate must ask for a CFE to dismiss their patient. The CFE will sign the GREEN Patient Dismissal area on their progress form.

**Candidate Check-Out Procedure**

Upon completion of the exam, candidates must personally submit all examination packets to a central location determined by the chief examiner. Usually there will be a Candidate Check Out Station set up in an easily accessible and prominent area near the check in stations.

The Check Out Station will be manned by CITA Staff. These staff persons will help guide the candidate through the examination check out process. In addition there will be a Check Out form on the form table which will list the forms, badges and other items required for the candidate to successfully check out from the procedure.

**PLEASE DO NOT APPROACH THE CHECK OUT AREA UNLESS ALL FORMS ARE IN ORDER AND YOU HAVE COMPLETED THE CHECK OUT FORM.**

The following items **must be submitted in the provided white envelope and accounted for prior to dismissal from the examination site:**

- The complete mouth series of radiographs for the Dental Hygiene Examination need not be submitted unless requested by an examiner. (If the testing site requires that radiographs be retained in the patient record, the candidate may submit duplicates of the required radiographs.)
- Photo Candidate ID badge
- Photo Interpreter ID badge (if any)
- Patient Consent Form
- Medical History Form
- Progress/Evaluation Form
- Cubical cards

**All required examination records must be submitted to the check-out station before the examination is considered complete.**

An exam flow chart can be found in the Examination forms section. Candidates may display a copy of this flow chart during the exam.
The CITA Dental Hygiene Examination

V. Guidelines
Patient Management Guidelines

General Guidelines

1. The patient must be informed that he/she will be participating in an examination and that additional treatment may be required to meet his/her oral health needs.

2. **Only one patient may be presented for the Dental Hygiene Examination.** Once a patient has been submitted to the Clinic Floor Examiner for patient check in and approval, a back-up patient may not be presented if that patient is found not to be acceptable due to examination protocols, guidelines or requirements. If the patient is otherwise acceptable but there has been a correctable paperwork or radiographic requirement error, the candidate may be allowed to correct those errors and re-submit that patient for approval. In all circumstances the candidate must have their patients presented and approved for treatment BEFORE proceeding further with the examination. Treatment on a patient without documented approval by a Clinic Floor Examiner is a violation of examination protocol and may subject the candidate to dismissal from the examination.

3. The Treatment Selection Worksheet, a practice form provided in the examination forms section, may be completed prior to the day of the examination to help the candidate identify the selection of teeth he/she will present for evaluation. Candidates are responsible for independently (without the help of faculty and/or colleagues) selecting and documenting teeth and surfaces for treatment that fulfill the published criteria.

4. The candidate must accurately transfer the information from the Treatment Selection Worksheet to the Electronic Treatment Selection Grid (available on the CITA website up to 48 hours prior to the exam) to indicate his/her treatment selection. The teeth should be selected, and the surfaces to be treated should be indicated in the smaller box to the right.

5. The Dental Hygiene Progress/Evaluation Station Form will be provided at the examination site. When the candidate receives the Progress/Evaluation Station Form, he/she should place a candidate identification label on the form and enter his/her cubicle number. The cubical number should also be added to a candidate’s cubical card.

6. The procedures, instruments and materials used are the choice of the candidate, as long as they are currently accepted and taught by accredited dental and/or dental hygiene schools and the candidate has been trained in their use. It is the responsibility of the candidate to provide the instruments used in this examination and listed in this Candidate Manual, unless such instruments are furnished by the school.

7. The candidate may call over a CFE beginning at 7:30 a.m. (1:30 p.m. for afternoon session) to check the Medical History Form, Patient Consent Form (including the anesthetic record section) and confirm the patient’s blood pressure was taken that day. At 8:30 a.m. (2:30 p.m. for afternoon session) the patient may be sent to the Evaluation Station for Case Acceptance and Dental Hygiene Pre-Treatment Evaluation.

8. If any problems arise during the examination, the candidate should immediately notify a CFE. The CFE is also present to aid in any emergencies that may occur.

9. Candidates must complete the anesthesia portion on the Progress Form **whether or not** anesthesia is to be used. If the patient is too sensitive to withstand the use of a periodontal
probe or explorer during patient check-in, the candidate may request authorization from a CFE to anesthetize the patient prior to patient check-in.

10. When the candidate is ready for Pre-Treatment Evaluation, he/she will first sign in at the Blue Station (paperwork review) and then proceed to the Green Station (electronic check in). An escort will accompany the candidate back to their chair and then escort the Patient to the Evaluation Station. Patients will be evaluated for case acceptance and pre-treatment in the order in which they are signed in. Patients must take the folder with the required documents and instruments with them to the Evaluation Station. Only the patient may carry the Sealed Plastic Tote to the Evaluation Station. Send the following items with the patient:

- Completed Medical History Form (only patient signs initially)
- Consent Form (only patient signs initially)
- Completed Dental Hygiene Progress/Evaluation Station Form
- Radiographs
- Color-coded cubicle ID card with cubical number
- Instruments in a sealed plastic tote (no scalers or curettes):
  - Clear mirror (unscratched, untinted, non-disposable)
  - ODU 11/12 explorer
  - PCV 12 Hu-Friedy PH-6 Color Vue Probe
  - Air/water syringe tip

Note: The Progress Form/Evaluation Station form, Medical History form, Patient Consent form, Radiographs and color-coded cubicle ID card must be placed in the folder provided onsite. DO NOT turn in the Treatment Selection Worksheet.

The patient napkin must have a candidate ID label affixed to the napkin on the patient’s upper right hand corner.

11. The examiners will evaluate the three teeth with 4 mm or deeper pockets and the six to eight teeth with the 12 surfaces of subgingival calculus charted.

12. The approximate total time for the Dental Hygiene Examination is about 3 hours. The patient treatment time is 1 ½ hours. Candidates must receive a start time 45 minutes prior to the end of the examination day.

When the patient returns from the Evaluation Station, treatment should begin. Treatment continues until it is completed or until the finish time, as noted on the Dental Hygiene Progress Form. If candidates finish the patient treatment before their assigned finish time, they may check in at the Blue Station (paperwork review) for evaluation.

The candidate must scale all subgingival surfaces on the six to eight selected teeth, but only the 12 selected surfaces selected by the candidate will be evaluated. Supragingival calculus, plaque and stain must be removed from all surfaces of the selected teeth. No other teeth may be scaled or polished during the examination, and once the examination is completed, the patient must be dismissed.

13. By the stated finish time, each candidate should have completed subgingival calculus removal on the 12 selected surfaces and removed all supragingival calculus, plaque and stain from the entire crown of the selected teeth. The patient must be signed in with the Blue Station.
(paperwork review) for evaluation at the Evaluation Station by the recorded finish time.

14. For the Post Treatment Evaluation, the candidate must check in again at the Blue Station (paperwork review) and then proceed to the Green Station (electronic check in). A runner will accompany the candidate to the chair to escort the patient to the Evaluation Station. The Patient should be wearing a clean napkin with the candidate ID affixed in the upper right hand corner. The patient should carry the following items to the Evaluation Station.

- Completed Medical History Form (only patient signs initially)
- Consent Form (only patient signs initially)
- Completed Dental Hygiene Progress/Evaluation Station Form
- Radiographs
- Color-coded cubicle ID card with cubical number
- Instruments in a sealed plastic tote (no scalers or curettes):
  - Clear mirror (unscratched, untinted, non-disposable)
  - ODU 11/12 explorer
  - PCV 12 Hu-Friedy PH-6 Color Vue Probe
  - Air/water syringe tip

15. The examiners will evaluate tissue management and subgingival calculus removal from the selected tooth surfaces and evaluate supragingival calculus, stain and plaque removal from all surfaces on the selected teeth.

16. When the patient returns from the Evaluation Station, the candidate may NOT dismiss the patient, unless directed to do otherwise by the CFE. The candidate must clean the clinic area following accepted infection control procedures. The Candidate must see a CFE for a recorded dismissal on their Progress form before submitting final paperwork to the Candidate Check Out Station.
Dental Hygiene Requirements

Radiographic Requirements: Either A OR B

A. Full Mouth Series (exposed within the last three years) AND Bitewings (exposed within the last twelve months) if the Full Mouth Series is more than twelve months old.

Only if Full Mouth Series is exposed over twelve months prior to exam date

B. Panoramic (exposed within the last three years) AND Bitewings (exposed within the last twelve months).
Radiographs: Radiographs for the Dental Hygiene Examination must meet the following criteria:

- Candidates must submit a diagnostic panoramic radiograph or complete (full) mouth radiographic series exposed within the last three years; if a full mouth series is presented, films must be mounted according to ADA procedures (convexity up); both the options must indicate the exposure date, patient’s name, right and left side and candidate identification number.

- If the candidate submits a panoramic radiograph the candidates must also submit four bitewing radiographs exposed within the previous year.

- If utilizing a full mouth series, this must be mounted separately from the bitewings, unless the complete mouth series were taken within the previous year.

- If presenting film radiographs, candidate should consult their site facility for view box availability.

- Copies of film radiographs are acceptable for the Dental Hygiene Examination.

- If not using film radiographs, candidates must submit digital images. If digital prints are to be used, the radiographs must be printed and submitted on photo quality paper or acetate (preferably blue).

- If the school name is normally incorporated into the digital image, this should be removed or masked, if possible, before printing out the image on photo quality paper or the CFE should be asked to cover such a school identifier on the day of the examination.

- Images may NOT be displayed on monitors or any kind of electronic device. Digital prints should be submitted.

- For the Dental Hygiene examination the complete full-mouth series of digital images must be printed on 8 ½ by 11” premium quality photographic paper. If bitewings are also required due to the age of the full-mouth series, then they may be printed on a separate page of 8 ½ by 11” premium quality photographic paper.

- When printing the panoramic radiograph, the bitewing radiographs should be printed on a separate page of 8 ½ by 11” premium quality photographic paper from the panoramic image.

- Radiographs must not be retaken simply to produce a “perfect” image. Radiographs that have minor errors such as minor cone cutting, not showing all of a third molar or a slightly off center panoramic film, will not result in any loss of points and should not be retaken. Radiographic technique is not being evaluated in this part of the examination but diagnostic quality will be evaluated.
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. Arrangements for rental hand pieces 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.

The following instruments and equipment are specifically REQUIRED and must be provided by the candidate for this examination:

- Unscratched, untinted # 4 or #5 front-surface, non-disposable mouth mirror

- PCV 12 Hu-Friedy PH-6 Color Vue probe

- ODU #11/12 explorer

- Patient eye protection (personal eyewear is acceptable)
- Patient napkin holder (chain, self-adhesives, clips, etc.)
- 2 x 2 gauze (4 per trip)
- Sealed container (such as Tupperware), 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.
Dental Hygiene Criteria

DENTAL HYGIENE EXAMINATION

PATIENT SELECTION

TREATMENT GOALS

1. The Patient Consent Form, Medical History, and Progress Form are complete, accurate and current.
2. Both systolic and diastolic blood pressure are less than or equal to 159/94, or systolic and diastolic blood pressure are between 160/95 and 179/109 with a written medical clearance from a physician authorizing treatment during the examination.
3. Radiographs are of diagnostic quality and reflect the current clinical condition of the mouth. Periapicals have been exposed within the past three years, and bitewings have been exposed within the past year. Radiographs are properly mounted/printed and labeled with exposure date and patient’s name.
4. Calculus Detection portion of the Dental Hygiene Evaluation Form is properly completed, indicating
   - Six to eight teeth selected, each with at least one surface of calculus charted
   - At least three posteriors (molars, premolars), including at least one molar, in the selection. All posterior teeth must have at least one approximating tooth within 2 mm distance.
   - Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of interproximal calculus on molars/premolars
   - At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)
   - Three pockets of 4 mm or greater in depth, each on a different tooth within the selection

ACCEPTABLE

1. The Patient Consent Form is incorrect or not signed by patient.*
2. The Medical History is incomplete*, is missing candidate initials* or patient signature* or has slight inaccuracies that do not endanger the patient or change the treatment.
3. The Progress Form has inaccuracies or is incomplete or missing.*
4. Blood pressure has not been taken or is not recorded* but, upon correction, meets Satisfactory criteria.
5. Radiographs are available but were not submitted with the patient for initial evaluation.***
6. The Calculus Detection portion of the Evaluation Form has not been filled out or is filled out incorrectly, e.g., the form demonstrates
   - Fewer than six or more than eight selected teeth
   - Fewer than three molars or premolars and/or no approximating tooth within 2 mm of one or more of the selected posterior teeth
   - One or more selected teeth without any surfaces of calculus charted
   - More or fewer than 12 surfaces of subgingival calculus charted
   - Fewer than three surfaces of interproximal calculus on molars and/or premolars
   - More than four surfaces of subgingival calculus on incisors**
   - Three separate teeth and/or surfaces are not indicated for Pocket Depth Qualification and/or one or more of the teeth are outside the treatment selection.**

* Records and patient will be sent back to the candidate with an Instruction to Candidate Form requesting correction. (If the Dental Hygiene Evaluation Form is completed correctly, it will be retained in the Evaluation Station.)
** Records and patient will be sent back to the candidate with an Instruction to Candidate Form requesting correction.
*** The candidate will receive an Instruction to Candidate Form requesting radiographs.
## MARGINALLY SUBSTANDARD

1. Medical History has inaccuracies that do not endanger the patient but do change the treatment or require further explanation by candidate. The candidate submits an incomplete or incorrect Dental Hygiene Progress Form or Evaluation Form (if paper exam) for the second time.
2. Radiographs are of poor diagnostic quality and/or do not meet all of the criteria to be considered Satisfactory.
3. Of the three teeth indicated with pocket measurements of 4 mm or more in depth, only two teeth are found to have measurements of 4 mm or more and/or one or more of these teeth are outside the treatment selection on the second submission.

* Records and patient are sent back to the candidate with an Instruction to Candidate Form Requesting corrections.

## CRITICAL DEFICIENCY

1. The Medical History has inaccuracies or indicates the presence of conditions that do endanger the patient, candidate and/or examiners (in this situation, the Dental Hygiene Examination will be stopped). The candidate submits an incomplete and/or incorrect Patient Consent Form or Medical History for the second time.
2. The patient’s systolic and/or diastolic blood pressure is between 160/95 and 179/109 without a written medical clearance from a physician authorizing treatment, or blood pressure is 180/110 or greater even with a written medical clearance from a physician authorizing treatment.
3. Radiographs are of unacceptable diagnostic quality and/or are missing and not available on request. (In this situation, the Dental Hygiene Examination will be stopped).
4. Of the three teeth indicated with sulcus/pocket measurements of 4 mm or more in depth, fewer than two teeth are found to have pockets of 4 mm or more.
# DENTAL HYGIENE EXAMINATION

## TREATMENT AND TISSUE MANAGEMENT

### TREATMENT GOALS

1. The patient has adequate topical anesthesia for pain control, is comfortable and demonstrates no evidence of distress or pain.
2. Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft or hard tissue trauma occurs as a result of the scaling and polishing procedures.

### ACCEPTABLE

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

### MARGINALLY SUBSTANDARD

1. There is inadequate anesthesia for pain control. (The patient is in obvious distress or pain.)
2. There is minor soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include, but is not limited to, abrasions, lacerations or ultrasonic burns.
3. There is minor hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment.

### CRITICAL DEFICIENCY

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

VI. Examination Forms
Examination Forms Overview

Forms Completed Before the Examination

All of the following forms can be found on the CITA website and under the document tab of a candidate’s online profile. Full Page samples can be found later in this section.

Medical History Form

The candidate must complete BOTH SIDES of the Medical History Form for their patient participating in the examination. This form is available on the CITA website at www.citaexam.com. The Medical History Form may be completed prior to the examination, provided it is printed as a double sided form; (two sheets are not acceptable) and will be reviewed at patient check-in. If the patient will be treated by more than one candidate, each candidate must submit a separate Medical History Form.

Because this form will be reviewed by examiners during the procedure, candidates should initial – but not sign – the form before beginning treatment, in order to preserve anonymity. (Patients should sign with their full signature.) After the examination is completed and before submitting all records during check-out, candidates should complete the form with their full signature.

The patient’s blood pressure must be taken on the day of the examination, during the clinic period and documented by a clinic floor examiner (CFE). See Examination Overview Section in this manual for additional details concerning Patient’s Medical History.

Patient Consent Form (Patient Consent, Disclosure and Assumption of Liability)

Because this form will be reviewed by examiners during the procedure, candidates should simply add one of their candidate barcode labels at the bottom of the second page of the form before beginning treatment, in order to preserve anonymity. (Patients should sign with their full signature.) After the examination is completed and before submitting all records during check-out, candidates should complete the form with their full signature.

Candidates must review the Patient Consent Form with their patients and submit a signed copy on the day of the examination. This form is available on the CITA website at www.citaexam.com.
Dental Hygiene Treatment Selection Worksheet

The Dental Hygiene Treatment Selection Worksheet is a practice form candidates may use to identify the teeth they will treat during the Dental Hygiene Examination. This form is available on the CITA website at www.citaexam.com. It is also included in the Examination Forms section. See the Examination Overview in this manual for treatment selection guidelines.

Electronic Treatment Selection Grid

Candidates are responsible for independently (without the help of faculty and/or colleagues) selecting and documenting teeth and surfaces for treatment that fulfill the published criteria. No later than 48 hours prior to the day of the examination the information on the Treatment Selection Worksheet (available in Examination Forms section) should be accurately transferred to the online Electronic Treatment Selection Grid (ETSG) which is the official electronic format used by examiners for entering their assessments during the administration of the examination. See the Examination Overview in this manual for electronic treatment selection grid guidelines.

Pocket Depth Determination

After a candidate has selected their teeth on the ETSG, he/she will be taken to the screen that will automatically display the selected teeth on the online Electronic Treatment Selection Grid. Only those teeth which were selected during the treatment selection should appear. The candidate will choose three (3) teeth and surfaces which have pocket depth of 4 mm or greater. When finished the candidate will select the “Submit Teeth” button.

Plaque, Stain and Supragingival Deposits Removal

The electronic scoring software will automatically select the first six (6) teeth from the list of teeth selected on the Electronic Treatment Selection Grid for evaluation of Plaque/Stain and supragingival deposit removal.
Set up and Treatment Selection Revisions

The operatory assignments will be listed on your exam packet. The candidate will enter the clinic during the published Set Up period, seat his/her patient and begin placing infection and barrier control measures as well as setting up any equipment and supplies in the operatory.

The candidate may either continue with setting up the operatory in preparation for the beginning of the clinic, or if necessary, the candidate may change or modify their proposed treatment selection by submitting a new Treatment Selection Worksheet to CITA Staff at the Orange Station.

If a candidate needs to change the tooth selection that was submitted electronically on the ETSG prior to the examination, this is the time to change the ETSG submission to reflect the patient who is seated for testing.

If the candidate wishes to change the treatment selection, the candidate should take the revised treatment selection to the CITA Staff at the Orange Station who will enter the treatment selection as articulated on the Treatment Selection Worksheet and then print two copies of the treatment selection as entered.

The candidate will review the submission as entered by the CITA Staff member and enter his/her initials on the CITA Periodontal Teeth Selection Form along the line that states “initials” to acknowledge that the transfer was made accurately. The candidate will retain a separate copy for use during the examination. A separate copy will be retained by the CITA staff and made a permanent part of the candidate’s examination record.

The candidate should be aware that this is the treatment selection that will serve as the basis for the candidate’s assessment during all subsequent graded aspects of the examination. It is the candidate’s responsibility to ascertain that the grid submitted is correct and reflects the intended course of treatment.
Forms Completed at the Examination

Once the examination begins, examination materials distributed by the testing agency may not be removed from the examining area. Forms may not be reviewed by unauthorized personnel. **All of the following forms will be provided by CITA the day of the exam. Full Page samples can be found later in this section.**

**Progress Forms**

Color-coded Progress Forms are utilized to track the candidate’s progress through each procedure, document anesthesia administered and treatment provided, collect examiner signatures for all completed portions of the examination and provide appropriate progress notes from the candidate to examiners during the course of treatment.

Candidates will be provided with identification labels to place on each procedure’s Progress Form, as indicated on the form.

**Evaluation Station Request Form (opposite side of progress from)**

Color Coded Form for use by the candidate to denote which evaluation the candidate wishes to have performed in the Evaluation Station. Form is stamped when evaluation is complete.

**Instruction to Candidate Form**

Candidates may receive written instructions from examiners on an Instruction to Candidate Form if the examiners believe the treatment should be modified. The Instruction to Candidate Form is generated electronically by the examiners in the Evaluation Station, printed out at the Coordinator’s Desk and delivered to the candidate by a clinic floor examiner, in order to preserve anonymity. The candidate must initial on the Instruction to Candidate Form that he/she understands the instructions.

**Follow-Up Care Form**

The Follow-Up Form is utilized to advise the patient and candidate of additional treatment needs or whenever the treatment started by the candidate is incomplete or the final treatment is unacceptable. Like the Instruction to Candidate Form, the Follow-Up Form is sent electronically to the Coordinator Desk for subsequent delivery to the candidate. The Follow-Up Form identifies the problem and establishes responsibility for further treatment.

The Chief, Co-Chief or a Clinic Floor Examiner will first notify the candidate that the Evaluation Station has sent notice that some aspect of treatment and/or the result of patient treatment require that the patient be seen by a health care provider after the examination process. The patient is then informed by the Chief, Co-Chief or Clinic Floor Examiner that follow-up care is necessary. After a determination is made regarding financial responsibility for any follow up care, the candidate, the patient and Chief Examiner or Co-Chief Examiner sign the form.
FULL-PAGE

FORM SAMPLES
You are sitting as a patient for a qualifying examination for licensure in dental hygiene. This is a most important day for the dental hygienist is a candidate for licensure in the states and jurisdictions which participate in this examination. Everything you can do to cooperate with him/her is greatly appreciated. Your promptness and understanding are most important. A successful result of this examination for your dental hygienist means he/she will be able to enter practice and render a valuable service of oral health care to many people.

As a patient of this licensure candidate, any continuing care which you may require as a result of the procedures performed on this examination is the responsibility of the candidate who performed the service for you. Please be sure that your name, address and telephone number are supplied to the candidate and are recorded on the Progress Form. Conversely, be sure you receive the same information concerning your dentist.

Qualified examiners are always present during this examination to evaluate the performance of the candidate and if necessary to attend to your well-being. The examiners are unbiased and professional. Their behavior should not seem to be unfriendly, but to ensure fairness; they are instructed to not fraternize with patients or candidates at any time. While they are expected to be cordial, they will not be allowed to engage in unnecessary conversation with you or the candidate. Patients, candidates and auxiliary personnel will be treated with respect and understanding according to the rules of the examination.

Thank you for your cooperation.

Council of Interstate Testing Agencies, Inc.
Council of Interstate Testing Agencies, Inc.

CITA Dental Hygiene
Candidate Application Form

Candidates are responsible for meeting all of the Dental Hygiene Licensure exam application requirements. By signing below, candidates confirm they meet the requirements of at least one of the following qualifying category statements at the time they take the exam. CITA is not responsible for assuring that candidates are qualified or meet application or licensure requirements.

Candidates understand and agree that if at any time they no longer meet the requirements to take the Dental Hygiene Licensure exam, candidates have an ethical obligation to suspend their testing cycle until they are able to meet one of the testing requirements. CITA will report all discrepancies to CITA member states as well as other testing agencies.

Qualifying Categories

I. Candidates who are enrolled in a CODA or CDAC accredited dental hygiene program and have approval from their Program Director to take their CITA Dental Hygiene Licensure exam.

Signature is required for all pre-graduation dental hygiene candidates:

Dental Hygiene School: ___________________ Anticipated Graduation Date: ___________________

Designated School Signature: ___________________

II. Candidates who have graduated from a CODA or CDAC accredited dental hygiene program may take the CITA Dental Hygiene Licensure exam. Verification of graduation from a CODA or CDAC accredited dental hygiene program (i.e. copy of diploma, unofficial transcript, letter from the registrar’s office) is required and must be submitted with this application if this is the candidate’s initial qualifying category.

III. Candidates who are foreign trained dental hygienists may take the CITA Dental Hygiene Licensure exam if they are able to obtain a letter from a State Dental Licensing Board which states that they would qualify for a dental hygiene license in that state and they may therefore take the CITA Dental Hygiene Licensure exam. This letter must be mailed directly to the CITA office.

I, __________________________, acknowledge and swear that I qualify under one of the above listed categories to take the CITA Dental Hygiene Licensure exam. The signature from a school (if required) only reflects my standing with that school at the time of signature. I have read the CITA Dental Hygiene Manual and understand the application process, refund policy, 35 month, and three-time failure rule. Failure to register for the correct exam may result in an administrative fee of $200 for any changes made after initial payment has been made.

CITA reserves the right to deny admission to its examination should, in CITA’s sole discretion, should it have any concern regarding a candidate’s mental, physical, or emotional well-being, or questions regarding a candidate’s preparedness or educational training to the extent that the candidate may endanger patients engaged in the examination process. By signing this application, I consent to CITA providing to all its member states, ADEX, and other testing agencies information about me, including my exam results, any discrepancies, alleged exam misconduct and other pertinent information.

NOTARY

State of ____________ County of ____________

The statements on this document are subscribed and sworn to before me this ___________ day of __________, __20__

____________________________
Notary Public
My Commission Expires __________

2016 Graduate

MUST INCLUDE NOTARY STAMP
Council of Interstate Testing Agencies
2015 Hygiene
Facility Fees and Staffing Fees

It is important to read the online Facility Information which includes the specific instrument availability as well as sterilization details.

The following fees are charged by the testing facility, with the exception of staffing fees which are collected by CITA on behalf of the testing site. Fees MUST be paid online at the time of registration. Candidates who are testing at their own school may have these fees assessed just after the 60 day deadline. It is the candidate’s responsibility to pay these fees prior to the 30 day deadline. A $200.00 ADMINISTRATIVE FEE IS CHARGED FOR APPLICATION CORRECTIONS MADE AFTER PAYMENT HAS BEEN MADE. Please contact Sarah Stiegler at sstiegler@citaexam.com with questions.

CITA staffing fees are required for the hygiene exam at UAB, GTCC, and UNC. These fees are for hired staff for the administration of the examination.

**Alabama:**

<table>
<thead>
<tr>
<th>FACILITY FEE only includes facility use and sterilization. Candidates are required to make arrangements with the school for sterilization of their own instruments or to bring their own sterilized instruments.</th>
<th>Hygiene Examination</th>
<th>Staffing Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Candidates taking the CITA Hygiene exam</td>
<td>$250.00</td>
<td>$275.00</td>
</tr>
<tr>
<td>All candidates enrolled in the ADHP (State only exam)</td>
<td>$100.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Louisiana:** $150.00 INITIAL AND RETEST

This fee covers hygiene exam and instrument rental. (Current students of record at LSU are required to pay the facility fee ONLY once.)

**North Carolina (UNC):**

<table>
<thead>
<tr>
<th>FACILITY FEE includes facility use, instrument rental and sterilization</th>
<th>Hygiene examination</th>
<th>Staffing Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Students Enrolled at UNC</td>
<td>NA</td>
<td>$275.00</td>
</tr>
<tr>
<td>Non-UNC Students and all other Candidates</td>
<td>$200.00</td>
<td>$275.00</td>
</tr>
</tbody>
</table>

**North Carolina (GTCC):**

<table>
<thead>
<tr>
<th>FACILITY FEE includes facility use and sterilization.</th>
<th>Hygiene examination</th>
<th>Staffing Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Students Enrolled at GTCC (Initial test only)</td>
<td>NA</td>
<td>$275.00</td>
</tr>
<tr>
<td>Current Students Enrolled at GTCC (retest)</td>
<td>$250.00</td>
<td>$275.00</td>
</tr>
<tr>
<td>Non-GTCC Students and all other Candidates</td>
<td>$250.00</td>
<td>$275.00</td>
</tr>
</tbody>
</table>

*Fees are determined by the facilities and are subject to change.*

1003 High House Road, Suite 101, Cary, NC 27615 • www.citaexam.com • 919-460-7750
Council of Interstate Testing Agencies, Inc
Special Accommodations Request Form
Clinical Licensure Examination in Dentistry & Dental Hygiene

Section I: Personal Information

First Name  Middle Initial  Last Name

Social Security Number: __________ - __________ - ________

Exam Location: __________________________  Exam Date: ______________________

Section II: Disability Information
(Please check all that apply)

_____ Learning Disability  _____ Deaf/Hard of Hearing  _____ Attention Deficit Disorder

Other: ______________________________________________________________

Date when your disability was first diagnosed: ________________________________

Date of your recent evaluation: ________________________________

Name of evaluator making the diagnosis: ________________________________

Have you ever requested accommodations for taking an exam?  _____ Yes  _____ No

If YES, please specify the exam (e.g. Dental-Patient Based, Dental-Manikin Based, Hygiene, other certification exam) or circumstances and the accommodations you requested:

____________________________________________________________________

____________________________________________________________________

Section III: Accommodation Request

The accommodations being requested should be supported and recommended by the evaluator filling in Section 5-8 of this form.

_____ Extra Time. Please specify how much additional time you are requesting. ____________

_____ Separate Testing Environment  Other: ____________________________________________

Section IV: Candidate Signature

I certify that the information I have given above is true to the best of my knowledge.

________________________________________  __________________________
Signature  Date

2015 (EXAM/MASTER ORIGINALS/Application Forms)
Section V: Evaluator Certification
The evaluator who has conducted the most recent evaluation should fill out this page.

Name:

__________________________________________________________

License Type: ________________________________ State: ______ License #: ______

Diagnosis: ____________________________________________________

Diagnostic instruments used for diagnosis: ____________________________________________

__________________________________________________

Section VI: Recommended Accommodations
List recommended accommodations for each section of the exam. Attach a separate sheet if you need more room.

1. __________________________________________________________
   Rationale: ______________________________________________
   _________________________________________________________

2. __________________________________________________________
   Rationale: ______________________________________________
   _________________________________________________________

3. __________________________________________________________
   Rationale: ______________________________________________
   _________________________________________________________

Section VII: Signature of Evaluator
I certify that I am qualified to make the diagnosis and recommendations listed above for this candidate.

__________________________________________________________
Signature

__________________________________________________________
Date

Important:
Include with this form a report of your test results that include all test scores and a narrative detailing your findings. The accommodations you recommended must be supported by your findings. Be sure to read and follow the “Disability Documentation Guidelines.” Forms submitted without appropriate supporting documentation will be returned as incomplete.

2015 (EXAMiMASTER ORIGINALS|Application Forms)
Special Accommodation Information

CITA, in accordance with the Americans with Disabilities Act, will provide reasonable and appropriate accommodation for candidates with documented disabilities. CITA will provide reasonable accommodation, auxiliary aids, or services that are necessary to the extent required by law provided the requested accommodation, auxiliary aids, or services would not fundamentally alter the measurement of the skills or knowledge the exam is intended to test.

Candidates with disabilities who require accommodation while taking the ADEX Dental exam may apply to CITA for consideration of the accommodation by submitting the Special Accommodation Request Form and documentation no later than 45 days prior to the exam. For an accommodation request to be considered the Special Accommodation Request Form must be completed and submitted to CITA with supporting documentation in accordance with the conditions and guidelines stated.

The candidate is responsible for obtaining documentation of disabling conditions that require accommodation. Specific guidelines for acceptable documentation of disability can be found under the “Disability Documentation Guidelines” section. It is recommended that these guidelines be shared with the evaluators providing the documentation for the applicant, as incomplete or inadequate documentation written in support of accommodation may be denied by CITA as insufficient. CITA reserves the right to verify all information submitted by an applicant in support of a request for accommodation, and additional information from evaluators providing the supporting document may be requested. CITA has the right to refuse an accommodation request and/or deny the candidate’s eligibility status if it is found that either the candidate has deliberately misrepresented the information or the profession providing the information.

Appeal Process
Candidate may appeal a CITA accommodation decision. Appeals must be submitted to CITA in writing within 10 working days from the date the written notification of denial of accommodation is received. The candidate must submit pertinent, additional information for consideration with the written request for appeal. CITA’s decision regarding the appeal is final.

Confidentiality
All information requested on the following pages and any supporting documents submitted in support of an accommodation request will be treated as strictly confidential information by CITA and its assignees, except as authorized by the express permission of the candidate.

Disability Documentation Guidelines
Documentation submitted to CITA in support of an accommodation request must include a diagnosis of the disabling condition and show that the applicant is substantially limited in one or more of life’s activities. The documentation must support the request accommodation, auxiliary aids, or services.
Documentation submitted in support of accommodation requested will be evaluated by CITA using the following criteria:

**Evaluators Must be Qualified**
Evaluators conducting assessments and providing a diagnosis of any disability must be qualified to do so. Documentation submitted to CITA should include information about the evaluator’s licensure and/or certification. For the diagnosis of learning disabilities, examples of qualified evaluators include licensed school, education and clinical psychologists, neuropsychologists, psychiatrists, learning disability specialists, or medical professionals experienced within the field of learning disabilities. For the diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD) or other mental disorders that require accommodation, examples of qualified evaluators include licensed school, education and clinical psychologists, neuropsychologists, psychiatrists or other medical evaluators with experience and training in psychological/psychiatric evaluation.

**Documentation Must be Recent**
Documentation submitted must be less than three years old.

**The Evaluation and Assessment Procedures MUST BE Comprehensive and Appropriate for Adult Subjects**
Documentation must be thorough and comprehensive. AD/HD and learning disability documentation must minimally include appropriately named measures of intellectual ability and/or information processing such as the Wechsler Adult Intelligence Scale, Third Ability, or the Woodcock-Johnson Pscho-Educational Battery-Revised Tests of Cognitive Ability, and appropriately normed measures of academic ability such as Woodcock-Johnson Psycho-Education Battery-Revised Test of Academic Achievement. Screening tests such as the Wide Range Achievement Test are inappropriate as the sole measure of a person’s academic skill development. A narrative describing the test procedures and their instruments used must be included. Documentation submitted without scores of tests administered will be denied, and scores submitted without a narrative report that supports diagnosis will be denied.

**The Documentation MUST Provide Evidence of Support for the Specific Accommodation Requested by the Candidate and MUST List the Specific Accommodation Required**
It is the candidate’s responsibility to ensure that the evaluator completing the documentation understands the nature of the exam and specifies the accommodation requested for each section of the exam. Since this is a clinical exam, the accommodation routinely made for written exams may not apply. When a written exam is involved, it is imperative that the recommendation include whether the candidate requires a separate testing environment. Requests for additional time must specify the amount of additional time required.

**APPLICATIONS WHICH DO NOT COMPORT WITH CRITERIA OR WHICH ARE RECEIVED BY CITA LESS THAN 45 DAYS PRIOR TO THE EXAM MAY BE DENIED**

2015 (EXAM/MASTER OR(GINALS)/Application Forms)
Council of Interstate Testing Agencies, Inc. (CITA)

CERTIFICATION OF EXAMINATION PREPARATION AND ORIENTATION FORM

**Directions:** This form must be signed and turned in at the exam day registration.

You will NOT be admitted into the examination without this form completed.

☐ I certify that I have thoroughly read the examination manual(s) for the examination(s) and have prepared for the examination to the best of my knowledge.

**DDS Manikin Section ONLY:**

☐ I certify that I have thoroughly read the Manikin-Based Examination Review of Guidelines that pertain to the examination part(s) I am taking. (These guidelines are currently emailed to all candidates in their exam acceptance email. They can also be found on the CITA website in the forms section.)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Candidate 3-digit #</th>
</tr>
</thead>
</table>

Examination Site  Exam Date

2015 (EXAM/MASTER ORIGINALS:Application Forms) (12-1-2014)
Council of Interstate Testing Agencies, Inc. (CITA)  
Dental/Dental Hygiene Examination Disclaimer

Directions: This form must be signed and turned in at the exam registration.

LIMITATION OF LIABILITY AND INDEMNITY AGREEMENT

By signing below, I certify that I have read and understand the statements contained in this document and that I assume all risks associated with this examination. I recognize and agree that neither CITA, any CITA member state boards of dentistry, nor the School of Dentistry/Dental Hygiene where the CITA administers examinations, are responsible for the prevention or management of any of the incidents listed below. I agree to release and discharge CITA, any CITA member state boards of dentistry, and the School of Dentistry/Dental Hygiene from any liability or damage that may occur to my assistant, my patient(s), or myself regarding the incidents listed. I understand that neither CITA, nor any CITA member state boards of dentistry or the School of Dentistry/Dental Hygiene has any responsibility or duty to provide medical evaluation, treatment, counseling, follow-up care nor any type of compensation in connection with any of the incidents listed below. I also agree to indemnify and hold CITA, any CITA member state boards of dentistry, and the School of Dentistry/Dental Hygiene harmless for any occurrence under this agreement, including CITA, any CITA member state boards of dentistry and the School of Dentistry/Dental Hygiene attorneys’ fees, costs and expenses, in the event a claim is made against them.

This disclosure document pertains to the candidate’s voluntary assumption of risk in the event any of the following incidents occur during this licensure examination:

1. Untoward events or reactions to anesthetics, antibiotics, or other prescribed medications
2. Occurrence of paresthesia
3. Exposure to respiratory or oral secretions
4. Exposure to blood borne infectious agents such as HBV, HIV, and other microorganisms
5. Other dental injuries or inadequacies of patient care and/or treatment.

As part of the clinical examination CITA utilizes for licensure purposes, you will be required to perform clinical procedures on patients that you provide expressly for this purpose. In addition, you may be permitted to utilize a dental assistant to assist you with these procedures, which, again, you provide.

Neither CITA or any CITA member state boards of dentistry nor the School of Dentistry/Dental Hygiene assumes any responsibility or liability for the health status of you, your assistant or your patient(s). Should an injury or exposure occur during the administration of this examination, there is no responsibility on the part of CITA, any CITA member state boards of dentistry or the School of Dentistry/Dental Hygiene to you, your assistant, or your patient(s) to provide serologic testing, counseling, follow-up care, or any other service. It is your responsibility to assure that any and all individuals involved see(s) the appropriate licensed health care professional(s) and obtain(s) the appropriate treatment and follow-up care.

CANDIDATE NAME: ___________________________ (Please Print)  LAST 4 DIGITS OF SSN: _____________

I, the undersigned, verify that I have read and understood this disclaimer and Limitation of Liability and Indemnity Agreement.

EXAMINATION SITE: __________________ EXAM DATE: ______________

SIGNATURE: ______________________ DATE: ________________

2015 (EXAM/MASTER ORIGIALS/Application Forms)
Council of Interstate Testing Agencies, Inc. (CITA)

2015 INTERPRETER BADGE FORM

Directions: Candidates wishing to have an interpreter are required to sign and e-mail this form to CITA (info@citaexam.com) no later than three (3) weeks prior to the examination.

Candidates MUST bring to registration one (1) passport-size photo of their interpreter with their interpreter’s name on the back. A name badge will be included in the candidate’s packet. Candidates will affix the photo to the interpreter’s name badge prior to entering the clinic floor.

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.

Failure to timely provide the items listed will result in the interpreter being prohibited from assisting in the examination.

Candidate Name:

Exam Site: ______ Exam Date: ______ Candidate 3-digit Number (if available): ______

Interpreter Name:

Interpreter’s Address:

Interpreter’s Telephone: (_____) ______-_____

Procedure during which the interpreter will be present:

_____ Restorative  _____ Periodontal  _____ Dental Hygiene

I, ____________________________, certify that the interpreter listed above is not a licensed or unlicensed dentist/dental hygienist; third or fourth year dental student; final year dental hygiene student; dental technician; serving as a dental assistant during the exam; an employee of the school where the examination is being administered; or an expanded duty auxiliary (if providing services normally done by a dentist).

Candidate Signature ____________________________ Date ___/___/____

2015 (EXAM\MASTER ORIGINALS)\Application Forms
For office use ONLY:
Status Date: _______
Date Mailed: _______
Staff Initials: _______

Request for Duplicate Scores and Additional Manuals

Examination scores resulting in a candidate being awarded CITA/ADEX status will automatically be forwarded to those jurisdictions who are members of CITA (NC, LA, AL, PR, KY, WV). Duplicate score requests for these states will not be processed and any fees that have been submitted will be forfeited unless a refund request is submitted in writing.

Candidates who wish to have their scores released and/or a copy of the examination manuals transmitted to jurisdictions that are currently NOT MEMBERS states of CITA, but do accept the results from CITA administered exams (see website for a complete list), the candidate must submit this Notarized form (Duplicate Score Request Form) to the CITA office along with a Certified Check or Money Order (no personal checks) for the set fee amount. A fee of $35.00 will be charged per address to send specified Exam Scores and/or CITA/ADEX Status to non-member state boards. An additional $50.00 fee is required per examination manual if requested and must be included with this form.

CITA will only send specified scores to State Dental Boards for licensure purposes. All other requests must be made in writing and approved by the CITA Board of Directors.

(PLEASE PRINT. The information below must match your online candidate profile)

Name: __________________________ Name at time of examination: __________________________
Address: __________________________ City/State/Zip: __________________________
Telephone Number: ( ) __________________________ Email Address: __________________________
Date of Birth: __________________________ Social Security Number: __________________________
Date clinical examination was completed: __________________________ Location of test site: __________________________

Score Verification:

☐ Part I (DSE) ☐ Part II ☐ Part III ☐ Part IV ☐ Part V

Includes all sections: ☐ CITA Status ☐ ADEX Status (Exams cycles beginning in 2014)

Requests for Manuals:

Check the manual(s) you wish to receive. Manuals will be sent for the year the clinical exam was completed.


Select the format in which the manual(s) will be sent ☐ PDF (email must be provided) ☐ Mailed via USPS

Name and Address to which results or manuals are to be sent:

________________________________________

CANDIDATE
I hereby release, discharge, and hold harmless CITA or representatives and any person furnishing information, records, or documents of any and all liability.

________________________________________
Signature Date

NOTARY
State of __________ County of __________
The statements on this document are subscribed and sworn to before me this _______ day of __________, 20__

________________________________________
Notary Public
My Commission Expires

MUST INCLUDE NOTARY STAMP
Dental Hygiene Progress Form

Candidate Identification

Candidate #

Unit #

ANESTHETIC RECORD

Topical Gel: YES NO

Oraqix Gel (or similar): YES NO

Carpules: 1 2

Anesthetic Approval

Additional Oraqix

(Max -- 3 Total)

CFE #

PRE-TREATMENT MEDICATION

Patient Name

Medication(s):

Dosage/When Taken:

CASE ACCEPTANCE

Paperwork Acceptance

- Progress Form Completed
- Medical Health History Form Completed
- Treatment Consent Form Completed
- Acceptable Radiographs
- Blood Pressure Checked
- Patient Meets Requirements

Paperwork Denial

- Incomplete Progress Form
- Incomplete Medical Health History Form
- Incomplete Treatment Consent Form
- Radiographs (Missing/Non-Diagnostic)
- Blood Pressure Not Recorded
- Patient Does Not Meet Requirements

APPROVED:

CFE #

NOT APPROVED:

CFE # CFE #

Start Time

Optional

Finish Time

Patient Approved for Dismissal

CFE #
DENTAL HYGIENE
Patient Consent, Disclosure
and
Assumption of Responsibility

I authorize the individual listed below (the “Candidate”) to perform the following dental procedure(s) during the administration of a dental hygiene licensing examination (the “Examination”) by the testing agency(s) NERB, SRTA or CITA.

☐ Hygiene Probing and Prophylaxis
☐ Radiographs (as Required)

Acknowledgment
I understand the following:
- that the Candidate is not a licensed dental hygienist and the State Board has not yet determined whether the Candidate has the requisite skills to attain a license.
- that the testing agency has no knowledge of the Candidate’s skill or competence, and makes no promises about them.
- that any arrangements between the Candidate and me regarding my serving as a patient (including any financial arrangements) are solely between the Candidate and me, and do not involve the testing agency in any way.
- that the testing agency has no duty to, and will not, notify me of inadequate work done by the Candidate during the Examination.
- that it is my responsibility to have any and all dental work performed by the Candidate checked by a licensed dentist to determine that it is satisfactory.

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

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

Authorization of Disclosure of Medical Information
I recognize that medical information which could be pertinent to the oral health care I receive in the course of the Examination may be communicated to the testing agency, their examiners, the staff and clinicians of the dental school which is the location of the Examination, and other medical professionals when deemed medically necessary, or when necessary for the administration for the Examination. I authorize this disclosure. This authorization specifically includes the disclosure of radiographs (X-rays), and information about my current medical and dental condition and my prior medical and dental history.

11/12/2014
Patient Consent, Disclosure, and Assumption of Responsibility

Medical Condition and Medications
I have fully disclosed my current medical conditions and medical history to the best of my knowledge to the Candidate. I understand that if I am taking medications that are associated with certain chronic conditions, I may not be accepted as a patient for the Examination. I have fully disclosed all medications that I am currently taking to the Candidate. I have been informed that patients who are taking bisphosphonate medications may be at risk of osteonecrosis of the jaw after dental treatment or as a result of dental infections. I understand that neither the testing agency nor the school assumes any responsibility or liability regarding the health status of patients or candidates or concerning the procedures conducted by the Candidate. As neither the candidate nor patient is considered an employee of the testing agency or school, OSHA regulations do not apply. If an exposure to blood borne agents such as HIV or hepatitis or other infectious conditions occurs, it is not the responsibility of the school or testing agency to provide serologic testing, counseling, follow-up care or any other health service.

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

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

Agreement
I release the NERB, SRTA or CITA, participating dental schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, and any acts of the Candidate (including negligence), which occur during the course of this Examination, and any damages or injuries I may suffer as a result of my participation in the Examination. With full knowledge of all of the risks described above, I hereby expressly assume all risks as described or which can be inferred from the statements in this document. I further agree that neither NERB, SRTA or CITA, nor the participating dental schools nor their employees or agents are responsible to provide any medical evaluation, treatment, counseling, follow-up care, or any compensation for any condition or occurrence arising out of any act or omission of the Candidate, and I hereby indemnify and agree to hold them harmless from any such claims and expenses, including attorney's fees.

I verify that I am not a dentist (licensed or unlicensed), a dental student in the third, fourth or the final year of dental school, a dental student in a graduate level dental program, or a dental hygiene student in the final year of school.

By my signature below, I verify that I have read and fully understood the above information, and I agree to the terms of this agreement in consideration for the treatment provided by the Candidate.

Patient: Printed Name / Date of Birth

Patient: Signature / Date

Patient: Street Address

Patient: City / State / Zip Code

Patient: Phone Number / E-mail Address

Candidate Signature (at exam check out only)

11/12/2014
Medical History

Patient’s name ___________________________ Date Form Completed ___________ / ______ / ______

Birthdate ______ / ______ / ______ Weight ___________________________

Blood Pressure _____ / ______ / ______ Weight ___________________________

INSTRUCTIONS TO THE PATIENT:
Answer the following questions as completely and accurately as possible. All information is CONFIDENTIAL.
Please circle “YES” or “NO” to all questions, and write in your answers as appropriate.

1. Are you under the care of a physician at this time? YES NO
   If yes, for what condition?

2. The name and address of my physician is:

3. Your last physical examination was on

4. Has a physician treated you in the past six months? YES NO
   If yes, for what condition?

5. Have you been hospitalized or have a serious illness (including MRSA infection) within the last five years? YES NO
   If yes, please specify:

6. Are you allergic or had any adverse reaction to any medicines, drugs, local anesthetics, LATEX or other substances? YES NO
   If yes, please specify:

7. Do you now or have you ever smoked cigarettes or used tobacco products? YES NO
   If yes, please specify: ___________________________ Number of packs/day ___________________________ Number of years: ___________________________

8. Do you have or have you had any of the following diseases/problems? Please explain “YES” answers on the back.

<table>
<thead>
<tr>
<th>A. Abnormal bleeding, bruise or history of transfusion, Taking aspirin or blood thinner...</th>
<th>Q. Artificial/Prosthetic heart valves...</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Lung/Respiratory condition (asthma, bronchitis, emphysema)...</td>
<td>R. Valve damage following heart transplant...</td>
</tr>
<tr>
<td>C. Diabetes...</td>
<td>S. Congenital heart disease...</td>
</tr>
<tr>
<td>D. Emotional/Mental health disorder (anxiety, depression, bipolar disorder)...</td>
<td>T. Infective endocarditis (heart infection)...</td>
</tr>
<tr>
<td>E. Epilepsy/Seizure/Convolutions...</td>
<td>U. Heart attack Date: ___________________________</td>
</tr>
<tr>
<td>F. Liver disease (Hepatitis/Alcohol/Cirrhosis)...</td>
<td>V. Heart surgery Date: ___________________________</td>
</tr>
<tr>
<td>G. High blood pressure...</td>
<td>W. Stroke Date: ___________________________</td>
</tr>
<tr>
<td>H. HIV positive/AIDS...</td>
<td>X. Congestive heart failure...</td>
</tr>
<tr>
<td>I. Hives, itching or skin rash...</td>
<td>Y. Coronary artery or other heart disease...</td>
</tr>
<tr>
<td>J. Kidney/Renal disease...</td>
<td>Z. Arteriosclerosis/Coronary occlusion...</td>
</tr>
<tr>
<td>K. Sexually Transmitted Disease(s)...</td>
<td>AA. Pacemaker...</td>
</tr>
<tr>
<td>L. Stomach ulcers...</td>
<td>BB. Implanted cardio-defibrillator...</td>
</tr>
<tr>
<td>M. Thyroid disease...</td>
<td>CC. Immune suppression or deficiency...</td>
</tr>
<tr>
<td>N. Tuberculosis...</td>
<td>DD. Cancer/Chemo/Radiation therapy...</td>
</tr>
<tr>
<td>O. Artificial/Prosthetic joint replacement (knee or hip)... Date: ___________________________</td>
<td>EE. Drug abuse (cocaine, methamphetamine, heroin, crack) or drug rehabilitation...</td>
</tr>
<tr>
<td>P. Angina/Chest pain, Shortness of breath... YES NO FF. Alcohol abuse (alcohol rehabilitation)... YES NO</td>
<td></td>
</tr>
</tbody>
</table>

LETTER | EXPLANATION FOR QUESTION 8

Turn Over ➔
<table>
<thead>
<tr>
<th>LETTER</th>
<th>EXPLANATION FOR QUESTION 8 (Continued)</th>
</tr>
</thead>
</table>

9. Have you had surgery or x-ray treatment for a tumor, growth or other condition of your head or neck? .......................... YES NO
   If yes, please list: _________________________________________________________________

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

<table>
<thead>
<tr>
<th>OTHER CONDITION</th>
<th>EXPLANATION</th>
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</table>

11. Are you taking or have you ever taken any medications, (examples below), either orally or by injection, for osteoporosis, osteopenia or bone loss due to aging OR lung cancer, breast cancer, prostate cancer, colorectal cancer, wet macular degeneration, Paget’s Disease, or multiple myeloma? .......................................................... YES NO
   Examples: Fosamax® (alendronate); Boniva® (ibandronate); Actonel® (risedronate); Reclast® yearly injection (zoledronic acid); Arcin® (pamidronate); Zometa® (zoledronic acid); Bonfos® (olodronate); Avastin® (bevacizumab); Erbitux® (cetuximab); Herceptin® (trastuzumab)?
   If yes, please check the appropriate medication below:
   _________________________________________________________________

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

<table>
<thead>
<tr>
<th>MEDICATION/DOSAGE</th>
<th>REASON PRESCRIBED</th>
</tr>
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<tbody>
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</table>

13. WOMEN ONLY: Are you pregnant? ................................................................. YES NO
   If yes, when is your expected due date?
   _________________________________________________________________

   Are you currently breast feeding? ....................................................................... YES NO
   _________________________________________________________________

Any item on the Medical History with a “YES” response, in questions #4-13 could require a Medical Clearance from a licensed physician if the explanation section indicated the possibility of a systemic condition that could affect the patient’s suitability for elective dental treatment during the examination. The Medical Clearance must include the physician’s name, address, and phone number.

I certify that I have read and understand the above. I acknowledge that I have answered these questions accurately and completely. I will not hold the testing agency responsible for any action taken or not taken because of errors I may have made when completing this form.

PATIENT SIGNATURE: __________________________ DATE SIGNED: __________

CANDIDATE INITIALS: _____ DATE INITIALED: _________ CANDIDATE SIGNATURE: ______________________

(Added at end of exam)

AMERICAN SOCIETY OF ANESTHESIOLOGY (ASA) CLASSIFICATION ........................................ CLASS
(A SA I: Normal healthy patient; ASA II: Patient with mild systemic disease; no functional limitation—eg, smoker with well-controlled hypertension; ASA III: Patient with severe systemic disease; definite functional impairment—eg, diabetes mellitus (DM) and angina pectoris with relatively stable disease, but requiring therapy)
DENTAL HYGIENE TREATMENT SELECTION WORKSHEET

This form may be used to register teeth in the candidate online profile prior to the exam, or on the day of the examination with the Desk Coordinator at the Check In Station. Desk Coordinators will enter changes into the patient management software system and print two (2) confirmation sheets. The candidate will enter their candidate ID # on one copy which the desk will keep. The second copy is for candidate use.

<table>
<thead>
<tr>
<th>Tooth #</th>
<th>Surfaces</th>
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<tbody>
<tr>
<td>1</td>
<td>M D F L</td>
</tr>
<tr>
<td>2</td>
<td>M D F L</td>
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<tr>
<td>3</td>
<td>M D F L</td>
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<tr>
<td>31</td>
<td>M D F L</td>
</tr>
<tr>
<td>32</td>
<td>M D F L</td>
</tr>
</tbody>
</table>

**Patient’s Name**

**Candidate #**

**Unit #**

**Teeth Selection Requirements**

In the adjacent grid place an "X" in the box corresponding to the teeth and surfaces of the 6-8 teeth selected for treatment, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth within two (2) millimeters. Each of the selected teeth must have at least one surface of subgingival calculus selected for calculus removal. (M = Mesial, F= Facial, D = Distal, L = Lingual).

**Calculus Detection Requirements:**

There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth. No more than four surfaces may be on incisors. Three (3) of the twelve (12) identified surfaces of calculus must be on inter-proximal surfaces of posterior teeth, i.e., on molars and/or premolars.

**Pocket Depth Qualification**

There must be three pockets of 4 mm or greater in depth, each on a separate tooth from among the six to eight teeth selected for treatment. Although the three pockets of 4 mm or more must be on the teeth within the treatment selection, it is not necessary that those surfaces be selected for calculus removal. Enter the numbers of the 3 teeth, with 4 mm or deeper pockets, where indicated under “Tooth #”. Mark with an ‘X’ the surface where the pocket is located. (M = Mesial, F= Facial, D = Distal, L = Lingual).

**Plaque/Stain Removal**

The first six (6) teeth from the list of teeth selected for Subgingival Calculus Detection, will be evaluated for the removal of plaque, stain, and supragingival deposits on the coronal surfaces of the teeth.
Council of Interstate Testing Agencies, Inc  
1003 High House Road, Suite 101  
Cary, North Carolina 27513  
(919) 460-7750  

DENTAL HYGIENE  
Review/Appeal Process  

CITA maintains an examination review process whereby you may request a review of your individual examination results. This is a formalized process and is conducted by a special committee whose charge is to review your request. Any request for such a review MUST BE FILED and received at CITA’s central office NO LATER THAN fourteen days after results are released, along with a certified check or money order in the amount of $125.50 for the filing fee.  

CITA’s special committee is required to complete its review within sixty (60) days from the time it receives a formal request. The review is based on a re-assessment of documentation of your performance on the examination. The review DOES NOT INCLUDE A REGRADING of that performance; it is limited to a determination of whether or not there exists substantial evidence to support the judgment of the examiners at the time of the examination.  

Name: ____________________________________________________________  

SS#: ___________________________ Phone Number: (  ) __________________  

Address: __________________________________________________________________  

_________________________________  
City State Zip Code  

Date of Examination: ____________________________________________________________________  

Concise Statement of Appeal (If necessary, attach a separate sheet):  

________________________________________________________________________  

________________________________________________________________________  

________________________________________________________________________  

________________________________________________________________________  

________________________________________________________________________  

________________________________________________________________________  

Signature ________________________________ Date ________________________________
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 hygiene 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.

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abfraction</td>
<td>The deep V-shaped groove usually noted at the CEJ which is caused by bruxism.  This may be visible or below the gingival margin.</td>
</tr>
<tr>
<td>Abrasion</td>
<td>Abnormal wearing of tooth substance or restoration by mechanical factors other than tooth contact.</td>
</tr>
<tr>
<td>Abutment</td>
<td>A tooth used to provide support or anchorage for a fixed or removable prosthesis.</td>
</tr>
<tr>
<td>Acrylic Resin</td>
<td>Synthetic resin derived from acrylic acid used to manufacture dentures/denture teeth and provisional restorations.</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Selective grinding of teeth or restorations to alter shape, contour, and establish stable occlusion.</td>
</tr>
<tr>
<td>Angle</td>
<td>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.</td>
</tr>
<tr>
<td>Apical</td>
<td>The tip, or apex, of a root of a tooth and its immediate surroundings.</td>
</tr>
<tr>
<td>Attached Gingiva</td>
<td>The portion of the gingiva that extends apically from the base of the sulcus to the mucogingival junction.</td>
</tr>
<tr>
<td>Attrition</td>
<td>Loss of tooth substance or restoration caused by mastication or tooth contact.</td>
</tr>
<tr>
<td>Axial Wall</td>
<td>An internal cavity surface parallel to the long axis of the tooth.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
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<tr>
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</tr>
<tr>
<td>Base</td>
<td>Typically a replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOE B&amp;T, IRM, glass ionomer cement and zinc-phosphate cement.</td>
</tr>
<tr>
<td>Bevel</td>
<td>A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.</td>
</tr>
<tr>
<td>Bonding Agent</td>
<td>See “Sealers.”</td>
</tr>
<tr>
<td>Bridge</td>
<td>Permanently fixed restoration that replaces one or more missing natural teeth.</td>
</tr>
<tr>
<td>Build Up</td>
<td>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.</td>
</tr>
<tr>
<td>Calculus</td>
<td>A hard deposit attached to the teeth, usually consisting of mineralized bacterial plaque.</td>
</tr>
<tr>
<td>Caries</td>
<td>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.</td>
</tr>
<tr>
<td>Cavity Preparation</td>
<td>Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.</td>
</tr>
<tr>
<td>Cavosurface Margin</td>
<td>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.</td>
</tr>
<tr>
<td>Cementoenamel Junction</td>
<td>Line formed by the junction of the enamel and cementum of a tooth.</td>
</tr>
<tr>
<td>Centric Occlusion</td>
<td>That vertical and horizontal position of the jaws in which the cusps of the maxillary and mandibular teeth interdigitate maximally.</td>
</tr>
<tr>
<td>Centric Relation</td>
<td>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.</td>
</tr>
<tr>
<td>Contact Area</td>
<td>The area where two adjacent teeth approximate.</td>
</tr>
<tr>
<td>Convenience Form</td>
<td>The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.</td>
</tr>
<tr>
<td>Convergence</td>
<td>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.</td>
</tr>
<tr>
<td>TERM</td>
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</tr>
<tr>
<td>Core</td>
<td>A restoration associated with a cast restoration which replaces <strong>ALL</strong> 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.</td>
</tr>
<tr>
<td>Crown</td>
<td>Cast-metal restoration or porcelain restoration covering most of the surfaces of an anatomical crown.</td>
</tr>
<tr>
<td>Cusp (Functional)</td>
<td>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.</td>
</tr>
<tr>
<td>Cusp (Non-Functional)</td>
<td>Those cusps of teeth which by their present occlusion <strong>DO NOT</strong> provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.</td>
</tr>
<tr>
<td>Debris</td>
<td>Scattered or fragmented remains of the cavity preparation procedure; all debris should be thoroughly removed from the preparation before the restoration is placed.</td>
</tr>
<tr>
<td>Defective Restoration</td>
<td>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.</td>
</tr>
<tr>
<td>Dentin</td>
<td>Calcified tissue surrounding the pulp and forming the bulk of the tooth.</td>
</tr>
<tr>
<td>Deposits--Subgingival</td>
<td>Deposits which are apical to the gingival margin.</td>
</tr>
<tr>
<td>Deposits--Supragingival</td>
<td>Deposits which are coronal to the gingival margin.</td>
</tr>
<tr>
<td>Divergence</td>
<td>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.</td>
</tr>
<tr>
<td>Embrasure</td>
<td>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.</td>
</tr>
<tr>
<td>Enameloplasty</td>
<td>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.</td>
</tr>
<tr>
<td>Erosion</td>
<td>Abnormal dissolution of tooth substance by chemical substances; typically involves exposed cementum at the CEJ.</td>
</tr>
<tr>
<td>Exposure</td>
<td>See “Pulp Exposure.”</td>
</tr>
<tr>
<td>Fissure</td>
<td>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.</td>
</tr>
<tr>
<td>Flash</td>
<td>Excess restorative material extruded from the cavity preparation extending onto the unprepared surface of the tooth.</td>
</tr>
<tr>
<td>Foundation</td>
<td>See “Build Up.”</td>
</tr>
<tr>
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</tr>
<tr>
<td>Gingival Recession</td>
<td>The visible apical migration of the gingival margin, which exposes the CE junction and root surface.</td>
</tr>
<tr>
<td>Gingival Wall</td>
<td>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.</td>
</tr>
<tr>
<td>Gingivitis</td>
<td>Inflammation of the gingiva.</td>
</tr>
<tr>
<td>Glass Ionomer</td>
<td>Material containing polyacrylic acid and aluminosilicate glass that can be used as restorative, lining or luting material.</td>
</tr>
<tr>
<td>Grainy</td>
<td>The rough, perhaps porous, poorly detailed surface of a material.</td>
</tr>
<tr>
<td>Ill-Defined</td>
<td>A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.</td>
</tr>
<tr>
<td>Infra-Occlusion</td>
<td>A tooth or restoration which lacks opposing tooth contact in centric when such contact should be present.</td>
</tr>
<tr>
<td>Interproximal Contact</td>
<td>The area of contact between two adjacent teeth; also called proximal contact.</td>
</tr>
<tr>
<td>Isthmus</td>
<td>A narrow connection between two areas or parts of a cavity preparation.</td>
</tr>
<tr>
<td>Keratinized Gingiva</td>
<td>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 tooth brushing; and provides a solid base for the movable alveolar mucosa for the action of the cheeks, lips and tongue.</td>
</tr>
<tr>
<td>Line Angle</td>
<td>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.</td>
</tr>
<tr>
<td>Line of Draw</td>
<td>The path or direction of withdrawal or seating of a removable or cast restoration.</td>
</tr>
<tr>
<td>Liner</td>
<td>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.</td>
</tr>
<tr>
<td>Liner - Treatment</td>
<td>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.</td>
</tr>
<tr>
<td>Long Axis</td>
<td>An imaginary straight line passing through the center of the whole tooth occluso-apically.</td>
</tr>
<tr>
<td>Marginal Deficiencies</td>
<td>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.</td>
</tr>
<tr>
<td>Marginal Excess</td>
<td>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.”</td>
</tr>
<tr>
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</tr>
<tr>
<td>Mobility</td>
<td>The degree of looseness of a tooth.</td>
</tr>
<tr>
<td>Occluso-Axial Line Angle</td>
<td>In a casting preparation, the angle formed by the junction of the prepared occlusal and axial (lingual, facial, mesial, distal) surfaces.</td>
</tr>
<tr>
<td>Open Margin</td>
<td>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.</td>
</tr>
<tr>
<td>Outline Form (External)</td>
<td>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.</td>
</tr>
<tr>
<td>Outline Form (Internal)</td>
<td>The internal details and dimensions of the finished cavity preparation.</td>
</tr>
<tr>
<td>Over-Contoured</td>
<td>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.</td>
</tr>
<tr>
<td>Over-Extension (Preparation)</td>
<td>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.</td>
</tr>
<tr>
<td>Over-Extension (Restoration)</td>
<td>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.”</td>
</tr>
<tr>
<td>Overhang (Restoration)</td>
<td>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.”</td>
</tr>
<tr>
<td>Path of Insertion</td>
<td>The path or direction of withdrawal or seating of a removable or cast restoration; see “Line of Draw.”</td>
</tr>
<tr>
<td>Periapical</td>
<td>Area around the root end of a tooth.</td>
</tr>
<tr>
<td>Periodontitis</td>
<td>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.</td>
</tr>
<tr>
<td>Pits (Surface)</td>
<td>Small voids on the polished surface (but not at the margins) of a restoration.</td>
</tr>
<tr>
<td>Polishing (Restoration)</td>
<td>The act or procedure of imparting a smooth, lustrous, and shiny character to the surface of the restoration.</td>
</tr>
<tr>
<td>Pontic</td>
<td>The suspended portion of a fixed bridge that replaces the lost tooth or teeth.</td>
</tr>
<tr>
<td>Porous (Restoration)</td>
<td>To have minute orifices or openings in the surface of a restoration which allow fluids or light to pass through.</td>
</tr>
<tr>
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<tr>
<td>Provisional Restoration</td>
<td>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.</td>
</tr>
<tr>
<td>Pulp Cap (Direct)</td>
<td>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.</td>
</tr>
<tr>
<td>Pulp Cap (Indirect)</td>
<td>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.</td>
</tr>
<tr>
<td>Pulp Exposure (Carious)</td>
<td>The frank exposure of the pulp through clinically carious dentin.</td>
</tr>
<tr>
<td>Pulp Exposure (General)</td>
<td>The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.</td>
</tr>
<tr>
<td>Pulp Exposure (Irreparable)</td>
<td>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.</td>
</tr>
<tr>
<td>Pulp Exposure (Mechanical) (Unwarranted)</td>
<td>The frank exposure of the pulp through non-carious dentin caused by operator error, misjudgment, pulp chamber aberration, etc.</td>
</tr>
<tr>
<td>Pulp Exposure (Reparable)</td>
<td>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.</td>
</tr>
<tr>
<td>Pulpal Wall</td>
<td>An internal cavity surface perpendicular to the long axis of the tooth; also pulpal floor.</td>
</tr>
<tr>
<td>Pulpoaxial Line Angle</td>
<td>The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.</td>
</tr>
<tr>
<td>Pulpotomy</td>
<td>The surgical amputation of the vital dental pulp coronal to the cement-enamel junction in an effort to retain the radicular pulp in a healthy, vital state.</td>
</tr>
<tr>
<td>Resistance Form</td>
<td>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.</td>
</tr>
<tr>
<td>Retention Form</td>
<td>The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
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</tr>
<tr>
<td>Root Planing</td>
<td>A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.</td>
</tr>
<tr>
<td>Scaling</td>
<td>Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.</td>
</tr>
<tr>
<td>Surface Sealant</td>
<td>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.</td>
</tr>
<tr>
<td>Composite Resin Restoration Coating</td>
<td>Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity; <strong>Varnish</strong>: 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; <strong>Resin Bonding Agents</strong>: Include the primers and adhesives of dentinal and all-purpose bonding agents; examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.</td>
</tr>
<tr>
<td>Sealers</td>
<td>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.</td>
</tr>
<tr>
<td>Shoulder Preparation</td>
<td>A shelf cut around the tooth as for a porcelain jacket crown.</td>
</tr>
<tr>
<td>Sound Tooth Structure</td>
<td>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.</td>
</tr>
<tr>
<td>Stain - Extrinsic</td>
<td>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.</td>
</tr>
<tr>
<td>Stain - Intrinsic</td>
<td>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.</td>
</tr>
<tr>
<td>Sonic Scaler</td>
<td>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.</td>
</tr>
<tr>
<td>Sterilization</td>
<td>A heat or chemical process to destroy microorganisms.</td>
</tr>
<tr>
<td>Supra-Occlusion</td>
<td>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.</td>
</tr>
<tr>
<td>Taper</td>
<td>To gradually become more narrow in one direction.</td>
</tr>
<tr>
<td>Temporary Restoration</td>
<td>See “Provisional Restoration.”</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
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</tr>
<tr>
<td>Tissue Trauma – Gross Hard</td>
<td>Unwarranted iatrogenic damage to the intraoral hard tissues resulting in injury to the teeth and/or bone which would require that reparative measures are taken to correct the injury to the patient and restoration of the patient’s hard tissues.</td>
</tr>
<tr>
<td>Tissue Trauma – Gross Soft</td>
<td>Unwarranted iatrogenic damage to extra/intraoral soft tissues resulting in significant injury to the patient such as lacerations greater than 3.0 mm, burns, amputated papilla, or large tissue tags.</td>
</tr>
<tr>
<td>Tissue Trauma - Hard</td>
<td>Abrasions, alterations, and/or disruptions to the natural cellular composition and/or morphology of the teeth and/or supporting alveolar bone which are the result of chemical or mechanical contact with agents, instruments, and/or armamentarium employed by the candidate during the examination evaluation process.</td>
</tr>
<tr>
<td>Tissue Trauma - Soft</td>
<td>Breaks, alterations, abrasions, disruptions or other changes to the natural cellular composition or morphology of that area, which are the result of chemical or mechanical contact with agents, instruments, and/or armamentarium employed by the candidate during the examination evaluation process.</td>
</tr>
<tr>
<td>Ultrasonic Scaler</td>
<td>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.</td>
</tr>
<tr>
<td>Uncoalesced</td>
<td>The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.</td>
</tr>
<tr>
<td>Under-Contoured</td>
<td>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.</td>
</tr>
<tr>
<td>Undercut</td>
<td>Feature of tooth preparation that retains the intra-coronal restorative material; an undesirable feature of tooth preparation for an extra-coronal restoration.</td>
</tr>
<tr>
<td>Under-Extension (Preparation)</td>
<td>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.</td>
</tr>
<tr>
<td>Under-Extension (Restoration)</td>
<td>Restorative material which fails to extend to the cavosurface margin of the cavity walls thereby causing exposure of the prepared cavity wall.</td>
</tr>
<tr>
<td>Undermined Enamel</td>
<td>During cavity preparation procedures, an enamel tooth surface (particularly enamel rods) which lacks dentinal support; also called unsupported enamel.</td>
</tr>
<tr>
<td>Unsound Marginal Enamel</td>
<td>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.</td>
</tr>
<tr>
<td>Varnish</td>
<td>See “Sealers.”</td>
</tr>
<tr>
<td>Void(s)</td>
<td>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.</td>
</tr>
</tbody>
</table>