Registration information included
Please read this manual in detail prior to attending the examination
ONLY CITA PREPARED MANUALS AND FORMS MAY BE BROUGHT INTO THE EXAM

CITA
2019 CANDIDATE MANUAL

Registration information included
Please read this manual in detail prior to attending the examination
ONLY CITA PREPARED MANUALS AND FORMS MAY BE BROUGHT INTO THE EXAM

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COUNCIL OF INTERSTATE TESTING AGENCIES

The Council of Interstate Testing Agencies, Inc. (CITA) is a not-for-profit corporation which serves the community as an independent regional testing agency. CITA administers the ADEX Dental and Dental Hygiene Examinations.

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.

TESTING AGENCIES VS. LICENSING BOARDS

Testing agencies contract with individual boards of dentistry to administer the clinical examination required for licensure in those states/jurisdictions. Testing agencies DO NOT have the authority to license individuals or implement policy that goes beyond the laws of its member states/jurisdictions. It is the obligation of the candidate to ascertain the 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.

DISCLAIMER

This manual has been developed to provide the candidate with the information required to successfully complete the ADEX Dental Hygiene Examination. Every effort has been made to ensure that this manual is accurate, comprehensive, clear and current. In rare instances, examination related instructions need to be updated or clarified during the examination year, these 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.

All candidates who attempt the ADEX Dental Hygiene Examination are responsible for reading and understanding this manual, check for any documented changes to the published CITA manual posted via the website, and for reviewing and understanding all other material provided by CITA. If questions arise while reviewing any CITA provided material, it is the candidate’s responsibility to resolve those questions by directing them to the CITA office via email.

Prior to taking the CITA administered ADEX Dental Hygiene Examination, each candidate will be required to sign a form certifying that he/she reviewed the 2019 CITA ADEX Dental Hygiene Manual and read any other material provided by CITA.

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, the candidate should monitor the testing agency website and email for site specific candidate information.
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I. ABOUT THE ADEX HYGIENE EXAM

ABOUT THE AMERICAN BOARD OF DENTAL EXAMINERS

The American Board of Dental Examiners (ADEX) is a private nonprofit consortium of state, regional, and international dental boards throughout the United States, its territories and Jamaica. ADEX provides standards for the ongoing development of a series of common, national dental and dental hygiene licensing examinations. That are uniformly administrated by individual testing agencies on behalf of participating and recognizing licensing jurisdictions. The Council of Interstate Testing Agencies (CITA) is a member of ADEX and has adopted the ADEX Dental and Dental Hygiene Examinations.

ADEX MISSION STATEMENT

ADEX’s mission is to develop clinical licensure exams for dental professionals.

ADEX EXAMINATION DEVELOPMENT

The ADEX Dental Hygiene Examination is developed and revised by the ADEX Dental Hygiene Examination Committee (ADHEC). This committee is comprised of representatives from every ADEX member district. The committee has expertise on content and also relies on practice surveys, current curricula, standards of competency and the American Association of Dental Board’s (AADB) “Guidance for Clinical Licensure Examinations in Dentistry” to ensure that the content and protocols of the examination are current and relevant to practice. Examination criteria, content, and evaluation methodologies are reviewed annually, and are determined by such considerations as:

- Patient selection and eligibility
- Psychometric validity
- Potential to ensure that a skill can be evaluated reliably

ADEX DENTAL HYGIENE EXAMINATION – 2019

The ADEX Dental Hygiene Examination is based on specific performance criteria used to measure clinical competence. This Examination consists of two components as listed below. Each component requires a passing score of 75 or greater.

SECTION 1 - Computer Simulated Clinical Examination (CSCE OSCE)
- 100 clinically-based questions presented on a computer

SECTION 2 - Patient Treatment Clinical Examination (PTCE)
The clinical skills procedure of the ADEX Dental Hygiene Examination evaluates a candidate’s ability to:
- Detect calculus
- Remove calculus without damaging the surrounding tissue
- Measure periodontal pocket depths accurately
- Present the patient (for final evaluation) whose case selection is free of calculus, biofilm, and extrinsic stain

Candidates taking this examination do so voluntarily and agree to accept the provisions and to follow the rules established by ADEX and CITA for the examination as detailed in this manual.
ADEX STATUS

“ADEX Status” is achieved when a candidate meets all three of the following qualifications:

1. The candidate has successfully completed the required computer simulated exam (CSCE OSCE) section with a score of “PASS - 75 or greater”
2. The candidate has successfully completed the patient-based (PTCE) section of the ADEX Dental Hygiene Examination with a score of “PASS - 75 or greater”
3. The candidate has graduated from a dental hygiene program which has been accredited by the Commission on Dental Accreditation (CODA) or the Commission on Dental Accreditation of Canada (CDAC).

It is the candidate’s responsibility to contact the licensing jurisdiction of interest to determine current eligibility and additional requirements. Individual jurisdictions may require an additional state jurisprudence or other additional examinations.

NOTE: Unsuccessful candidate results may be shared among all agencies that administer the ADEX Dental Hygiene exam for the purposes of effectively reporting ADEX Status, as well as adhering to both the 18-month rule and the 3-time failure rule.

ADEX DENTAL HYGIENE EXAMINATION MOBILITY

The ADEX Examination Series is widely accepted for use in the dental licensure process in jurisdictions throughout the United States and in Jamaica. Licensing Dental Boards are continually updating and modifying the exams accepted for licensure. The candidate should contact the states where he/she plans to apply for licensure and confirm the requirements for licensure BEFORE applying for an exam.

The ADEX Dental Hygiene exam is currently accepted in 47 jurisdictions:

The following list are those jurisdictions confirmed at the time this manual was printed (* CITA member jurisdictions):

<table>
<thead>
<tr>
<th>ACCEPTING (46)</th>
<th>NON ACCEPTING (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>States (42)</strong></td>
<td><strong>States (8)</strong></td>
</tr>
<tr>
<td>* Alabama</td>
<td>Oregon</td>
</tr>
<tr>
<td>Arizona</td>
<td>Pennsylvania</td>
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<tr>
<td>* Arkansas</td>
<td>Rhode Island</td>
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<tr>
<td>Colorado</td>
<td>South Dakota</td>
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<tr>
<td>Connecticut</td>
<td>Tennessee</td>
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<tr>
<td>Florida</td>
<td>Texas</td>
</tr>
<tr>
<td>Hawaii</td>
<td>* Utah</td>
</tr>
<tr>
<td>Idaho (Pending)</td>
<td>Vermont</td>
</tr>
<tr>
<td>Illinois</td>
<td>Virginia</td>
</tr>
<tr>
<td>* South Carolina (Pending)</td>
<td>* West Virginia</td>
</tr>
<tr>
<td>Indiana</td>
<td>Wisconsin</td>
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<tr>
<td>Iowa</td>
<td>Wyoming</td>
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<tr>
<td>Kansas</td>
<td>North Carolina</td>
</tr>
<tr>
<td>Kentucky</td>
<td>North Dakota</td>
</tr>
<tr>
<td>* Louisiana</td>
<td>Oregon</td>
</tr>
<tr>
<td>Maine</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>Maryland</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>South Dakota</td>
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<tr>
<td>Michigan</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Minnesota</td>
<td>Texas</td>
</tr>
<tr>
<td>Mississippi</td>
<td>* Utah</td>
</tr>
<tr>
<td>Missouri</td>
<td>Vermont</td>
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<tr>
<td>Montana</td>
<td>Virginia</td>
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<tr>
<td>Nevada</td>
<td>* West Virginia</td>
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<tr>
<td>New Hampshire</td>
<td>Wisconsin</td>
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<td>New Jersey</td>
<td>Wyoming</td>
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<td>New Mexico</td>
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<tr>
<td>* North Carolina</td>
<td></td>
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<tr>
<td>North Dakota</td>
<td></td>
</tr>
<tr>
<td>Districts and Territory (4)</td>
<td></td>
</tr>
<tr>
<td>District of Columbia, * Puerto Rico, * US Virgin Islands, Jamaica</td>
<td></td>
</tr>
</tbody>
</table>

- Alaska
- California
- Delaware
- Georgia
- Nebraska
- Ohio (NERB dba CDCA-administered only)
- Oklahoma
- Washington (NERB dba CDCA-administered only)
II. APPLICATION PROCESS

APPLICATION PROCESS OVERVIEW

Only applicants who are attending or have graduated from schools 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 ADEX Dental Hygiene Examination. International students must contact the CITA office for registration assistance. Candidates enrolled in state only programs, such as ADHP, will receive registration information through the designated program.

All applicants, including those only taking the CSCE OSCE, are required to complete an online profile via https://cita.brighttrac.com and add all required documentation.

Please note:
- A photo, Candidate Qualification Form and diploma (if graduate) are required for verification.
- Plan accordingly when beginning the registration process.
- Verification may take up to two (2) weeks from receipt of the last required document submitted.
- A profile must be verified in order to apply for any exam date.
- Late fees will be assigned for any exam registrations submitted after the examination’s thirty (30) day deadline.
- See the CITA website at www.citaexam.com for specific deadlines for each exam.

60 DAY SCHOOL DEADLINE:

Greater than 60 days prior to the exam date, ONLY students who attend school at the test site will be accepted to that exam. If the preferred exam is full, the candidate must contact the CITA office for assistance.

Non-students may apply and pay for a particular exam at any time; however, they will be placed on a first come, first serve basis (if seats are available) at the 60 day deadline. 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. An alternate exam date option will be presented at that time.

30 DAY FINAL DEADLINE:

Between 59 and 30 days prior to the exam date, the assignments to the test site will be based on a first come, first serve basis. Applicants will continue to be assigned to a test site until all seats/chairs at the test site are taken.

If a candidate is unable to register because the exam is full, he/she can choose an alternative exam date and/or email the CITA office (www.citaexam.com/contact -- click on “Registration and Payments” button to submit an email) to be placed on a waitlist for the preferred exam.

*NOTE: A candidate’s “Exam Status” on his/her online profile will remain “tentative” until the exam has officially closed (30-days prior to exam).
MULTI-STEP APPLICATION PROCESS

STEP 1: Go To: https://cita.brighttrac.com/

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

To ensure that emails from the CITA office are delivered, the candidate MUST register with a NON-SCHOOL EMAIL. The email address entered will become the username to login to BrightTrac and will be used to communicate site assignments and available results. Each candidate should confirm the email address and choose a secure password.

** CANDIDATE MUST CONTACT THE CITA OFFICE TO RESET A PROFILE PASSWORD**

Once the login and password have been created, the Dashboard will display the following tabs:

**Dashboard.** Provides a list of items needed for a candidate’s CITA profile and the status of each item.

- Check Mark = completed item
- Exclamation Mark = item requires attention
- A blank pink box = Qualification Form needs to be uploaded. Click the Profile tab.

**Profile.** Personal information may be viewed and edited. Changes can be made by clicking on the “Edit Information” link. Additional links are available to upload photos, proof of graduation form(s), scheduling requests, name changes, payment receipts, etc.

- **If a candidate’s name changes, he/she must upload supporting documentation to the “Name Document” area under the Profile tab of the candidate’s profile.** The best time to make a name change is prior to registering for the CSCE OSCE, the 30 day deadline or after the exam. Please contact the CITA office with any questions.

- **The Candidate must ensure that his/her mailing address/email address remains current.**

- Once the profile has been verified, some information can only be changed by contacting the CITA office.

**Apply.** Used to apply for examinations. This tab is also where the candidate’s CSCE OSCE eligibility number, clinical assignment and exam number will be listed once the site schedule is finalized.

**Documents.** Visit this tab prior to the examination to download any required forms and/or documents.

**Results.** Exam results will be posted here after they have been released. Candidates will be notified by email to log into BrightTrac once scores are available. Unofficial scores can be downloaded.
STEP 2: UPLOAD PHOTO
A current passport quality photo is required. The candidate will be prompted to upload a photo. Click the Upload link and follow the instructions.

- 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.
- Candidates must be wearing professional or clinical attire.
- Photos must be a front facing headshot. The candidate’s name must not be visible on the photo. A white background should be used.
- Photos may be changed up until the 30 day deadline. Photos may be resubmitted if any major changes (such as facial hair, hair length) in appearance have taken place prior to exam.
- All photos will be reviewed by CITA and may be rejected if not found to be acceptable. Submitting an unacceptable photo will delay the registration process, as this photo will be printed on the candidate’s Exam ID badge.

STEP 3: UPLOAD PROOF OF GRADUATION

Applicants must complete and notarize the Dental Hygiene Candidate Qualification Form. This form can be found on the CITA website at www.citaexam.com (click “Download Forms” button in top right corner). APPLICANTS DO NOT NEED TO MAIL THE ORIGINAL FORMS TO CITA.

Candidates applying for a STATE ONLY exam, such as ADHP, do not need to complete a qualification form. Information about required documentation will be provided by the program requiring this exam.

Applicants NOT YET GRADUATED from an ADA/CODA approved DH program at the time of application:

Graduating dental hygiene students may not participate in a licensure examination unless approved by their Dental Hygiene Program Director (or designee). Applicants must have a Dental Hygiene Candidate Qualification Form signed by the Dental Hygiene Program Director (or designee) before having it notarized.

Once the form has been completed, create a PDF or JPEG file AND upload it to the “Proof of Graduation” area (Profile tab of online candidate profile).

DENTAL HYGIENE STUDENT DISQUALIFICATION

A candidate may be disqualified from participating in the examination series by the dean of his/her dental hygiene school at any time after verification if the candidate ceases to be a senior student of record or the dean (or designated school official) determines that the candidate is ineligible for any reason. In such cases, fees paid by candidates who are disqualified will be refunded based on the CITA refund policy. A candidate who is disqualified for the remainder of the academic year will be able to re-apply when he/she graduates and presents a diploma.
Applicants already **GRADUATED** from an ADA/CODA approved DH program at time of application:

Applicants who have graduated from a qualified dental hygiene program and who are eligible to apply to take the ADEX Dental Hygiene Examination are required to upload a copy of their diploma or transcript along with the notarized *Dental Hygiene Candidate Qualification Form*. **Upload a PDF file that includes both forms, into the “Proof of Graduation” area (Profile tab of BrightTrac).**

**STEP 4: APPLY**

After a profile and graduation status are verified, use the *Apply* tab to register for examinations. Follow the options to select an exam location and date. Verify registration for the correct exam by selecting the *Apply* tab once more.

**STEP 5: PAY**

Once registered, candidates will be prompted to submit payment for the examination selected in STEP 4. CITA accepts VISA and MasterCard only. Debit cards may be used if allowable by the issuing bank and bear the VISA or MasterCard logo. All payments 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.

**Failure to pay the initial registration fees within 72 hours or by the 30 day deadline will result in the candidate’s exam registration being automatically removed from the exam for which he/she has selected. Candidates may reapply, without penalty, if space and time allows.**

**STEP 6: MONITOR**

The candidate should monitor his/her online *Profile* for any status changes and required document deadlines. **Final assignments and posting of Candidate ID #’s will be made no later than 29 days prior to the exam. Forms and schedules will be emailed once the exam closes (30 days prior to exam).** Candidates must print, complete, and bring all forms to the on-site registration. Candidates should also print a schedule (located both at [www.citaexam.com](http://www.citaexam.com) as well as in this manual).

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

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

**QUICK TIP:** Assignment requests received prior to the 30 day deadline will be considered but **NOT guaranteed**. Requests should be emailed to the CITA office. Requests for a change in assignment time will not be considered once the schedule has been distributed.

School personnel do not have the authority to accept a candidate for an examination or to make any assignment changes. Such arrangements between school personnel and a candidate may prevent the candidate from being admitted to the examination, as well as result in forfeiture of all fees. If unusual circumstances warrant such a change, and space is available, it is the decision of CITA’s Chief Examiner to approve such a request. This decision is made on-site the day of examination.
III. ADMINISTRATIVE POLICIES

EXAM FEES

<table>
<thead>
<tr>
<th>FEE DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial application fee (includes initial CSCE OSCE exam)</td>
<td>$975</td>
</tr>
<tr>
<td>CSCE OSCE only or retake</td>
<td>$200</td>
</tr>
<tr>
<td>ADHP State only application fee (CSCE exam NOT required)</td>
<td>$450</td>
</tr>
<tr>
<td>Late application fee (Applied after the 30 day deadline)</td>
<td>$250</td>
</tr>
<tr>
<td>Examination review/appeal fee</td>
<td>$125</td>
</tr>
<tr>
<td>Administrative Fee (including, deferrals, refunds, and corrections)</td>
<td>$200</td>
</tr>
<tr>
<td>Duplicate Score Request</td>
<td>$35</td>
</tr>
<tr>
<td>Request for candidate manuals for jurisdictions not currently member states/jurisdictions of CITA</td>
<td>$50 each</td>
</tr>
<tr>
<td>Testing site fees (facility and/or staffing)</td>
<td>VISIT citaexam.com/dh for a listing of all fees</td>
</tr>
</tbody>
</table>

BEFORE PAYING: PLEASE CONTACT THE CITA OFFICE WITHIN 72 HOURS, IF PAYMENT BALANCE DOES NOT MATCH ANTICIPATED EXAM COST. FAILURE TO DO SO MAY DELAY ENTRANCE INTO AN EXAM. ADJUSTMENTS MADE AFTER PAYMENT MAY RESULT IN A $200 ADMINISTRATIVE FEE OR A DELAY IN REFUND UNTIL THE CANDIDATE HAS COMPLETED ALL PARTS OF THE EXAM.

Facility and staffing fees for students of record will be assessed SEPARATELY if different than non-students of record. All such fees must be paid prior to the 30-day deadline.

FEE DEFERRALS AND REFUNDS

Requests MUST be made to CITA via email and state the reason for the request. Notification will be sent after a determination is made. Should a fee deferral be granted, the terms and conditions will be included. Please note that a “request for” and the “granting of” a deferral does not guarantee seating at a requested examination. Seating will be assigned in accordance with exam seating assignment priorities.

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.

Refunds for canceled exam registration or deferred registration to a later examination will be as follows:

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

A refund or fee deferral request received that is due to a candidate’s extenuating circumstances may be reviewed on an individual basis by the CITA Board of Directors.
LATE APPLICATIONS

All applicants who apply after the published 30 day deadline will be assessed a $250 late application fee that MUST be paid by a time set by CITA. Candidates will be accepted only if space is available and after any wait list has been exhausted. No late applications will be accepted 15 days prior to the exam.

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.

EXAMINATION CANCELLATION POLICY

CITA reserves the right to cancel or postpone any examination where candidate registrations are low, in the event of an emergency, or other unforeseen circumstance that is beyond CITA’s control.

Decisions to cancel an examination due to low registrations will be made by the 30 day deadline.

Emergency or unforeseen circumstances may include, but are not limited to, acts of nature, acts of terrorism, events resulting in the destruction of the 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 an examination with CITA. 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, reassign candidates to the next available examination site, or reschedule the examination at the earliest possible date.

THREE-TIME FAILURE RULE

A candidate failing either part of the ADEX Dental Hygiene Exam on three (3) successive attempts during an 18 month period of time must contact his/her state’s licensing board to understand that 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 the state board before the exam can be retaken. Contact the specific state board to learn about their policy on this rule. It is the candidate’s responsibility to understand the guidelines of his/her licensing board before attempting the exam again.

EXAMINATION COMPLETION AND TIMELINE

To achieve ADEX Status, candidates must successfully complete both the CSCE OSCE and the PTCE of the ADEX Dental Hygiene Examination with a score of 75 or greater for each of the examinations.

All parts of the ADEX Dental Hygiene Examination must be successfully completed within eighteen (18) months of the date of a candidate’s initial attempt of the ADEX Dental Hygiene Examination.
COMPUTERIZED SIMULATED CLINICAL EXAM (CSCE OSCE)

(ADHP candidates do not take the CSCE OSCE)

The CSCE OSCE includes 100 clinically-based questions that utilize a multiple-choice format. These clinically-based questions are utilized through computer-enhanced photographs, radiographs, optical images of study, working models, laboratory data, and other clinical digitization.

The CSCE OSCE is an integral component of the ADEX Dental Hygiene Examination and does differ from the National Board Dental Hygiene Examination. The CSCE OSCE is designed to assess complex levels of diagnosis and treatment planning knowledge, skills, and abilities; whereas, the National Board is a comprehensive achievement examination in the theory of dental hygiene.

Scoring for the CSCE OSCE is based on the percentage of questions answered correctly. A final score of 75 or greater is passing. There are an additional 15 questions being tested for possible future use, but are not part of the examination grade.

<table>
<thead>
<tr>
<th>% of Exam</th>
<th>Content and Percent of Total Points</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>• Medical/Dental Assessment</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td>• Intra and Extra Oral Examination, Dental and Periodontal Charting and Assessment, Soft Tissue, Bone and Tooth Abnormalities</td>
<td>Clinically-based questions presented on a computer</td>
</tr>
<tr>
<td>13%</td>
<td>• Radiography/Imaging</td>
<td></td>
</tr>
<tr>
<td>8%</td>
<td>• Dental Hygiene Care Planning</td>
<td></td>
</tr>
<tr>
<td>20%</td>
<td>• Periodontal Procedures, Infection Control, Medical Emergency Management</td>
<td></td>
</tr>
<tr>
<td>16%</td>
<td>• Dental Specialties, Applied Pharmacology</td>
<td></td>
</tr>
</tbody>
</table>

The initial CSCE OSCE is included in the cost of the ADEX Dental Hygiene exam. In order to apply for the CSCE OSCE, candidates must have a verified online CITA Profile (See page 7). Once verified, the CSCE OSCE will automatically be added to a candidate’s exam registration when the full traditional ADEX Dental Hygiene exam is selected.

A candidate will click on the Apply tab and select Traditional Exam. After the payment has been made, approval will be sent to PSI. PSI will send an email to the candidate with directions on how to schedule the CSCE OSCE. A current listing of PSI Testing Centers can be found on the PSI website at www.psiexams.com.

If a candidate finds that a CSCE OSCE retake is needed, he/she will select Individual Exam and then the CSCE OSCE. The cost for a CSCE OSCE retake is $200.00.

Appointments must be scheduled with a minimum of 24-hour notice and availability.
For the fastest and most convenient test scheduling process, PSI recommends that candidates register online. Candidates may register online by accessing PSI’s registration website at www.psiexams.com. Online registration is available 24 hours a day. Candidates should complete the steps below for online registration:

2. Select Certification/Professional Associations.
4. Choose Computerized Simulated Clinical Exam (CSCE OSCE).
5. Complete the associated registration form and submit to PSI online.
6. You may get a red message indicating you need to register with CITA. If you have already done so, see step 7.
7. Be sure to scroll to bottom to “View All My Activities”. Click “View Records”
8. On the next screen, Click on “Find Records”.
9. PSI will ask you several questions and for the eligibility (CITA ID) number which can be found in the Apply tab of his/her BrightTrac profile.
10. Upon completion of the online registration form, available exam dates and locations will be listed for scheduling the examination. Select the desired testing date and location.

**SCREEN #1 IN PSI PROFILE** **SCREEN #2** **FIND RECORD SCREEN**

| CLICK VIEW ALL MY ACTIVITIES | CLICK FIND RECORD | ANSWER QUESTIONS AND ADD ELIGIBILITY NUMBER |

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 OSCE fee.**

Requests for waivers must be submitted to CITA in writing within 72 hours of the testing appointment and must include a doctor’s note verifying a medical emergency. Any candidate failing to appear for a scheduled test appointment will be reported as a no-show and will be required to pay the CSCE OSCE retest fee of $200.

Please note: CSCE OSCE scores will be released to a candidate’s profile (results tab) within 10 business days. Candidates must use the Duplicate Score process to have CSCE OSCE scores sent to a state dental board.
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 his/her scores can now be viewed in BrightTrac. Dental hygiene program coordinators may contact the CITA office for information on how to 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/or a confidentiality agreement has been executed with CITA.

Scores will be listed as “Pass, score 75 or above” or “Fail, score below 75”. All candidates who receive below 75 points will receive a detail listing of their scores under the results tab of their online profile. Points will correspond to the rubric on page 29. Scores are NOT rounded for the purpose of this exam.

Results of the ADEX Dental Hygiene Exam will be uploaded to the DESP (ADEX score portal) within ten (10) business days from the time the scores have been released. 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 ADEX Dental Hygiene Examination, or for a different time period as determined by the individual state boards.

SPECIAL ACCOMMODATION

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 request would not fundamentally alter the measurement of the skills or knowledge the exam is intended to test. Due to patient safety, extended time will not be granted for the PTCE exam.

Candidates with disabilities who require accommodation while taking the ADEX Dental Hygiene Exam may apply to CITA by submitting the “Special Accommodations Request Form” and supporting documentation at least 45 days prior to the first day of the exam.

The candidate is responsible for obtaining documentation of disabling conditions that require accommodation. Specific guidelines for acceptable documentation of disability can be found in the forms section of this manual. It is recommended that these guidelines be shared with the health care professionals providing the documentation for the applicant, as incomplete or inadequate documentation written in support of accommodation may be denied by CITA.

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.
- 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.
• 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:
  o Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification.
  o First aid and safety personnel at the test site may be informed if the disability might require special emergency care.

Please note: Requests received after the registration deadline date and retroactive requests will not be considered.

CITA reserves the right to verify all documentation submitted by an applicant in support of a request for accommodation, and additional information 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.

**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 specify the accommodations needed. This request should be submitted by mail at least 45 days prior to the first day of the exam to the CITA office.
IV. Patient Treatment Clinical Examination (PTCE)

EXAMINATION SCHEDULE AND ARRIVAL

The schedule shown is a sample of the timeline of this examination; however, examination schedules are not finalized until after the 30 day deadline.

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>TIME</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 a.m.</td>
<td>Candidate registration</td>
<td>12:15 p.m.</td>
<td>Candidate registration</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>Set-up and approval Case acceptance takes place in the candidate’s operatory. Candidate may request a CFE to review and approve Medical History Form, Patient Consent Form, anesthetic record on the Progress Form and radiographs.</td>
<td>12:45 p.m.</td>
<td>Set-up and approval Case acceptance takes place in the candidate’s operatory. Candidate may request a CFE to review and approve Medical History Form, Patient Consent Form, anesthetic record on the Progress Form and radiographs.</td>
</tr>
<tr>
<td>7:30 a.m.</td>
<td>Examination begins. Candidates check-in with the CFE in order to send patient to the Evaluation Station for treatment selection (Pre-Treatment) evaluation.</td>
<td>1:15 p.m.</td>
<td>Examination begins. Candidates check-in with the CFE in order to send patient to the Evaluation Station for treatment selection (Pre-Treatment) evaluation.</td>
</tr>
</tbody>
</table>

** Please note: 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. This is not part of the treatment time however please plan accordingly so the patient returns from Pre-Treatment with enough time to have the full 120 minutes for treatment.

A candidate is responsible for determining his/her travel and time schedules to ensure completion of all exam 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.
Once the exam has closed (30 days prior to the first day of the exam), the candidate will be informed via email to check BrightTrac as to the date and session (AM or PM) he/she is scheduled to take the examination. Candidates should note that the PTCE has specific time restraints for the examination.

The candidate will be given a finish time when his/her patient returns from Pre-Treatment Evaluation. The candidate is allotted 2 hours to complete the calculus detection exercise, calculus and stain removal, periodontal probing, as well as final case presentation.

**TIME MANAGEMENT**

Time management is considered part of the examination and the assessment of the candidate’s competency. Candidates should consider the fact that the 4 hours and 15 minutes allowed for completion of the examination INCLUDES THE TIME DURING WHICH PATIENTS WILL BE AT THE PRE-TREATMENT EVALUATION STATION and 2 hours (120 minutes) for the treatment time. The minimum time patients will be in the Evaluation Station is approximately 30 minutes – possibly longer. Candidates should plan accordingly.

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 error may result in a loss of candidate treatment time.

Lastly, there is no substitute for preparation. Candidates are advised to read the candidate manual and to bring the manual to the exam as a reference. Candidates should come to the examination understanding the process and what will occur during the course of the exam.

**CLINIC ATTIRE**

Clinic attire that meets CDC and OSHA standards must be worn in clinic areas. Exposed arms, exposed legs or open-toed shoes are NOT allowed in the clinic areas. Laboratory coats, laboratory jackets, and/or long-sleeved protective garments are required. Color and style are not restricted. There must be no personal or school identifying information on any clinic attire and must be covered up to maintain anonymity. The only acceptable identification is the candidate ID badge.

**INTERPRETERS AND CHAIRSIDE ASSISTANTS**

Chairside assistants are NOT permitted for the PTCE.

Candidates can use an interpreter for any patient who does not speak English or are hearing impaired with a hearing loss which cannot be corrected. The interpreter will follow the patient into the grading room and translate any questions/answers the examiners may have for the patient. Interpreters may be related to a patient, but they must be at least eighteen (18) years old (nineteen (19) years old in Alabama).

An interpreter may NOT be:

- A faculty member, dentist, or dental hygienist (licensed or unlicensed)
- A third, fourth, or final year dental student
- A final-year dental hygiene student
- Less the 18 years old (19 year old in Alabama)
- May not be shared during the same session of an examination.

All interpreters utilized by a candidate during the examination will be required to wear a photo ID badge.
Candidates should bring a 1x1 passport-size photograph of the requested interpreter taken within the last six (6) months at a local post office, drug store or similar venue, along with a completed Interpreter Form. Candidates will affix the photo to the interpreter badge (available to candidates during the clinic set-up).

An interpreter will not be permitted into the exam if he/she does not have a CITA-issued photo ID badge.

For approval/verification, the interpreter must take his/her photo ID and the Interpreter Form to an authorized CITA staff member during the set-up time of the exam.

Candidates are responsible for the interpreter’s conduct during the examination. Candidates should be mindful that CITA is committed to providing a safe and secure examination site. Therefore, CITA requires the following:

- All interpreters must appear for the examination with full facial exposure.
- Mustaches and beards are acceptable for male interpreters as long as the photograph reflects the interpreter’s facial condition at the time of the examination.
- Cosmetics are acceptable for female interpreters on both the photo and at the exam as long as the photograph readily permits identification of the interpreter at the exam.
- Dark sunglasses will not be permitted at the exam; transitional lenses are allowed.
- Sandals, short shorts, tank tops, halter-tops, coats, jackets, and other bulky clothing will not be permitted in the clinic area.

Interpreters will 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).

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

Candidates must furnish their own patients. Patient selection and management is an important part of the examination and should be taken into consideration when selecting an individual who will serve as the candidate’s patient. Candidates should review the criteria needed for the examination prior to screening patients.

Patient and case selection are the sole responsibility of the candidate. While CITA does not prohibit candidates from seeking advice from faculty, peers, or others regarding patient and/or case selection, the opinions of anyone other than the three calibrated CITA examiners who evaluate the patient on the day of the examination will not be considered in any scoring decisions or appeals.

Only one patient may be submitted for the ADEX 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, and/or are unable 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 of patients with special requirements.

Once a patient has been presented to the CFE for approval, a back-up patient may not be used if that patient is not found 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 his/her patient presented and approved for treatment BEFORE proceeding further with the examination. Treatment on a patient without documented approval by a CFE is a violation of examination protocol and may subject the candidate to dismissal from the examination.

Candidates should notify their patients of the following:

1. Patients, their teeth, and the oral cavity may be photographed by designated examiners during the examination. CITA uses such images only for the purposes of standardization/training.
2. Patients should expect to spend a minimum of five (5) hours participating in the examination.
3. Limited treatment is provided under examination conditions and additional treatment may be required.

SHARING PATIENTS

Patients can be shared but is not recommended. Candidates wishing to share patients should contact the CITA office PRIOR to the 30 day deadline to ensure separate sessions. Adjustments after the 30 day deadline will not be considered. Each candidate must complete a Medical History Form and Patient Consent Form for the patient.

The shared patient’s radiographs are evaluated independently for each candidate, so each candidate must have their own set of qualifying radiographs in order to attempt the exam. Copying radiographs for use by a second candidate rather than re-taking the radiographs is highly recommended.

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.
PATIENT MANAGEMENT

The candidate must behave in an ethical and proper manner towards all patients. The patient must be informed that he/she will be participating in an examination and that additional treatment may be required to complete his/her oral health needs. Each patient shall be treated with proper concern for his/her 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.

REQUIRED DOCUMENTATION

Patient Consent Form - A Patient Consent Form must be completed and signed by each patient prior to any treatment. Initially, only the candidate’s ID label 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 and/or during the course of the examination. The type and dosage of medication administered must be documented on the Progress Form. Candidates who are sharing a patient requiring antibiotic prophylaxis must treat the patient in the same clinical day. Treatment of the same patient on subsequent days will not be permitted.

Anesthetic Record - Information on anesthesia requirements can be found on page 33. At the time of the examination and prior to the check-in for the hygiene clinical procedure, the following anesthetic information must be indicated on the Progress Form:

- Local Anesthesia (if permitted by the state where the exam is administered)
- Topical Anesthetic(s) (generic or brand name and percent used)
- Oraqix Gel (or similar)
- Quantity (volume)

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.

PATIENT 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. A Hijab may be worn as long as the patient’s face, temple and ears are visible during the exam. 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.

The minimum patient age is eighteen (18) years. Minors under the age of eighteen (18) may be a patient as long as a parent or legal guardian is available in the waiting area during treatment and can provide written consent. For Alabama, written consent is required for minors under the age of nineteen (19). Proof of legal guardianship is required.

Unacceptable patients will be dismissed. In order to continue with the examination, the case acceptance criteria must be corrected on the unacceptable patient and re-submitted. Candidates must advise their patients of the time required to participate in this examination. No extra time will be given in the event a patient is deemed unacceptable.
Patients who fall into these categories will NOT be accepted:

- 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
- Patients who have oral herpetic lesions (this condition maybe left to the discretion of the CFE)
- Patients with latex allergies unless a letter, on the exam site letterhead, is provided stating that the facility is latex free.

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
   - 160/95 and 179/109 is acceptable with a written medical clearance
   - 180/110 or greater will not be accepted for this examination, even with medical clearance

2. Patients must have no history of heart attack (myocardial infarction), stroke, or cardiac surgery within the last six months.

3. 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.

4. Patients may not have undergone chemotherapy for cancer within the last six months.

5. Patients may not have a history of taking IV or orally-administered bisphosphonate medications.

6. Patients may not have an active incidence of bisphosphonate osteonecrosis of the jaw (BON) also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ).

7. Patients may not have any condition or medication/drug history that might be adversely affected by the length or nature of the examination process.

8. 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.

9. Candidates must obtain written medical clearance for patients reporting a disease, condition, or problem not listed on the Medical 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.

10. Candidates must obtain written medical clearance and/or possible antibiotic prophylaxis, if necessary, for all patients who respond “yes” to question to any of the following questions on the Medical History Form:

   - 8.O.: Joint Replacement
   - 8.Q or 8.R.: Heart Valves—Damaged or Replaced
   - 8.S.: Congenital Heart Disease
   - 8.T.: Infective Endocarditis
   - 8.U.: Heart Attack
   - 8.V.: Heart Surgery
   - 8.W.: Stroke
   - 8.AA: Pacemaker
11. Candidates must obtain written medical clearance for Class 3 ASA on *Medical History Form.*

12. 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.

13. Patients must obtain premedication with a written statement from their physician in the case of any significant medical problems that the American Heart Association classifies as moderate-to-high risk. Written clearance and/or antibiotic premedication from a physician or dentist are specifically required for the conditions listed in #11. The medical clearance must indicate the specific medical concern and must be attached to the *Medical History Form.*

   a. 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.

14. A woman in her first trimester of pregnancy is strongly discouraged to be a patient for the examination. A medical clearance is advised. A woman in her second trimester may be a patient for the exam and a woman in her third trimester may be a patient if she is comfortable sitting in one place all day for the examination.

**PATIENT’S MEDICAL HISTORY**

*Medical History Form* (B) - 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 printed back to back. 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 the 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 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 confirmed 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 - 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 Progress Form, as well as on the Medical History Form.

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
- Should NOT include the candidates name anywhere on the document

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).
VI. Treatment Selection Requirements

Once a candidate has selected a patient, the candidate will select his/her treatment selection. This will include the case selection and surface selection.

CASE SELECTION

Part of ensuring that a patient is eligible is determining whether their case meets the current ADEX requirements. The selection of surfaces for treatment during the PTCE is known as the candidate’s Case Selection. Candidates select their “Case” in accordance with the criteria requirements presented in the Quick Tip box below.

The Case selection consists of one full quadrant with at least six natural teeth, plus two posterior teeth from a second quadrant.

There must be two molars in the case selection. One molar must be in the primary quadrant and one of the two teeth in the secondary quadrant must be a molar. One of the molars must have both a mesial and a distal contact each within 2.0 mm; another molar must have at least one contact within 2.0 mm.

If the primary quadrant has a fully erupted third molar, the candidate must include the third molar in the Case Selection. “Fully erupted” means that the entire occlusal plane of the 3rd molar is in alignment with the occlusal plane of the rest of the teeth. Un-erupted, partially erupted—including cases where the distal gingiva is at the level of occlusion—and supra-erupted 3rd molars are not required to be part of the Case Selection.

<table>
<thead>
<tr>
<th>QUICK TIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Case selection must include:</td>
</tr>
<tr>
<td>• A full quadrant with at least six natural, permanent teeth and two posterior teeth from a second quadrant</td>
</tr>
<tr>
<td>• At least two natural, permanent molars</td>
</tr>
<tr>
<td>o One must be located in the primary quadrant</td>
</tr>
<tr>
<td>o One must be one of the two posterior teeth in the secondary quadrant</td>
</tr>
<tr>
<td>• One of the molars must have both a mesial and a distal contact each with 2.0 mm. Another molar must have at least one contact within 2.0 mm.</td>
</tr>
</tbody>
</table>

The following are **Strongly Discouraged** within your Case Selection.

- Class III furcation or mobility
- Advanced periodontal disease
- Gross caries
- Retained primary teeth
- Extensive full or partial esthetic veneers
- Defective restorations
- Multiple localized probing depths in excess of 6mm
- Teeth with orthodontic brackets or bonded retainer
SURFACE SELECTION

The candidate’s surface selection is performed on teeth WITHIN the Case Selection. The surface selection must meet specific guidelines. Examiners evaluate the Case and Surface Selections during the Pre-Treatment Evaluation to determine that it meets all requirements. At the same time, examiners will select the teeth the candidate will perform the Periodontal Probing and Calculus Detection on.

In the Case Selection, the candidate must list 12 surfaces where qualifying calculus has been detected. Supragingival deposits are not required on qualifying surfaces.

The surface selection must meet the following subgingival calculus requirements (Detection of mesial and distal deposits by exploring from facial and/or lingual.):

- Twelve surfaces of subgingival calculus are present within the Case selection and distributed in the following manner:
  - At least 8 of the 12 must be on surfaces of premolars and molars.
  - At least 5 of the 8 must be on mesial or distal surfaces of the posterior teeth within 2mm or less of an adjacent tooth.
  - At least 3 of the mesial or distal surfaces must be on molars; one distal surface of a second or third terminal molar may be used.

- The remaining 4 of the 12 surfaces may be located on any surface within the Case selection but must have subgingival calculus to qualify.

The following Surface selections exclusions apply however they can be used to fulfill the 2.0 mm contact criteria for posterior teeth:
- Implants
- Partially erupted 3rd Molars
- Primary Teeth

Examiners will add two more surfaces from within the Case selection and will evaluate all 14 surfaces during Pre-Treatment. The additional 2 surfaces will not be disclosed to the candidate at any time during the examination.

Once treatment has been completed, the patient will be sent for Post-Treatment where 12 of the 14 qualifying surfaces will be randomly selected by the computer software for evaluation.

If examiners were unable to validate enough surfaces with qualifying calculus during Pre-Treatment for a candidate to pass the exam, the candidate will not be allowed to continue with the exam.
Additional Requirements:

- As part of the final case presentation, all remaining teeth in the primary quadrant and the two additional teeth must be debrided and will be evaluated for remaining calculus, plaque, and stain.

**QUICK TIP**

**CHARACTERISTICS OF QUALIFYING SUBGINGIVAL CALCULUS**

- Explorer-detectable moderate to heavy subgingival calculus
- Distinct and easily detectable with an 11/12 explorer as it passes over the calculus
- A definite jump or bump detected by the explorer with one or two strokes
- Ledges and/or ring deposits
- Mesial and distal deposits must be detectable from lingual and/or facial
- Apical to the gingival margin
- Significant enough in quantity to be readily discernable or detectable
- May occur with or without supra-gingival deposits

**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 72 hours (Eastern Standard Time) prior to the start of the first exam day. The treatment selection must include the proper number of teeth and adequate deposits of calculus as defined above in the treatment selection qualifications.

*Candidates should print a copy of the online treatment selections and bring it to the exam.*

Should a candidate need to enter the teeth selection at the examination site, he/she should request assistance by the CFE or other designated staff member. There is no point penalty for entering treatment selection onsite but it must be done before pre-treatment.
VII. PTCE SCORING

The ADEX PTCE uses a triple-blind scoring system, which requires three examiners to perform independent evaluations of the candidate’s performance in meeting specific criteria for:

- Case selection
- Calculus detection AND removal
- Periodontal probing measurements
- Tissue management
- Final Case presentation

Points are awarded on a 100-point scale. Candidates must earn 75 or greater to pass. **Grades are not rounded.** If examiners were unable to validate enough surfaces with qualifying calculus during Pre-Treatment for a candidate to pass the exam, the candidate will not be allowed to complete the exam.

Candidates earn points based on their clinical and judgment skills.

- Judgment skills include presenting an eligible patient, acceptable case, diagnostic-quality radiographs, and a selection of teeth that meets all calculus requirements.
- Clinical skills include detection and removal of calculus, accurate periodontal pocket depth measurements, tissue management, and final Case presentation.

Three examiners will independently assess the patient for errors and associated for points to be withheld. Points will be deducted when two out of three examiners agree. The table on the next page explains the criteria for scoring.

Points are assigned in accordance with the nationwide task analysis survey conducted every five years. Results from this survey of practicing dental hygienists allows the testing agencies to determine which clinical skills are performed most frequently, and which clinical skills are considered more important to protect the public. Skills that rate highest (most points earned) are weighted more heavily than skills that rate lower.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Point System</th>
<th>Points Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Case Presentation</strong></td>
<td>A full quadrant with at least six natural, permanent teeth and two posterior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>teeth from a second quadrant</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>At least two natural, permanent molars;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o One must be located in the primary quadrant and one in the secondary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>quadrant</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>One of the molars must have both a mesial and a distal contact. Another</td>
<td></td>
</tr>
<tr>
<td></td>
<td>molar must have at least one contact.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Surface Selection Requirements</strong></td>
<td>Qualifying calculus requirements met by teeth in the selection: (8-5-3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Eight surfaces located on any surfaces of posterior teeth</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>o Five surfaces located on M or D of posterior teeth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Three surfaces located on M or D of molars</td>
<td>5</td>
</tr>
<tr>
<td><strong>Calculus Detection</strong></td>
<td>12 surfaces evaluated for the presence or absence of readily detectable</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>qualifying subgingival calculus (worth 1.0 points each).</td>
<td></td>
</tr>
<tr>
<td><strong>Calculus Removal</strong></td>
<td>12 surfaces of qualifying calculus (worth 5.5 points each)</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>*Note: Points can be earned for removal only on the number of surfaces with</td>
<td></td>
</tr>
<tr>
<td></td>
<td>qualifying calculus verified by examiners. Examiners do select 2 additional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>surfaces from within the entire Case Selection in an attempt to provide 14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>opportunities to identify 12 surfaces with qualifying calculus.</td>
<td>66</td>
</tr>
<tr>
<td><strong>Periodontal Probing Measurement</strong></td>
<td>Six pocket measurements worth one point each.</td>
<td>6</td>
</tr>
<tr>
<td><strong>Tissue Management</strong></td>
<td>• Three points awarded if no minor tissue trauma is present</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>• One point deducted for each site of minor tissue trauma, up to three sites</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>*Note: The presence of four or more minor tissue sites qualifies as major</td>
<td></td>
</tr>
<tr>
<td></td>
<td>tissue trauma and is an automatic failure.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Final Case Presentation</strong></td>
<td>All surfaces treated in case selection are free of biofilm and extrinsic</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>stain.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All surfaces other than the 12 selected surfaces in Case Selection are free</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>of supragingival and subgingival calculus.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong> 100</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Major tissue trauma or major infection control violation are both subject to a 100-point deduction, which will result in an automatic failure

**Minor Tissue Trauma includes:** Hematoma; laceration/abrasions that is ≤ 3mm (no need for suturing, perio packing, or further follow-up treatment); tissue tag ≤ 3mm; minor ultrasonic burn (no need for follow-up treatment)

**Major Tissue Trauma includes:** ≥ 3 minor trauma areas; laceration or injury (requiring sutures, perio packing, or further follow-up treatment); exposure of alveolar bone; moderate to severe ultrasonic burn (needs follow-up treatment); flap; amputation of papilla
VIII. RADIOGRAPHS

Radiographs are an eligibility requirement, but they are not used to verify the presence of qualifying calculus, nor is radiograph technique evaluated. A candidate’s ability to assess and select images of diagnostic quality is evaluated. Though radiographs may or may not be exposed by candidates, all candidates must present a radiographic submission of diagnostic quality. A panoramic radiograph or a full mouth series are acceptable.

**QUICK TIP: THE RADIOGRAPHS MUST DEPICT THE CURRENT CONDITION OF THE DENTITION. ANY RECENT DENTAL PROCEDURES AND OR SURGERY MUST BE NOTED ON THE CANDIDATES PROGRESS FORM.**

**RADIOGRAPHIC REQUIREMENTS: EITHER A OR B**

A.  Full mouth series (exposed within the last 3 years)

   ![Full mouth series](image)

B.  Panoramic (exposed within the last 3 years)

   ![Panoramic](image)

**QUICK TIP: CONSIDER A PANORAMIC FILM IF FULL MOUTH SERIES HAS CONE CUTTING, NON VISABLE APICES OR OTHER RADIOGRAPHIC ERRORS.**

**DIAGNOSTIC QUALITY DEFINITION**

Diagnostic quality, for the purpose of this examination, means that the image that is of sufficient quality to accurately diagnose caries, periodontal health, or other dental diseases and abnormalities, with no technical defect likely to impair using the image for diagnosis. The apices of all fully erupted teeth within the Case Selection
must be visible on at least one of the images submitted. If a PA does not show the apex, but another PA or PAN does, this is acceptable.

Exempt Conditions:

- Un-erupted, partially erupted, and supra-erupted third molars
- A third molar with tissue covering any part of the occlusal surface of the tooth or on the distal to the level of occlusal plane is

If these requirements are not met, the patient will be declared ineligible to sit for the examination, and no back-up patient may be submitted.

QUICK TIP: Remember to make sure any copies of radiographs can be seen clearly with no grainy aspects to prevent an accurate diagnosis by the clinician. If copies are grainy do not submit them for consideration. Copies must be diagnostic quality.

RADIOGRAPH EXEMPTIONS

The following conditions are exempt from the diagnostic standards:

- Un-erupted, partially erupted and supra erupted third molars (Examiners consider a third molar erupted if the entire occlusal plane of the third molar is in alignment with the occlusal plane of the rest of the teeth.)
- A third molar with tissue covering any part of the occlusal surface of the tooth, or on the distal to the level of the occlusal plane is considered partially erupted even though the tooth is in the occlusal plane.

RADIOGRAPHS CRITERIA

1. Submit Full Mouth X-rays (16-20 images) depending on the number needed to show the mesial and distal surfaces, DEJ, and alveolar crestal bone of all posterior teeth.
2. A Panoramic radiograph is acceptable instead of the Full Mouth Radiographs. Candidates are encouraged to consider a panoramic radiograph if the apices of the teeth in the Case Selection are difficult to capture.
3. Full Mouth and Panoramic Radiographs must be current within three years and they may be horizontal or vertical.
4. Radiographs may or may not be taken by the Candidate.
5. All Radiographs should include the Candidate number, date films were taken and patient’s name on the mount or on the back of the digital printout. A Candidate’s name or school name should be removed or masked before submitting for approval.
6. Films should be mounted according to ADA guidelines (convexity up). Evidence of calculus on radiographs is not necessary for the Initial Case Presentation.
7. Copies of film radiographs or copies of digital radiographs are acceptable for presentation provided they are printed on 8 ½” by 11” Quality paper with images close to the size of conventional radiographs. Quality Paper is defined as any paper that shows clarity of images with no grainy images. Radiographs must be of sufficient quality for diagnosing caries, periodontal health or other dental diseases and abnormalities. The apices of teeth in the Case Selection must be visible including the third molar on at least one of the images.
8. Radiographic errors such as minor cone cutting will not disqualify the patient. Radiographic technique is not being evaluated in this part of the exam, but diagnostic quality will be evaluated.
9. Candidates will not be allowed to take or retake radiographs at the exam site unless an emergency arises.
10. Candidates may submit radiographs on a chairside monitor, but a printed or duplicate digital copy is still required.
IX. 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 unless specified on the Facility Information Sheet for the testing site. 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 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 hand piece, 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 the examiner to use during this examination:

- Unscratched, untinted #4 or #5 front-surface, non-disposable mouth mirror, which may be one or two sided

- A probe with William’s Markings (1, 2, 3, 5, 7, 8, 9, 10 mm) is ideal but a probe with 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 mm is acceptable.

- 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 (IDEAL Rubbermaid Tagalong 7”W x 4”H x 10”L), just large enough to hold the instruments for transporting to and from the Evaluation Station. NO container larger than the above specifications will be allowed back to the Evaluation Station.
- Disposable air/water syringe tip
- Blood pressure measuring device
- If authorized to provide anesthesia—supplies for anesthetic administration, including syringes. The host site may or may not provide cartridges of anesthetic (candidates should check with host site to confirm)

Candidates should be aware that clouded, tinted, or unclean mouth mirrors 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.
X. Anesthesia

Candidates must complete the anesthesia portion on the Progress Form whether or not anesthesia is to be used. Permission for the use of any anesthetic agent must be granted by the CFE, prior to administration, at the start of the examination and properly documented on the Progress Form.

The candidate may request authorization from a CFE to anesthetize the patient prior to patient check-in if the patient is too sensitive to withstand the use of a periodontal probe or explorer during pre-treatment.

USE OF LOCAL ANESTHESIA

The use of injectable local anesthesia will be permitted at the discretion of the examination sites.

Candidates should check the site information sheet prior to the examination to determine whether the use of injectable local anesthesia is allowed. Examiners do not evaluate the technique and/or actual administration of local anesthetic.

The use of injectable local anesthetic is permitted, if allowed by the examination site, by candidates who are:

- Students at the host school and who have successfully completed sufficient course work to administer local anesthesia unsupervised and have been certified on the day of the examination by the program director or other authorized school official at the exam site.
- Student candidates from schools external to the school hosting the examination, including unlicensed graduates of schools external to the host school, who provide a letter from their program director or the authorized school official certifying successful completion of the required anesthetic course work.
- Graduates who are authorized by a licensing dental board to use injectable local anesthetics, and who provide documentation, on the day of the examination, from the licensing dental board, authorizing them to utilize injectable local anesthesia (copies of active board certificates that permit the use of injectable local anesthetic are acceptable documentation).

All candidates who utilize local anesthesia for their patients are required to provide the appropriate documentation. This documentation must be sent to the CITA office at least 2 weeks prior to the exam in order for it to be recorded in the exam paperwork. It should also be provided to the CFE during the presentation of their patient. Candidates without this documentation will only be allowed to administer topical anesthesia.

Candidates must provide all syringes and supplies for local anesthetic administration. Cartridges may or may not be provided at the site for injectable local anesthesia but all local anesthetics must be used before their expiration date.

The CFE will approve the medical history, radiographs and anesthetic request. Once approved, CFE’s will instruct candidates when they may anesthetize their patient. Details will be given at registration.

When deciding whether to administer anesthesia, remember that three examiners will examine the patient using the explorer during Pre-Treatment Evaluation. If anesthetizing prior to Pre-Treatment, the CFE will confirm when to anesthetize based on chair availability in the Evaluation Station for the patient.

Inhalation anesthesia is not permitted for the examination. Violation of this standard will result in failure of the affected examination.
If more than 2 cartridges of anesthetic are needed during the examination, the candidate must request approval from the CFE who will document and initial the request. This protocol must be followed for each subsequent cartridge. Anesthetic solution may only be administered following approval of the CFE. An aspirating syringe and proper aspirating technique must be used for the administration of local anesthetic. Candidates may be observed by the CFE regarding proper technique, in order to ensure patient safety and comfort.

**CITA may permit a third party, provided by the host school, to administer local anesthetic to patients for a candidate who does not qualify to administer local anesthetic on their own. Please see the school’s Site Information Sheet for additional information or contact the school directly on how to utilize this service.**

**USE OF TOPICAL ANESTHETIC**

Candidates who are not qualified or prefer not to administer local anesthetics may use topical anesthetics or anesthesia patches (Oraqix, Cetacaine, Prilocaine, or other topical spray OR ointment).

The candidate may choose not to use an injectable local anesthetic agent. Combination agents such as lidocaine and prilocaine periodontal gel 2.5% are considered topical anesthetics. Candidates may be observed by the CFE regarding proper technique, in order to ensure patient safety and comfort.

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*.

**SHARED PATIENTS**

For patient safety, no more than half the maximum anesthetic dose may be utilized for a patient who will be treated by two candidates on the same day. See page 20 for additional guidelines for sharing patients.
XI. 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/or 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 may not 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, the candidate who has been cited for dishonesty should address this matter with the state(s) wherein he/she desires 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, and/or withholding of final examination results by CITA until the candidate complies with the examination requirements set forth in this manual.

Additionally, a candidate’s conduct both prior to and after completion of 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 anyone associated with the educational or testing environment, or a candidate’s misrepresentation of information about why the candidate was unsuccessful in taking the examination.

STANDARDS OF CONDUCT

The integrity of the examination process depends on fairness, accuracy and consistency. Standards are required to ensure that these principles are adhered to by examiners and candidates. The candidate is required to adhere to the rules, regulations and standards of conduct for the ADEX Dental Hygiene Examination.

Penalties are imposed for violations of such examination guidelines and the penalties are proportional to the seriousness of the violation. Minor violations may result in a warning or reminder. Serious violations may result in a failure of the examination. Candidates are required to adhere to these standards of conduct while participating in the ADEX Dental Hygiene Examination.
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 examination 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 re-examination for one full year from the time of the infraction.

   Professional misconduct includes, but is not limited to:
   - Falsification or intentional misrepresentation of registration requirements
   - Cheating of any kind
   - Demonstrating complete disregard for the oral structures or welfare of the patient
   - Misappropriation of equipment (theft)
   - Receiving unauthorized assistance
   - Alteration of examination records and/or radiographs
   - Failure to follow instructions from examiners
   - Rude, abusive, uncooperative or disruptive behavior toward patients, examiners, or other candidates
   - Use of electronic equipment, to include recording devices, phones, and/or cameras (*candidates, patients, and interpreters are prohibited from the use of any electronic devices during the course of the examination*)

2. **Termination of the examination:** The right is reserved to terminate or delay the examination 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 examination.

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. **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 clinical 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.

7. **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. This includes patients using cell phones in the evaluation area.**
INFECTION CONTROL REQUIREMENTS

Candidates are responsible for the set-up and break-down of their assigned operatory. Candidates must follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention for the PTCE. 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 when 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) and discard them once patient treatment is completed.
   - 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.

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 or bags (sterilizable or disposable), pocket masks, 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 use of this equipment.

• 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.

3. Exposure to blood borne pathogens

An exposure incident is defined as blood and/or potentially infectious materials (PIMS) contact 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 best achieved 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.
XII. Exam Flow

An exam flow chart can be found in the forms section and may be displayed during the exam.

**EXAM DAY REGISTRATION**

Candidates will register for the exam and receive an examination packet at registration. Registration will be held the day of the exam at 6:30 a.m. (AM Session) or 12:15 p.m. (PM session) at a place designated within the hosting facility. The location is sent via e-mail just after the 30 day exam deadline. There will be time for questions after all candidates have been registered.

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. *Exam Preparation and Orientation Form*
2. *Dental Hygiene Examination Liability Disclaimer*
3. *Radiograph/Follow up Care Form*
4. *Identification:*
   A. Candidates must provide their 3-digit sequential/candidate number (available through BrightTrac under the Apply Tab)
   B. **TWO forms** of personal identification
      - One of these IDs must contain the candidate’s signature
      - One must have a photo.

**Acceptable forms of ID include:**

- Current driver’s license
- Current passport
- Military ID
- Employee ID
- School ID
- Voter registration card (signed)
- A national credit or debit card is an acceptable secondary form of ID if signed.

**NOT Acceptable forms of ID:** An expired driver’s license, expired passport or a social security card

The candidate’s name on both forms of ID must match the first and last name used for registration. If the name on the identification differs from the first and last name used for registration, official documentation of a name change must be presented for admittance to the examination. If a candidate is not admitted due to lack of documentation, all examination fees will be forfeited.

Once identification has been verified, the candidate will receive a packet. Each packet will include:

- [ ] Candidate Name Badge and holder
- [ ] Candidate Identification Labels
- [ ] *Progress/Evaluation Form*
- [ ] *Treatment Selection Worksheet*
- [ ] Cubicle Card
- [ ] *Exam Check-Out Form*
- [ ] Survey
ONLY CANDIDATES WHO HAVE ATTENDED REGISTRATION MAY ENTER THE CLINIC TO BEGIN THE SET-UP PROCESS. FAILURE TO OBSERVE AND FOLLOW THIS GUIDELINE WILL RESULT IN DISMISSAL FROM THE EXAMINATION.

SET-UP AND PATIENT CHECK-IN (MAX 3 POINTS)

Candidates taking the PTCE in the AM session will begin set-up in the clinic at 7:00 a.m. whereas candidates taking the PM session will begin set-up at 12:45 p.m.

Clinic Floor Examiners (CFEs) will be available in the clinic beginning at 7:00 a.m./12:45 p.m. to assist candidates with examination protocol and to answer any questions. Patient check-in for the examination takes place at the candidate’s cubicle between 7:00 a.m. and 7:30 a.m. or 12:45 p.m. and 1:15 p.m. When ready, a candidate may request a CFE for patient check-in which includes review of the teeth selection, validation of approximating posterior teeth, review of the paperwork and forms, verification of the anesthesia plan, radiograph approval and confirmation that the blood pressure has been taken and recorded during the set-up period.

The CFE will review the Patient Consent Form, Radiographs and Medical History Form. If the approximating teeth criteria (See page 29) 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 the selection on a treatment selection worksheet, and present it to the CFE to be entered into the electronic system.

Once the revised treatment selection is entered into the electronic system, the candidate reviews and accepts the selections on the tablet.

The candidate will then begin the Case acceptance procedure again. The CFE will again review the treatment selection, Medical Health History, Radiographs and Patient Consent Form.

Candidates will not be allowed to proceed with treatment until the patient and documents have been approved. Treatment on a patient without documented approval by a CFE is a violation of examination protocol and may subject the candidate to dismissal from the examination.

Only one patient may be presented for the ADEX PTCE

Once a patient has been presented to the CFE, a back-up patient may not be presented if that patient is not found to be acceptable due to examination protocols, guidelines or requirements.

PRE-TREATMENT EVALUATION (MAX 5 POINTS)

Whether the candidate is in the morning or the afternoon, the candidate must have completed the Dental Hygiene Pre-Treatment Evaluation with a minimum of 2 hours (120 minutes) remaining in that clinic session (9:45 AM for morning session and 3:30 PM for afternoon session). Candidates who do not meet this deadline will NOT be allowed to continue with patient treatment.

At 7:30 a.m. or 1:15 p.m. the examination begins. All approved patients may be submitted to the Evaluation Station for treatment selection evaluation (Pre-Treatment Evaluation). Candidates must gather all required forms, including a completed Progress and Evaluation Station Request Form, Radiographs, Patient Consent Form and Medical History Form.

Place all documents in a candidate folder which will be provided in the candidate packet. The folder with all required documents will be presented to a CFE for Evaluation Station check-in. If a chair is available in the
Evaluation Station, the patient will be checked-in for evaluation. The patient carrying all required instruments will then be escorted to the Evaluation Station.

If a seat is not available in the Evaluation Station, the candidate and patient will wait in the 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 becomes available.

**QUICK TIP:**

Send to the Evaluation Station EVERYTIME:

- In provided folder *(escort will carry)*:
  - [ ] Progress / Evaluation Station Request Form
  - [ ] Radiographs
  - [ ] Patient Consent Form
  - [ ] Medical Health History Form
  - [ ] Medical Clearance (if needed)
  - [ ] Cubicle Card

- Instruments in a plastic container *(Carried by patient)*. As specified in the Instrument Section on page 32.

- The patient with a clean napkin with Candidate ID label placed on the upper right side.

Candidates should refer to page 33 for information and instructions on when a patient is to be anesthetized. 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. It is the responsibility of the candidate to provide the instruments used in this examination and listed in this candidate manual on page 32, unless such instruments are furnished by the school (see the corresponding Facility Information Sheet for details).

**EXAM SITE FACILITY INFORMATION CAN BE FOUND ON THE CITA WEBSITE OR UNDER THE DOCUMENT TAB IN A CANDIDATE’S PROFILE**

Failure to have the required instruments may result in a penalty assessed to the candidate. Candidates should refer to page 32 for a list and description of the instruments required for each visit to the Evaluation Station.

During the Pre-Treatment Evaluation, examiners will:

- [ ] Confirm qualifying calculus on the surface selections
- [ ] Select two (2) additional surfaces to be part of the surface selection
- [ ] Select one anterior and one posterior tooth for probing measurements within the CASE SELECTION
- [ ] Select three (3) teeth ANYWHERE in the mouth for calculus detection

**PATIENT’S RETURN FROM PRE-TREATMENT**

Once the patient has returned from the Evaluation Station, the candidate should check to see that all paperwork has been returned AND that a Green Check (V) has been stamped on the Evaluation Station Form. This stamp
only indicates completion NOT acceptance. Contact the CFE if a stamp is missing. If the form has been stamped and there is an absence of an Instructions to Candidate (ITC) Form, the candidate may begin treatment by first completing the calculus detection exercise, followed by calculus removal and then the periodontal probing measurement exercise.

**FINISH TIME ASSIGNMENT**

Candidates will be assigned a finish time of two hours (120 minutes) after Pre-Treatment Evaluations have been completed and the patient has been checked-out of the Evaluation Station. The finish time will be listed on the front of the Progress Form. The latest finish time allowed will be 11:45 AM for the morning session 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 recorded for that candidate.

**CALCULUS DETECTION (MAX 12 POINTS)**

During the pre-treatment evaluation, examiners assigned and record, on the back of the Progress Form, three teeth (from anywhere in the mouth) for calculus detection. The criteria for determining the presence of calculus is the same as for Calculus Removal.

**Prior to removal of any calculus**, indicate a “YES” for surfaces found with readily detectable, qualifying, sub-gingival calculus. If you do not find qualifying calculus on the tooth surface, indicate a “NO.” Record your findings on the back of the Progress Form. You earn points for each surface where your findings match those of two out of three examiners. If you do not select any answer at all, or if you select both “Yes” and “No,” you will not earn any points. The CFE will add the candidate’s answers into the grading system BEFORE Post-Treatment check in.

The following steps describe the process of detecting qualifying, sub-gingival calculus with an 11/12 explorer:

a) Insert an 11/12 explorer into the sulcus/pocket in contact with the crown, and then slide it apically along the root using the side of the tip of the explorer to detect calculus; interference with the apical sliding motion along the tooth surface indicates dental calculus.

b) When calculus stops the explorer during the apical movement along the tooth surface, move the explorer laterally out and away from the tooth surface and continue the sliding movement apically, moving back under the calculus piece to regain contact with the root surface.

c) Continue the apical sliding motion until the soft base of the sulcus/pocket is reached.

d) Use compressed air to deflect the tissue and visually observe calculus deposits whenever possible.

| Calculus found on the line angle will be counted as being present on the mesial or distal surface. |

**SURFACE SELECTION CALCULUS REMOVAL (MAX 66 POINTS)**

The treatment phase of the examination is the removal of calculus from the entire Case selection, including the entire primary quadrant and the two additional teeth selected in the secondary quadrant. While calculus needs to be removed from the entire Case selection, it is recommended that the 12 qualifying surfaces in the surface selection be given first priority.
Disclosing tablets or solutions are not allowed during the exam.

During Post-Treatment, examiners will evaluate the Surface Selections listed by the candidate. If the candidate’s 12 surfaces did not have qualifying calculus during the Pre-Treatment Evaluation, candidates earn points for removal of calculus only on surfaces validated by two examiners that had qualifying calculus present.

**If examiners were unable to validate enough surfaces with qualifying calculus during Pre-Treatment for a candidate to pass the exam, the candidate will not be allowed to complete the exam.**

**PERIODONTAL PROBING MEASUREMENT (MAX 6 POINTS)**

During Pre-Treatment Evaluation, examiners assign two teeth from within the case selection - one anterior and one posterior - for periodontal probing measurements. Examiners will write them on the Candidate Progress Form. During Post-Treatment Evaluation, three examiners will measure and record the periodontal probing measurements on the two assigned teeth and will enter their findings into the grading system.

*After calculus has been removed and prior to Post-Treatment Evaluation check-in*, the candidate will measure and record the periodontal probing measurements. Each tooth has three surfaces where measurements are evaluated: mesio-lingual (ML), disto-lingual (DL), and lingual (L).

The measurements made by the candidate must be no more than ± 1 mm from the median of the measurements made by the three examiners.

**Use the Treatment Selection Worksheet to temporarily record your finding.** The CFE will enter the candidate’s answers into the grading system before Post-Treatment check-in. (See data entry section later in this manual for details.) When the patient returns from Post-Treatment Evaluation, the candidate will transfer the findings to the Evaluation Station Request Form (backside of the Progress Form).

*Note: Candidates cannot use any copies or reference materials for this section. Candidates found using previously recorded and/or copied periodontal charts or other copies of the patient’s periodontal probing measurements will be dismissed for unprofessional conduct and will automatically fail.*

**PROBING MEASUREMENTS AND CALCULUS DETECTION EXERCISE DATA ENTRY**

**Prior to** submitting a patient for Post-Treatment Evaluation, the candidate must have the probing measurements and calculus detection exercise findings entered into the computer grading system by the CFE or other designated CITA staff member. The candidate will confirm the entries and enter his/her Candidate ID on the Progress Form.

*After the Post-Treatment Evaluation, the candidate will transfer the probing measurements from the Treatment Selection Worksheet to the Evaluation Station Form (reverse side of Progress Form) when the patient returns.*

**TISSUE MANAGEMENT (MAX 3 POINTS)**

Examiners will evaluate subgingival calculus, supragingival calculus, plaque, biofilm and stain removal from all surfaces, as well as tissue management in the Case selection. The candidate must effectively utilize hand instruments, prophy cups and/or brushes, ultrasonic/sonic cleaning devices, and dental floss without causing unwarranted soft tissue trauma (abrasions, lacerations, or burns) during this examination.
**Definition of minor tissue trauma:** Any injury that is inconsistent with the procedure and is expected to heal without professional treatment by a dentist or physician.

**Examples of minor tissue trauma:** Small lacerations; cavitron burns; abrasions on papillae, gingiva, tongue, and/or lip.

**Definition of major tissue trauma:** Any injury that is inconsistent with the procedure and that will not heal on its own without professional treatment by a dentist or physician.

**Examples of major tissue trauma:** Amputated papilla; significant cavitron burns; severely lacerated soft tissue; exposure of the alveolar process; broken instrument tip evident in the sulcus or soft tissue; root surface abrasions that require additional definitive treatment.

Points are awarded to candidates whose patients exhibit no minor tissue trauma around any of the teeth treated during the oral debridement or on any other soft tissue structures.

At least two of three examiners must independently identify tissue trauma on the gingiva or soft tissue structure for points to be withheld. If four or more areas of minor tissue trauma are validated, a major tissue trauma error is assessed, resulting in automatic failure of the clinical examination module.

**Note:** It is very important that a candidate notes ANY pre-existing tissue burns, injuries and/or conditions on the **Evaluation Station Form** PRIOR to sending the patient for Pre-Treatment, so that a candidate is not penalized for injuries or conditions that were pre-existing in nature.

**FINAL CASE PRESENTATION (MAX 5 POINTS)**

All surfaces (other than the 12 qualifying surfaces) in the Case selection will be evaluated for remaining calculus. Both supragingival and subgingival are scored equally. The candidate must debride all surfaces on all teeth in the selection.

If there is any remaining calculus on surfaces not included in the surface selection, the candidate will not be awarded points for final Case presentation.

Point deductions may apply if the patient is presented with any of the following:
• Remaining plaque and biofilm
• Remaining calculus on surfaces within the Case selection that are not a part of the surface selection
• Remaining extrinsic stains
• Other remaining residue or debris

At least two out of three examiners must independently assess an error for points to be withheld.

Candidates are not required to, but may treat all teeth located in the secondary quadrant, but should first be sure the teeth in the Case Selection are free from all calculus, biofilm and stain before treating any additional teeth/surfaces.

**POST-TREATMENT EVALUATION**

After the data entry has been completed and confirmed, the CFE will check the patient into the Evaluation Station. The candidate will follow the same process for sending a patient to the evaluation station. See Quick Tip on page 41. Candidates are considered to have met required finish time deadlines if they have checked-in with the CFE for Post-Treatment Evaluation.

The examiners will record probing measurements, evaluate tissue management and subgingival calculus removal from the selected tooth surfaces as well as evaluate supragingival calculus, stain, biofilm and plaque removal from all surfaces in the Case Selection.

When the patient is returned from the Evaluation Station, the *Evaluation Station Request Form* should be marked with a “✓” stamp at the bottom of the form to denote that the Post-Treatment performance has been electronically scored.

**Note:** A GREEN “✓” does not mean that a candidate has passed. It only means the candidate has completed that part of the exam.

**PATIENT DISMISSAL**

When a candidate’s patient has returned from Post-Treatment Evaluation, the candidate will transfer probing measurements from the *Treatment Selection Worksheet* to the *Evaluation Station Form* and then ask a CFE to dismiss the patient. The CFE will sign the GREEN patient dismissal area on the candidate’s *Progress Form*. The candidate should ensure that all consents have been signed by the patient prior to dismissal.

**CANDIDATE EXAM CHECK-OUT**

Upon completion of the exam and patient dismissal, the CFE will direct the candidate to submit all examination material to the exam Check-Out Station.

The Check-Out Station will be manned by CITA staff. Candidates will complete the *Candidate Check-Out Form* which is found in the candidate packet. The candidate will also sign the *Medical History and Patient Consent Forms* as *part of the exam check out process*.

**PLEASE DO NOT APPROACH THE CHECK-OUT AREA UNLESS ALL FORMS ARE IN ORDER AND THE CANDIDATE CHECK-OUT FORM HAS BEEN COMPLETED.**
The following items must be submitted in the provided white envelope and accounted for prior to dismissal from the examination site:

- Photo Candidate ID badge
- Photo Interpreter ID badge (if applicable)
- Patient Consent Form (signed by candidate)
- Medical History Form (signed by candidate)
- Progress/Evaluation Station Form
- Remaining candidate ID labels
- Cubicle cards

**NOTE:** Radiographs for the examination DO NOT need to 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.)

All required examination records must be submitted to the Check-Out Station before the examination is considered complete.

**SCORES WILL NOT BE RELEASED TO ANY CANDIDATE UNTIL ALL CANDIDATE PACKETS HAVE BEEN TURNED IN THROUGH THE EXAM CHECK-OUT**

Candidates should ensure the cubicle and all equipment used has been cleaned and sterilized prior to exiting the premises.
XIII. Examination Forms

FORMS COMPLETED BEFORE THE EXAMINATION

All forms can be found at www.citaexam.com by clicking on DOWNLOAD FORMS and under the DOCUMENT Tab of a candidate’s online profile. CITA Sample will appear if the form is provided the day of the exam.

[A] Patient Consent Form (Patient Consent, Disclosure and Assumption of Liability)
(print double sided in black and white)

The candidate must review the Patient Consent Form with their patient and submit a signed copy on the day of the examination.

Because this form will be reviewed by examiners during the procedure, the candidate will add his/her candidate ID label to the form before beginning treatment, rather than signing, in order to preserve anonymity (patients, however, should sign his/her full signature).

After the examination is completed and before submitting all records during check-out, the candidate will sign the form with his/her full signature.

[B] Medical History Form
(print double sided in black and white)

The candidate must complete BOTH SIDES of the Medical History Form for the patient participating in the examination. The Medical History Form may be completed with the patient prior to the examination, provided it is printed as a double sided form; (two sheets are not acceptable). The candidate will review the information again with the patient the day of the exam and have the patient sign the form. If the patient is being treated by more than one candidate, each candidate must submit a separate Medical History Form.

The patient’s blood pressure must be taken on the day of the examination, during the clinic period and documented by a CFE. See Patient Selection Section (page 20) for additional details concerning patient’s medical history.

Because this form will be reviewed by examiners during the procedure, the candidate will add his/her candidate ID label to the form before beginning treatment, rather than signing, 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, the candidate will sign the form with his/her full signature.
[E] Treatment Selection Worksheet
(For Personal use only)

The PTCE Treatment Selection Worksheet is a practice form a candidate may use to identify the teeth he/she will treat during the PTCE. See the Treatment Selection Requirements section on page 26 for treatment selection guidelines.

In order for the examiners to evaluate the probing measurements without knowing what the candidate had recorded, the candidate will temporarily add the probing measurements to the Treatment Selection Worksheet until after post-treatment evaluation has been completed. When the patient returns from post-treatment, the candidate will transfer the measurements to the Evaluation Station Form.

Electronic Treatment Selection Grid

Each candidate is responsible for selecting and documenting teeth and surfaces for treatment that fulfill the published criteria. **No later than 72 hours (Eastern Standard Time) prior to the first day of the examination**, the information on the Treatment Selection Worksheet 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.

Each candidate will log into his/her candidate profile. Click the “Input Teeth” link from the Dashboard and follow these steps:

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
<th>STEP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Primary Quadrant</td>
<td>Enter 2 teeth in Secondary Quadrant</td>
<td>Enter 12 Qualifying Surfaces.</td>
<td>Review, Download and Print selections.</td>
</tr>
</tbody>
</table>

If a candidate needs to change the tooth selection that was submitted electronically 72 hours prior to the examination, then the above step will be followed to make all corrections.

A candidate needing to change or add the treatment selection within 72 hours from the exam or the day of the exam can do so at the exam. The candidate should take the revised treatment selection to the CFE or a designated CITa staff member in order for it to be changed in the grading system. The candidate will read off the changes entered into the grading system. The candidate will be asked to review and submit the selections.
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 FOR REGISTRATION – FORMS WILL HAVE A 1, 2, OR 3 IN LEFT CORNER**

All candidates are required to turn in three forms at registration. Be sure each form is completed PRIOR to entering the registration area. Candidates will not receive an exam packet until all forms have been turned in.

<table>
<thead>
<tr>
<th>Exam Preparation Form</th>
<th>Liability Disclosure Form</th>
<th>Hygiene Radiograph/Follow up Care Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print in Black and White</td>
<td>Print in Black and White</td>
<td>Print in Color</td>
</tr>
</tbody>
</table>

**FORMS COMPLETED AT THE EXAMINATION – FORMS WILL HAVE A LETTER IN TOP LEFT CORNER**

Once the examination begins, examination materials distributed by CITA may not be removed from the examining area. Forms may not be reviewed by unauthorized personnel.

[C] **Progress Form** - Color-coded Form is utilized to:
- Document anesthesia administered and treatment provided
- Documents Case Section, Missing teeth

The candidate will be provided with Candidate ID labels to place on the Progress Form.

[D] **Evaluation Station Request Form (opposite side of progress from)**
- Track the candidate’s progress through the exam

Color coded form for use by the candidate to denote which evaluation he/she wishes to have performed in the Evaluation Station. The form is stamped when evaluation is complete. Probing depths and calculus detection responses are recorded in the appropriate areas.
**Follow-Up Care Form**

The *Follow-Up Care Form* is utilized to advise the patient and candidate of additional treatment needed, whenever the treatment started by the candidate is incomplete or the final treatment is unacceptable. Like the *Instruction to Candidate Form*, the *Follow-Up Care Form* is generated automatically when the patient is checked-out of the Evaluation Station and is subsequently delivered to the candidate. The *Follow-Up Care Form* must be reviewed with the Chief, Co-Chief, or a CFE. The patient will be informed by the Chief, Co-Chief, or CFE 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 will sign the form.

**AFTER THE EXAM**

**Retesting**

Candidates who find that they need to retake any part of the exam may re-register by following the same steps that were followed for the initial exam. No additional paperwork is required. Simply click on the Apply Tab, select the next exam and make the payment by the designated exam deadline. Contact the CITA office via email within 3 days of the last exam to find out options for exams that are less than 30 days away.

**Requesting Scores for a Dental Board via a DUPLICATE SCORE REQUEST**

CITA will automatically add all scores to the online DESP (ADEX score portal). This is updated weekly. Paper scores will always have to be requested using the Duplicate Score Request Form.

Candidates should contact the state board where they are seeking licensure. Some state dental boards are able to retrieve scores through the DESP. If the state board requires an official paper score report and/or copy of the manual, candidates must submit a Duplicate Score Request Form. See form for submission options and process.

A fee of $35.00 (per address) will be charged to send specified exam scores and/or ADEX Status to the requested jurisdiction via us mail.

**Official scores can only be sent directly to state dental boards.** CITA will send scores from all procedure attempts to state dental boards for licensure purposes. All other requests must be made in writing and approved by the CITA Board of Directors. A candidate can access an unofficial copy of his/her scores directly from the Results Tab of BrightTrac.

The *Duplicate Score Request Form* can be found on the CITA website at [www.citaexam.com](http://www.citaexam.com) (click on Score Report Button at the top of home page).

**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. Any candidate who is interested in appealing examination results may request an Appeal Form from the CITA office.

The candidate must clearly indicate in written form whether he/she is simply expressing a concern related to the examination or 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 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 re-assessment of documentation of the candidate’s paperwork for the examination. Candidates should understand that the review does not include 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 of the review results within sixty (60) days of receiving the review request.

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.
XIV. FORMS AND SAMPLES

All forms can be found at www.citaexam.com by clicking on DOWNLOAD FORMS and under the DOCUMENT Tab of a candidate’s online profile. CITA Sample will appear if the form is provided the day of the exam.

TO BE SUPPLIED TO ALL PATIENTS WHO SIT FOR THE DENTAL HYGIENE EXAMINATION

PATIENT NOTIFICATION

You are sitting as a patient for a qualifying examination for licensure in dental hygiene. This is an important day for participants pursuing dental hygiene licensure in the states and jurisdictions which participate in this examination. Everything you can do to cooperate with your candidate 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 the practice of dental hygiene 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 Radiograph Verification/Follow-up Care Form. The candidate will also need 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 both 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.

Dental Hygiene
Candidate Qualification 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 swear 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
(Initial only one)

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 administered 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 administered 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 form if this is the candidate’s initial qualifying category.

III. Candidates who are foreign trained dental hygienists may take the CITA administered 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 administered 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 administered 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 Dental Hygiene Manual and understand the application process, refund policy, 18 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 (if an ADEX exam) 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

2013-Pre-Graduation-Revised 7/25/2018

MUST INCLUDE NOTARY STAMP
**DENTAL HYGIENE EXAM FLOWCHART**

**Clinic Set up**
Enter Clinic with patient and take Blood Pressure. Complete paperwork.

**Locate CFE**
to begin patient/paperwork approval process

**Pre-Treatment Evaluation (Grade)**
CFE will check patient into Evaluation Station for Pre-Treatment. Check form for stamp when patient returns.

**Evaluation Station Form – Red “X” STAMP**
Locate a CFE

**Evaluation Station Form - √ STAMP**
Returned with √ stamp proceed with treatment

**Clinic Treatment Time**
Record calculus detection findings on Evaluation Station Form prior to treatment. Complete treatment plan and prepare teeth for final presentation. After treatment, complete the probing. Record on Treatment Worksheet.

**Post-Treatment Evaluation (Grade)**
Locate a CFE or designated CITA staff member to have probing and calculus detection findings entered into the grading system.
After findings have been entered, the CFE will check patient into the Evaluation Station for Post-Treatment Evaluation.

**Evaluation Station Form – Red “X” STAMP**
Locate a CFE

**Candidate Check Out**
Proceed to EXAM CHECK-OUT station with ALL required materials/paperwork and Check-out form

**Evaluation Station Form - √ STAMP**
Returned with √ stamp; LOCATE CFE for dismissal of patient. Patent may be dismissed after CFE has signed GREEN BOX on Progress Form.

**Teeth Selection Entry/Changes**
Locate a CFE or designated CITA staff member for assistance
### ADEX Dental Hygiene
Evaluation Station Request Form

**Candidate #**

**Unit #**

Send your patient to the evaluation area with:
1. This Form
2. Health History Form (unsigned by candidate)
3. Patient Consent Form (unsigned by candidate)
4. Diagnostic Radiographs
5. Patient’s Protective Eyewear
6. Patient Napkin with ID Label Affixed
7. Sturdy, plastic container containing:
   a. #11/12 Explorer, Probe WITH Williams Markings, Mirror, 2x2 Gauze

**COMMUNICATION FROM CANDIDATE:**

**PRE-TREATMENT**

**EVALUATION STATION USE ONLY!**

Examiner #1: Optional
Examiner #2: Optional
Examiner #3: Optional

**Finish Time**

**CALCULUS DETECTION FINDINGS**

For the teeth assigned below indicate if calculus is present "YES" or not present "NO" for each of the four indicated surfaces: Mesial, Facial, Distal, and Lingual on each tooth.

<table>
<thead>
<tr>
<th>Tooth #</th>
<th>M</th>
<th>D</th>
<th>E</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**PROBING MEASUREMENT FINDINGS**

For the teeth assigned below, measure and record the depth of each sulcus/pocket on the indicated surfaces to the nearest mm.

**CANDIDATE RECORDS MEASUREMENTS**

**AT THE END OF THE EXAM**

<table>
<thead>
<tr>
<th>Anterior</th>
<th>Posterior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth #</td>
<td>Tooth #</td>
</tr>
<tr>
<td>DL</td>
<td>DL</td>
</tr>
<tr>
<td>L</td>
<td>L</td>
</tr>
<tr>
<td>ML</td>
<td>ML</td>
</tr>
</tbody>
</table>

**POST-TREATMENT**

**EVALUATION STATION USE ONLY!**

Examiner #1: Optional
Examiner #2: Optional
Examiner #3: Optional

**STAMP REQUIRED**

**EXAM COMPLETED**

Patient Approved for Dismissal, Probing Measurements added above

**CFE #**

**Time Return**

**Time Out:**

**Time Stamp**

(CITA use ONLY)

Time Return

Time Out:

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08/2/2018
Quick Reference for ADEX Hygiene Exam Administered by CITA Outline

Case Selection:
Primary Quadrant containing at least six natural permanent teeth with at least one being a molar and two additional posterior teeth in a Secondary Quadrant, one of which has to be a molar.

Surface Selection:
Calculus may be chosen on any of the teeth in the Case Selection. Candidate should identify 12 surfaces of qualifying subgingival calculus following the 8-5-3 criteria:

- 8 = Eight surfaces located on any surface of Posterior teeth (M, D, B or L)
- 5 = Five surfaces located on M or D of Posterior Teeth
- 3 = Three surfaces located on M or D of Molars
- The remaining 4 surfaces of the 12 can be on any teeth.
- The canine is not considered an anterior or posterior tooth. It can be chosen as one or more of the 4 remaining surface.

Pre-treatment:
A. Examiners will verify qualifying subgingival calculus on 12 surfaces submitted by candidate, plus two additional surfaces of qualifying calculus in the Case selection which constitutes surfaces 13 & 14. All three examiners will evaluate the fourteen surfaces. (The first examiner will identify two additional surfaces of qualifying calculus from within the Case Selection teeth and add them to the Calculus Removal list for a total of 14 surfaces. All three Examiners will evaluate all 14 surfaces.)
B. The computer will select the validated surfaces that will be graded in Post treatment evaluation. A max. of 12 surfaces will be graded. (The candidate will not know which 12 surfaces have been selected.)
C. Examiners will select teeth for the Calculus Detection and Periodontal Probing Measurement.
D. After Pre-Treatment Evaluation, the patient is returned to the Candidate. Candidate should first do the Calculus Detection on the teeth assigned by the Examiner and record their findings on the Progress Form before scaling to remove calculus is performed. After scaling all teeth in the Case selection, the candidate will complete the Periodontal Probing Measurements. Findings will be temporarily recorded on the Treatment Selection Worksheet until after the Post-Treatment Evaluation.
E. Candidates must treat all teeth within the Case Selection by removing all biofilm, stain, supra and subgingival calculus. All surfaces will be graded. (The 12 surfaces selected to be graded have a point value of 5.5 points each. The other surfaces with remaining calculus get penalized 4 points for 1 or more errors.) Candidates are not required to, but may treat all teeth located in secondary quadrant, but should first be sure the teeth in the Case Selection are free from all calculus, biofilm and stain before treating any additional teeth and/or surfaces. Candidate will have two hours of treatment time.
F. If a candidate is unable to accumulate enough points after Pre-Treatment due to the lack of qualifying calculus on surfaces, then the candidate will not be allowed to continue in the exam.

Post- Treatment:
A. Examiners will grade the validated surfaces of calculus (up to 12 surfaces), review final presentation and record pocket depths.

Stand-alone molar in the case selection:
There are 2 required molars within the Case Selection. One of the molars must have both a mesial and distal contact. Another molar must have at least one contact. To be considered a contact, the adjacent surface must be no more than 2mm from the molars. One distal surface of a terminal molar may be included in the Case Selection if the tooth does have a mesial contact. A stand-alone molar cannot count as one of the two required molars (because there are no contacts) but the Lingual or Buccal surfaces could count toward the requirements of 8 surfaces of posterior teeth.
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