

# Mississippi State Board of Dental Examiners

580 Springridge Road • Post Office Box 1960 • Clinton, MS 39056 • 601/924-9622

## Important Information for Applicants for DENTAL HYGIENE Licensure

Please read the following instructions and requirements carefully. Most of your questions concerning application and examination should be answered in these instructions. However, if you have further questions, please contact the Board office at the above address and phone number.

The examination will be held Tuesday, May 31, 1988, at the University of Mississippi School of Dentistry located on the campus of the University Medical Center, 2500 North State Street, Jackson, Mississippi.

The Mississippi State Board of Dental Examiners grants licenses to practice dental hygiene in the state on the basis of examination only. Mississippi does not engage in reciprocity agreements with other states, and no temporary licenses or permits are issued or special examinations given.

### General Requirements for Application:

An applicant for examination for dental hygiene licensure shall be a citizen of the United States, be of good moral character, be possessed of a high school education, and have attained the age of eighteen (18) years. An applicant must also hold a degree from an accredited dental hygiene program in the United States.

Application should be made to the Secretary of the Board by certified mail with return receipt requested. Application, fees, and all supporting documentation must be received by the Board at least thirty (30) days before the announced date of the examination.

Board fees and clinic fees must be paid in two separate amounts by certified check or money order. No personal checks will be accepted for fees. Examination fees are refunded only if the candidate's application is not accepted by the Board. In the event of illness or an emergency, fees will be applied to the next scheduled Mississippi Board for Licensure providing the Board office is notified no later than three (3) days prior to the examination.

Applicants who are unsuccessful on the examination may apply for a future examination and be considered as new applicants.

### General Information for Preparing for the Examination

Candidates must furnish their own patients and must be responsible for their appearance on schedule. Advise your patient to bring a sweater, reading material, or earphone equipment for their comfort. Candidates must also furnish their own hand-piece (4 hole Midwest type and prophylaxis angle) and instruments.

YOUR APPLICATION WILL BE COMPLETE UPON RECEIPT OF THE FOLLOWING:

1. TYPED application form filled out completely and properly signed and notarized.
2. Certified check or money order in the amount of \$100.00 made payable to the Mississippi State Board of Dental Examiners. The amount is your Board application fee.
3. Certified check or money order in the amount of \$35.00 made payable to the University of Mississippi School of Dentistry. This check is to be mailed with your application and covers your clinic fees such as necessary materials, anesthetics, and x-ray film.
4. Notarized signatures of two (2) reputable citizens of the state in which the applicant is a resident. (See application form for further information).
5. Copy of National Board Examination Grade Card. If National Board is failed, it will lower overall grade. PLEASE NOTE: Beginning with the June 1989 Board, candidates will be required to have SUCCESSFULLY completed the National Board Dental Hygiene Examination.
6. Copies of official transcripts for each college and dental hygiene school attended. These transcripts must be mailed directly to the Board office by the schools; transcripts will not be accepted from the candidate. Have ALL TRANSCRIPTS IN BY THE DEADLINE--APRIL 29; even though your dental hygiene transcript is not complete, PLEASE HAVE A PARTIAL MAILED BY APRIL 29 so your application can be processed.
7. For candidates who are still in dental hygiene school at the time of application, but who will complete requirements for graduation prior to the examination, an affidavit from the dental hygiene dean stating that the applicant is expected to graduate--Form A enclosed. (Final dental hygiene school transcript awarding degree must be received before examination results may be issued.
8. Certified statement from the Secretary of the Board of Dental Examiners in each state in which applicant is currently licensed verifying license status and good standing. In states where applicant has been previously licensed, the Secretary of the Board must notify this office as to the reason for license expiration or revocation.

PATIENT SELECTION: Patient selection is probably the single most important factor in preparation for the examination. Unacceptable patients will be dismissed and another patient must be provided if the candidate is to continue the examination. Therefore, it is advisable to obtain a back-up patient. The patient's acceptability will be evaluated on the basis of health condition, dentition requirements, charting requirements and adequate deposits.

- A. Health Condition: The patient's health must be acceptable for prophylactic treatment. If conditions indicate an alteration in treatment procedures or a need to consult the patient's physician, the

candidate must obtain the necessary written clearance from the patient's physician before the patient is accepted. There should be no soft tissue lesions that contraindicate dental hygiene instrumentation.

- B. Dentition: The patient must have a minimum of 18 natural teeth with at least 10 posterior teeth.
- C. Dental Charting: Charting should include restorations, fixed prostheses, missing teeth, defective restorations, and caries.
- D. Light-Unacceptable: Moderate subgingival calculus not present on molars, bicuspid or anteriors in 2 quadrants--too light for testing.

Light: Isolated areas of calculus (spicules or small ledges of subgingival adequate for testing).

Moderate: General small interproximal ledges of moderately tenacious subgingival calculus.

Heavy: Generalized subgingival deposits which may continue through the interproximal and line angles. May also be tenacious sheets.

Heavy-Unacceptable: Pocket depth prohibitive, number of pockets exceed 6mm, calculus too heavy and tenacious, tissue condition is prohibitive.

Stain is not essential to qualify a patient as acceptable. However, a patient with minimally acceptable subgingival calculus and moderate to heavy stain on the gingival third of most all surfaces would provide an acceptable patient.

GRADING: Pass or Fail will be given for charting, patient management, and patient education. Zero grades will be given for: 1. Patient mismanagement or deceit; 2. Presenting patient not meeting requirements.

Numerical grades will be given for the following:

1. Radiographs count 25% of the total grade;
2. Prophylaxis counts 60% of the total grade;
3. Radiographic exam counts 10% of the total grade;
4. National Board grade counts 5% of the total grade. If you have not taken the National Board examination, a written examination will be required at the end of the day.

To be successful on this examination, a candidate must obtain a grade of 70% or above as an overall average.

The prophylaxis will be graded according to patient rating--light, moderate, or heavy, and the number of errors recorded by examiners on the completed patient.

Radiographs will be graded 5 points off for each film that is:

1. Improperly mounted;
2. Cone cut;
3. Improper film placement;
4. Elongation or foreshortening;
5. Interproximal overlapping;

INSTRUCTIONS FOR MISSISSIPPI DENTAL HYGIENE EXAMINATION: Please bring these instructions with you for reference the day of the exam.

The Board examination will be given to protect anonymity. All candidates will arrive at 8:00 am, Tuesday, May 31st at the University of Mississippi Dental School.

1. Candidates should present themselves wearing no name plates or monograms denoting the name of the candidate or the school attended. Each candidate will be assigned a candidate number; this number is to be worn on the right lapel after arriving at the corresponding unit number.
2. A written examination in Jurisprudence based on "The Mississippi Laws Pertaining to the State Board of Dental Examiners" will be given.
3. While jurisprudence is being graded, an instructor will answer any questions you may have regarding the radiology portion of the exam. Be prepared at this time to tell the instructor whether you will take an 18-20- or 21-full mouth film series and whether you will need to have additional films for pre-op bitewings. You will be using double film packets, so the patient may have one set of radiographs. It is preferred that you have four pre-op bitewings taken within 30 days of exam, but two will be acceptable.
4. Those who pass the jurisprudence examination will continue with a radiographic identification examination. Those who fail the jurisprudence portion will be dismissed from the examination at this point.
5. Following the radiographic exam, you may take your patient to the waiting area nearest your assigned unit area. At your unit you will find a manila folder containing dental and medical histories, patient consent form, dental chart, and x-ray film packet and mount. After you have set up your unit, you may bring your patient to the unit and take the medical and dental histories. IF THERE IS ANY TYPE OF MEDICAL PROBLEM, CONSULT THE FLOOR EXAMINER. Have the patient sign the consent form; anyone but the candidate may witness his/her patient. There will be a floor examiner circulating to assist you; he will not be giving grades. The floor examiner must check to see that consent form has been signed.
6. When Step 5 is complete, you may then show your patient to the private grading area. The patient should bring with them:
  1. Pre-op bitewings with PATIENT NUMBER ONLY on mount.
7. Three examiners will rate the patient and send back with the patient the assignment to be completed.
8. Full mouth x-rays can be taken at any time after Step 7 is complete except for four post-op bitewings which must be taken

after completion of scaling. NO RETAKES WILL BE ALLOWED. Some x-ray units at the dental school are set for LONG CONE exposure and some for SHORT CONE; the equipment will be preset and does not need to be adjusted. You should bring the filmholder you prefer.

9. When all assignments are complete, the candidate will direct the patient back to the grading area. The patient should bring with them:
  1. Pre-op x-rays, full mouth and post-op bitewings with PATIENT NUMBER ONLY on the mount. Please, no candidate numbers or names on the x-ray!
10. When the patient returns to the candidate, the x-rays should be returned to the manila folder. The candidate then should instruct the patient as to any post operative care needed, dismiss the patient, and clean up the unit. Upon completion, GIVE YOUR MANILA FOLDER TO THE FLOOR EXAMINER. The candidate is then free to leave.

Each applicant will be expected to complete the assigned procedures by 4:30. The Board places more emphasis on accuracy, thoroughness, and concern for the patient than the speed at which you may complete your patient.

DO NOT, under any circumstances, call the Dental School, the Board office, or any of the Board members after the examination for your test results. You will be notified by mail as soon as possible. DO NOT MAKE PLANS TO WORK AS A DENTAL HYGIENIST UNTIL JULY 1.

## EXAMINATION SCHEDULE

Tuesday, May 31, 1988

8:00 am..... Orientation Session - Room R-153 - located at the end of the covered walkway that connects the 2nd floor of the School of Dentistry Bldg. with the main Medical Center Bldg. (Specific instructions are available at the information desk on the 2nd floor or the School of Dentistry Bldg.)

DENTAL HYGIENE CLINICS..... Third Floor - Dental School

GRADING AREA..... Fourth Floor - Dental School

PATIENT WAITING AREA..... Student Faculty Lounge - First Floor - Dental School

Upon completion of orientation, jurisprudence, and the radiographic identification examination, you may then escort your patient from the first floor lounge to the clinics on third floor.

PARKING - There is parking for PATIENTS ONLY in the lot adjacent to the dental school in front of the Learning Resources Center. Candidates should not park here. Patients at prior Boards have left when they were unable to find a parking place, so don't take a chance on filling up this lot. Parking for candidates will be available in the Stadium Parking Lot across North State Street. The shuttle bus will be operating from this lot every fifteen minutes and it unloads at the front door of the dental school.

PATIENTS - No eating, drinking or smoking in the patient waiting areas in the clinic. There are drink and snack machines available in the first floor lounge.

FORM A: Affidavit from Dental Hygiene School Dean for applicants still in school but expected to graduate prior to the examination.

# Mississippi State Board of Dental Examiners

580 Springridge Road • Post Office Box 1960 • Clinton, MS 39056 • 601/924-9623

TO: Dental Hygiene School Deans

Applicants for the Mississippi State Board examination for dental hygiene licensure must have completed requirements for graduation from dental hygiene school prior to appearing for examination. Since final dental hygiene school transcripts often are not available at the time of the examination, the Board accepts certification from the applicant's dental hygiene school dean that he/she has completed all the requirements for a degree.

Please use the following affidavit form to verify that the applicant from your school will complete requirements for graduation prior to the examination. The affidavit should be typed on dental hygiene school letterhead, signed by the dean, and the signature verified under oath by a notary public.

Thank you for your cooperation in this matter.

### A F F I D A V I T

I, (name of dean), Dean of (name of dental hygiene school),

hereby certify that I personally reviewed the student records of

(name of applicant). I further certify that (name of applicant)

will complete all requirements for a dental hygiene degree by (date)

and that he/she is expected to graduate on (date of graduation).

In the event there is any change in the abovementioned student's status in dental hygiene school, I will notify the Mississippi State Board of Dental Examiners immediately.

(signature)

(typed name and title)

STATE OF  
COUNTY OF

Personally came and appeared before me the undersigned authority in and for the aforesaid jurisdiction the within named (name of dean) who, after by me first being duly sworn, did verify the above and foregoing statements under oath, stating the same to be true and that he signed the same as his act and deed.

SWORN TO AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_ 1988.

\_\_\_\_\_  
NOTARY PUBLIC

My commission Expires:  
\_\_\_\_\_