

# Mississippi State Board of Dental Examiners

580 Springridge Road • Post Office Box 1960 • Clinton, MS 39060 • 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, June 13, 1989, 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.

Your clinic fee covers the use of the Dental School facilities, personnel, and the following commodities:

1. Radiographic film - Sizes #1 and 2, all double packets.
2. Radiographic Film Mounts - 21 Film Mount with 12 ports for #2 film and 9 ports for #1 film. See Form B.
3. Precision Instruments - These are the only instruments the school supplies.
4. Gauze pads, cotton rolls, paper, plastic disposables, gloves, masks, disclosing solution, rubber cups and brushes (white and black), tooth-brushes, floss, pumice, saliva ejectors, fluoride (APF or neutral sodium) and trays.
5. Suction tips, napkins, napkin chains.

Candidates must furnish their own hand-piece (4 hole Midwest type and prophyl angle) and instruments. If your handpiece is not compatible with the four-hole Midwest system, you may arrange to borrow a handpiece from the School of Dentistry by calling Mr. Albert Pleasant at (601) 984-6165. Your own handpiece must be deposited as security.

All units in the School of Dentistry are DENTASSIST IV in type. Units are designed for right-handed operators. However, left-handed operators use these units routinely without difficulty. Any left-handed candidate who would like to become familiar with the units will be given the opportunity to do so by calling the office of the Assistant Dean for Clinical Programs at (601) 984-6025.

The Mississippi State Board of Dental Examiners has adopted the AADE "Guidelines for Infection Control and Disease Barrier Techniques in Clinical Examination." Candidates for licensure are requested to wear gloves, masks and protective eyewear. Gloves and masks will be supplied. Candidates must provide their own protective eyewear.

Your patients should be advised to wait in the first or second floor lounge. While there are waiting rooms on the third floor, they are too small to accommodate all of the Board patients. No smoking, eating, or drinking by candidates or patients is allowed in any of the clinics, labs, hallways or upstairs waiting rooms. These functions are permitted in the first floor lounge only. You may advise your patient to bring reading material, radio with earphones, and sweater.

There is parking for patients only in the lot north of the School of Dentistry. You should advise your patients that this is a pay lot; the rate is \$.35 per hour or \$3.00 per day. Candidates should park in the Mississippi Veterans Memorial Stadium parking lot which is directly across North State Street from the Medical Center. A shuttle bus operates every 15 minutes from 6:30 - 9:30 a.m., 11:00 a.m. - 1:00 p.m. and 3:00 - 6:00 p.m. It is permissible for you to unload your equipment at the front entrance of the School of Dentistry. Parking is limited. If candidates use the patient parking lot, patients may not be able to find a parking space.

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. This 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. PLEASE NOTE: Beginning with the June, 1990 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--MAY 15. Even though your dental hygiene transcript is not complete, PLEASE HAVE A PARTIAL MAILED BY MAY 15 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. Form B (enclosed) - Film Selection Sheet.
9. 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. It is advisable to obtain a back-up patient. Unacceptable patients will be dismissed and another patient must be provided if the candidate is to continue the examination. The patient's acceptability will be evaluated on the basis of health condition, dentition requirements, charting requirements and adequate deposits. Refer to B - D, Page 4 for patient requirements.

- 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 which would 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 one or more of the following: restorations, fixed prostheses, missing teeth, defective restorations, and caries.
- D. Light-UNACCEPTABLE: Moderate subgingival calculus not present on molars, bicuspids 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 exceeding 6mm with 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 surfaces would provide an acceptable patient.

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

Numerical grades will be given for the following:

1. Radiographs: 25% of the total grade;
2. Prophylaxis: 60% of the total grade;
3. Radiographic exam: 10% of the total grade;
4. National Board grade: 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.

A successful candidate must attain 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:

1. Is improperly mounted;
2. Is cone cut;
3. Has improper film placement;
4. Has elongation or foreshortening;
5. Has interproximal overlapping.

INSTRUCTIONS FOR MISSISSIPPI DENTAL HYGIENE EXAMINATION: Please bring these instructions with you.

The Board examination will be given to protect anonymity. All candidates will arrive at 8:00 am, Tuesday, June 13th at the University of Mississippi Dental School.

1. A lab coat must be worn over street clothes or uniforms. No sweaters should be worn. Each candidate will be assigned a candidate number. This number should be placed on the right lapel. No name tags or monograms denoting identity of candidate or schools attended are allowed.
2. A written examination in Jurisprudence based on "The Mississippi Laws Pertaining to the State Board of Dental Examiners" and Board Regulations will be given.
3. While the jurisprudence exam is being graded, questions will be answered regarding the radiology portion of the examination. Candidates will be using double film packets in order to provide the patient with one set of radiographs. Candidates should bring one set of pre-op bitewings of their board patient taken within thirty days of the examination. (A set of four bitewings is preferred). A mount for a 21-film FMX will be provided. (See Form B). Candidates who plan to use other than a 21-film FMX should bring their own mounts. Candidates who plan to take #3 bitewings should bring their own mounts and film. Precision instruments will be provided. Candidates who prefer film placement instruments other than precision instruments should bring their own. Form B should be completed and returned with your application. Indicate the number of each size film you require to make a full mouth survey including four (4) post-op bitewings.
4. Those who fail the jurisprudence portion will be dismissed from the examination at this point. Those who pass the jurisprudence examination will continue with a radiographic identification examination. This examination will include some pathology, charting from radiographs, and anatomy.
5. Following the radiographic examination, take your patient to the waiting area nearest your assigned unit. A manila folder containing dental and medical histories, patient consent form, dental chart, and x-ray film packet and mount will be provided at your assigned unit. Once your unit is set up, you may seat your patient and take medical and dental histories. IF YOUR PATIENT HAS MEDICAL PROBLEMS, CONSULT THE FLOOR EXAMINER. Your patient must sign the patient consent form before a witness. Anyone except the candidate may witness the patient's signature. A floor examiner will be available to assist you. He will not be giving grades. THE FLOOR EXAMINER MUST CHECK TO SEE THAT THE PATIENT CONSENT FORM HAS BEEN COMPLETED AND SIGNED. You will be provided with a patient number. Pin this number on patient's right lapel.

6. When Step 5 is complete, you may escort your patient to the door of the grading area. Candidates are not allowed in the grading area. Board personnel will seat your patient in the grading area waiting room, and patients will be called to the grading booth in the order in which they arrive. **DO NOT SEND THE MANILA FOLDER TO THE GRADING AREA.** Send only the following with your patient:

Pre-op bitewings with PATIENT NUMBER ONLY on mount. (No candidate names or numbers or patient names on mounts.)

7. Three examiners will rate the patient and make the candidate's assignment for completion. Candidates may wait for their patients in the fourth floor waiting area.
8. Except for four post-op bitewings which must be taken after completion of scaling, the full mouth x-rays may be taken at any time after Step 7 is completed. **NO RETAKES WILL BE ALLOWED.** Some of the x-ray units will be set for LONG CONE exposure and some for SHORT CONE. The equipment will be pre-set with no adjustments necessary.

9. When you have completed all assignments, escort your patient back to the grading area. **DO NOT SEND THE MANILA FOLDER TO THE GRADING AREA.** Send only the following with your patient:

Pre-op x-rays, full mouth and post-op bitewings with PATIENT NUMBER ONLY on mounts. (No candidate names or numbers or patient names on mounts.)

10. When the patient returns to the candidate, one set of x-rays should be placed in a coin envelope and given to the patient. The mounted set of x-rays should be placed in the manila folder. The candidate should instruct the patient as to any post operative care needed, dismiss the patient, and clean the unit. Upon completion, **RETURN 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 procedures are completed.

It is the candidate's responsibility to bring irregularities to the attention of the floor monitor. If you feel that an error has been made in any aspect of your examination, you should confer with your floor monitor immediately. He will obtain a second board member to witness and document the conference.

**DO NOT, under any circumstances, call the Dental School, the Board office, or any of the Board members 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 YOU HAVE RECEIVED YOUR LICENSE.**

EXAMINATION SCHEDULE

Tuesday, June 13, 1989

8:00 am..... Orientation Session - Room R-153 - located at the end of the covered walkway connecting 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 of 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

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

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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 \_\_\_\_\_ 1989.

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

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

FORM B: FILM SELECTION SHEET.

COMPLETE AND RETURN WITH YOUR APPLICATION BY MAY 15, 1989:

NAME: -----

ADDRESS: -----

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TELEPHONE NUMBER: -----

Please indicate number of each size film you will require to make a full mouth survey including four (4) post-op bitewings:

No. 1 (Anterior film) -----

No. 2 (Standard periapical film) -----

A mount for a 21 film FMX will be provided. Any other numbered mount must be provided by the candidate.

I will need a mount for a 21-Film FMX -----

I will bring my own mount -----