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1999 DENTAL HYGIENE LICENSURE EXAMINATION SCHEDULE

REGISTRATION JURISPRUDENCE ORIENTATION		CLINICAL EXAMINATION							
		CLINIC B		CLINIC C		CLINIC D		CLINIC E	
7:15 a.m. to 7:30 a.m.	REGISTRATION First Floor Room D-113	8:45 a.m. to 9:15 a.m.	OPERATORY SETUP Fourth Floor Clinics	9:30 a.m. to 10:00 a.m.	OPERATORY SETUP Fourth Floor Clinics	10:00 a.m. to 10:30 a.m.	OPERATORY SETUP Fourth Floor Clinics	10:30 a.m. to 11:00 a.m.	OPERATORY SETUP Third Floor Clinics
7:30 a.m. to 8:00 a.m.	JURISPRUDENCE EXAMINATION First Floor Room D-113	9:15 a.m. to 9:45 a.m.	STARTING CHECKS Fourth Floor Clinics	10:00 a.m. to 10:30 a.m.	STARTING CHECKS Fourth Floor Clinics	10:30 a.m. to 11:00 a.m.	STARTING CHECKS Fourth Floor Clinics	11:00 a.m. to 11:30 a.m.	STARTING CHECKS Third Floor Clinics
8:00 a.m. to 8:45 a.m.	ORIENTATION First Floor Room D-113	9:45 a.m. to 1:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	10:30 a.m. to 2:30 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	11:00 a.m. to 3:00 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	11:30 a.m. to 3:30 p.m.	CLINICAL EXAMINATION Third Floor Clinics
		1:45 p.m.	CLINIC CLOSING	2:30 p.m.	CLINIC CLOSING	3:00 p.m.	CLINIC CLOSING	3:30 p.m.	CLINIC CLOSING

1999 DENTAL HYGIENE LICENSURE EXAMINATION LOCATIONS

DENTAL HYGIENE CLINICS:	Fourth Floor (Clinics B, C, and D) and Third Floor (Clinic E)
GRADING AREA:	Fourth Floor
PATIENT WAITING AREAS:	First Floor - Student Faculty Lounge Fourth Floor Waiting Area
RADIOGRAPHS:	Fourth Floor Clinics and Second Floor Radiology Clinic
LOCKER ROOMS:	Female Candidates: Fourth Floor - Room D-408 Male Candidates: First Floor - Room D-115

DENTAL HYGIENE CANDIDATE INFORMATION
MISSISSIPPI ANNUAL LICENSURE EXAMINATION
JUNE 2, 1999

INTRODUCTION

1. Please read carefully the following instructions and requirements. Most of the candidate's questions concerning the application and examination process should be answered in these instructions. However, if the candidate has further questions, please contact the Board office at 601-944-9622. The candidate must bring these instructions to the examination and retain them in his/her possession at all times. No additional copies of these instructions will be available.

2. The examination will be given June 2, 1999, at the University of Mississippi Medical Center School of Dentistry located on the campus of the University Medical Center, 2500 North State Street, Jackson, Mississippi. Candidates will report to the University of Mississippi Medical Center School of Dentistry Wednesday, June 2, 1999, Room D-113, First Floor, promptly at 7:15 a.m. for registration, jurisprudence, and orientation.

3. The Mississippi State Board of Dental Examiners grants licenses to practice dental hygiene by two methods: (a) examination; and (b) licensure by credentials, and meeting the criteria thereof. Mississippi does not engage in reciprocity agreements with other states, and no temporary licenses or permits are issued or special examinations given.

4. The Mississippi State Board of Dental Examiners reserves the right to modify these instructions and requirements before and during the examination of the candidates.

APPLICATION REQUIREMENTS

1. A candidate for examination for dental hygiene licensure shall be a citizen of the United States, except as otherwise provided in Miss. Code Ann. § 73-9-23; be of good moral character; have a high school education; and have attained the age of eighteen (18) years. A candidate must also exhibit a diploma or certificate of graduation from a dental hygiene school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Educational Programs of the American Dental Association, except as otherwise provided in Miss. Code Ann. § 73-9-23.

2. A completed application should be returned to the Secretary of the Board by **CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED**. The application, fees, and all required supporting documentation must be received in the Board's office at least thirty (30) days prior to the announced date of the examination, or Monday, May 3, 1999. Enclosed for the candidate's convenience is a pre-addressed label to the Board which is marked "CERTIFIED MAIL, RETURN RECEIPT REQUESTED." The Board's correct mailing address is:

   Mississippi State Board of Dental Examiners
   Suite 100
   600 East Amite Street
   Jackson, Mississippi 39201-2801

   Attention: Licensure Examination Coordinator

   All application packets should be postmarked on or before Monday, May 3, 1999. The Board will accept application packets mailed via the United States Postal Service, United Parcel Service, Federal Express, or by hand-delivery. Application packets received after Monday, May 3, 1999 will not be accepted until the candidate remits a late penalty of One Hundred and No/100 Dollars ($100.00). However, no application will be accepted after Monday, May 10, 1999.

3. Board fees and usage fees must be paid in two (2) separate amounts by certified check or money order. **PERSONAL CHECKS ARE NOT ACCEPTABLE AND WILL BE RETURNED WITH THE APPLICATION TO THE CANDIDATE**. Examination fees are returned to the candidate 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 following year's regularly scheduled Mississippi examination for licensure, provided the Board office is notified within twenty-four (24) hours prior to the examination. It is the candidate's responsibility to ensure that written notification of cancellation is received in the Board office by overnight mail, delivery service, or fax (601-944-9624). Telephone cancellations are not acceptable. Candidates who fail to appear for the examination without prior notification to the Board forfeit the entire application fee. As noted, the Board does not refund application fees.

4. Candidates who are unsuccessful on the examination may apply for a future examination and will be considered as new candidates. However, candidates will be allowed to take the licensure examination only twice, and candidates who fail the second time must successfully complete six (6) months of clinical training in an accredited dental hygiene school before being allowed to take the examination for the third, and final, time.

5. Any candidate with a mental or physical condition which would require a reasonable deviation from the normal administration of the examination should submit a written statement from a qualified physician at the time of application in which the condition is clearly stated. A decision regarding the candidate's suitability for the examination will be made based on the physician's statement, completion of application requirements, and the University of Mississippi Medical Center School of Dentistry's capabilities to accommodate the mental or physical condition of the candidate.

APPLICATION COMPLETION

1. Completed **TYPED** application form, properly signed, and notarized. An unmounted black and white or color bust photograph not less than 2½" x 2½" of the candidate taken not more than six (6) months prior to the date of application must be attached to the candidate's application.

2. Certified check or money order in the amount of Two Hundred and No/100 Dollars ($200.00) made payable to the Mississippi State Board of Dental Examiners to be mailed with the application. This amount is the candidate's Board application fee.

3. Certified check or money order in the amount of One Hundred Twenty-Five and No/100 Dollars ($125.00) made payable to the University of Mississippi Medical Center School of Dentistry to be mailed with the application. This amount covers the candidate's clinic fees for instruments and materials listed in the "University of Mississippi Medical Center School of Dentistry Information for Candidates for Dental Licensure" (see pages 45 and 46).

4. Notarized signatures of two (2) reputable citizens of the state in which the candidate is a resident (see application form, Item #16, for further information).

5. Self-Query from National Practitioner Data Bank. Candidates who have graduated from an accredited dental hygiene school prior to January 1, 1999 must make a self-query from the National Practitioners Data Bank by contacting the Data Bank at Post Office Box 10832, Chantilly, Virginia, 20153, or at the Data Bank's web site at www.npdb.com. The Data Bank's telephone number is 800-767-6732, and the facsimile number is 703-802-4109. The Data Bank provides the candidate with a form even though no reports have been filed. The **ORIGINAL** of this form must be submitted with the candidate's application.

6. Copy of National Board Examination Grade Card. Contact the Joint Commission on National Dental Examinations at telephone number 800-621-8099 or at its Internet address (www.ada.org/p&s/history/councils.html) to request that a copy of the grade card be mailed to the Board's office. It is the Board's policy not to release National Board grades under any circumstances; therefore, do not contact the Board office for scores. Candidates will be required to have passed all parts of the National Board Dental Hygiene Examination prior to issuance of a Mississippi license. Candidates may take the Mississippi licensure examination without having passed the National Board, but candidates will not be issued Mississippi licenses until a copy of the National Board Dental Hygiene Examination passing scores has been received by the Mississippi State Board of Dental Examiner's office. (For this purpose, passing scores on the Mississippi State Board examination are valid through December 31, 1999.)

7. Copies of official transcripts from 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. All transcripts must be received at the Board office by the deadline, Monday, May 3, 1999. Final dental hygiene school transcripts must show the degree awarded. Although the candidate's dental hygiene school transcript may not be complete, any partial dental hygiene school transcripts must also be received by Monday, May 3, 1999 so that the application can be processed. Transcripts from foreign colleges and dental hygiene schools must be in English and mailed directly from the foreign college or dental hygiene school to the Board; otherwise, these transcripts will not be accepted. All costs associated with transcript preparation and/or translation will be incurred by the candidate.

8. Affidavit signed by the dental hygiene school dean (see enclosed memorandum and Affidavit). Candidates who are still in dental hygiene school at the time their application is submitted must have this form completed and returned with the application. If the candidate has not graduated prior to the examination, a final official transcript noting a date of graduation prior to August 31, 1999 must be sent by the dental hygiene school dean to the Board office prior to issuance of a Mississippi license. For those candidates whose dean has certified expected graduation, a passing score on this examination is valid until August 31, 1999.

9. Certified statement verifying license status and good standing from the Secretary of the Board of Dental Examiners in each state in which candidate is currently or has previously been licensed. In states where the candidate has previously been licensed, the Secretary of the Board must notify the Board as to the reason for license expiration or revocation.

10. Proof of having liability insurance coverage while the clinical examination is in progress. An insurance application form is enclosed for the candidate's convenience; however, the candidate may use any insurance company of his/her choice. If the candidate is currently in practice and has malpractice insurance, his/her insurance company must submit a certificate of insurance stating that the candidate is covered for the Mississippi dental hygiene licensure examination and will be current through June 4, 1999. Please make certain the effective dates are listed on the certificate of insurance. A photocopy of an office malpractice insurance policy is not acceptable. This must be submitted with the candidate's application.

11. Proof of having completed the Cardiopulmonary Resuscitation Course (adult, one man), which must be current at the time of the examination. This must be submitted with the candidate's application.

12. Formal declaration of intent to become a citizen of the United States. Any candidate who is not an United States citizen at the time his/her application is mailed to the Board office must include in his/her application packet a formal declaration of intent to become an United States citizen, pursuant to Miss. Code Ann. § 73-9-23.

13. **TYPED** 1999 Dental Hygiene Licensure Candidate Address and License Information Form. All items on this form must be completed and will be used by the Board to style the candidate's Mississippi license upon successful completion of the licensure examination. The candidate must list the full mailing address with zip code. If the candidate is moving prior to issuance of his/her license, the candidate should indicate a parent's address or other address, as this is the address the Board will use to mail the candidate's Mississippi license. It is important that all information be given; please do not write "not applicable," as all the

information is applicable. Verify the birth year to ensure that the current year has not been listed by mistake. A copy of this form will be provided to the candidate during orientation for final verification of this information.

PATIENT SELECTION AND CANDIDATE IDENTIFICATION

1. **Patient Procurement**

Candidates must furnish their own patients and are responsible for their appearance on schedule. The Mississippi State Board of Dental Examiners is not responsible for procuring patients for this examination. Dental school graduates or dental school faculty members may not serve as patients. All patient records, radiographs, etc., become the property of the Board and will not be released to candidates or patients under any circumstances.

2. **Patient Selection**

PATIENT SELECTION IS PROBABLY THE SINGLE MOST IMPORTANT FACTOR IN PREPARING FOR THIS EXAMINATION. SINCE MARGINAL PATIENTS MAY BE REJECTED, IT IS ADVISABLE TO BRING A BACKUP PATIENT. Sharing of backup patients among candidates is recommended. Unacceptable patients will be dismissed, and another patient must be provided if the candidate is to continue the examination. (See the section entitled "Patient Rejection and Subsequent Starting Check" on page 20 for procedures in the event a patient is rejected.) The patient's acceptability will be evaluated on the basis of health condition, dentition, pre-operative radiographs, and patient classification.

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 eighteen (18) natural teeth with at least ten (10) posterior teeth. One or more of the following is recommended, but not required:

(1) Restorations
(2) Fixed Prosthesis
(3) Missing Teeth
(4) Defective Restorations
(5) Caries

c. **Pre-Operative Radiographs**

The patient must have a full mouth series of radiographs (FMX) exposed within the past three (3) years. If the FMX has been exposed more than thirty (30) days prior to the clinical examination, the patient also must have four (4) bitewing radiographs which have been taken within thirty (30) days prior to the clinical examination. Panoramic radiographs are **NOT** acceptable. All radiographs (FMX and/or bitewing radiographs) must be mounted and brought for use on the day of the clinical examination. Radiographs must be properly mounted by the candidate in the accepted American Dental Association (ADA) method -- raised portion of dimple toward examiner. If the patient needs the FMX for further dental treatment, make sure there is a duplicate set. Pre-operative and post-operative radiographs will be returned to the patient **ONLY IF** the candidate provides a self-addressed, stamped envelope for the patient; otherwise, all unclaimed radiographs will be destroyed. These radiographs will be mailed forty-five (45) days after conclusion of the examination to the patients of those candidates who have successfully completed the examination. (See page 15 for requirements concerning return of radiographs to the patients.) Candidates must not request the return of any radiographs following the conclusion of orientation. Pre-operative radiographs are not considered in the grading process.

d. **Patient Classification**

THERE MUST BE CLINICAL AND RADIOGRAPHIC EVIDENCE OF SUBGINGIVAL CALCULUS. Patients with generalized pocket depths greater than six (6) millimeters (mm) will be **UNACCEPTABLE**. The following minimal criteria must be met for the patients to be accepted; however, the patient's classification will not be considered during the grading process. Candidates will be required to scale the full mouth, regardless of patient classification.

(1) Light -- Unacceptable: Light to moderate subgingival calculus not present on molars, bicuspids, or anteriors in two (2) quadrants -- too light for testing

(2) Light: Isolated areas of calculus (spicules or small ledges of subgingival adequate for testing) and the presence of moderate stain

(3) Moderate: General small interproximal ledges of moderately tenacious subgingival calculus

(4) Heavy: Generalized subgingival deposits which may continue through the interproximal and line angles; may also be tenacious sheets

(5) Heavy -- Unacceptable: Calculus too heavy and tenacious; tissue condition is prohibitive

On page 27, Example 1 illustrates moderate, acceptable stain, and Example 2 illustrates heavy, unacceptable calculus, in which case the patient will be rejected. On page 28, Example 3 illustrates acceptable radiographic evidence of calculus, and

Example 4 illustrates generalized, severe periodontal disease which is unacceptable and in which case the patient will be rejected.

3. **Special Needs Patients**

The Board makes every effort to offer the examination in a manner accessible to persons with disabilities. If a patient needs special facilities due to a wheelchair, etc., please notify the Board at the time of initial application; however, the Board in no way guarantees special accommodations, as arrangements must be made with the University of Mississippi Medical Center School of Dentistry. Patients in wheelchairs must be able to transport from the wheelchair into the examining chair. The candidate should contact the University of Mississippi Medical Center School of Dentistry to determine whether his/her patients' special needs can be accommodated during the examination.

4. **Patient Availability During the Examination**

Candidates must fully advise their patients of the duration of entire examination, grading procedures, and time sequences during the examination, inasmuch as patients must be available the entire day or, at a minimum, until the candidate dismisses the patient. It is the candidate's responsibility to ensure that the procedures performed on his/her patient are graded. Should a candidate's patient leave the examination prior to the procedure being graded, the candidate must obtain a new patient and a new starting check. No time extensions will be granted by the Board. For additional information, the candidate should refer to the section concerning backup patients on page 7.

5. **Candidate Identity**

No name tags or monograms denoting the identity of the candidate or the dental hygiene school attended may be worn. Each candidate will be assigned a candidate number at registration. This number must be worn by the candidate on his/her right lapel and also will be displayed on the assigned operatory.

STANDARDS OF CONDUCT FOR THE EXAMINATION

1. **Professional Attitude**

The Mississippi State Board of Dental Examiners administers this examination following the highest ethical and moral standards of the professions of dentistry and dental hygiene. Each candidate will be expected to conduct himself/herself in a professional manner and to maintain a professional appearance at all times.

2. **Infection Control**

Throughout the course of the examination, the candidate shall be responsible for following and maintaining proper aseptic techniques.

3. **Personal/Professional Conduct**

Any substantiated evidence of collusion, dishonesty, use of unwarranted assistance, or intentional misrepresentation during registration or during the course of the examination shall automatically result in failure of the entire examination and forfeiture of all examination fees for the current examination. The candidate may apply for re-examination at the next regularly scheduled Mississippi examination for licensure.

4. **Completion of the Examination**

All exercises of the examination shall be completed within the specified time frame in order for the examination to be considered complete. For those exercises not completed within the specified time frame, a grade of zero (0) for that exercise will be given.

5. **Misappropriation of Equipment**

No equipment, instruments, or materials, other than those items which are the personal property of the candidate, shall be removed from the examination site without written permission of the owner. Willful or careless damage of equipment and instruments may result in failure, and repair or replacement costs must be paid by the candidate before release of examination results.

6. **Submission of Examination Records**

All required records and required radiographs must be turned in before the examination is considered complete.

7. **Examination Guidelines**

Failure to follow the published standards and guidelines, the use of electronic recording devices by the candidate or his/her patient during the examination, and/or the taking of photographs of examination or treatment procedures is a violation and may result in failure of the examination. The candidate shall not bring into the examination area any previously recorded dental or dental hygiene clinical data, and the candidate must successfully follow all rules of the examination process.

8. **Timely Arrival**

Once the examination has begun, no candidate may enter the room or begin the examination late without first consulting the clinical floor examiner for the assigned clinic.

9. **Examination Security**

Candidates must rely on their own knowledge and protect their own answers on the jurisprudence examination. There shall be no talking, comments, or signals during the examination. Exchanging answers or information with another candidate will result in failure.

10. **Assigned Operatories**

The candidate shall work only in the assigned clinic or operatory spaces.

11. **Professional Attitude, Demeanor, and Patient Management**

The candidate must behave in an ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort, and the candidate shall, at all times, demonstrate proper patient management, consideration, and treatment. Furthermore, the candidate shall exhibit consideration for test site personnel, examiners, and other candidates.

12. **Tissue Management**

There shall be no unwarranted damage to either hard or soft tissue. The candidate shall protect and show concern for tooth structure and supporting tissue during patient treatment.

13. **Equipment Failure**

In case of equipment failure, the clinical floor examiner must be notified immediately so the malfunction may be corrected or the candidate relocated. Candidates whose equipment problems are not rectified within ten (10) minutes will either be relocated to another operatory in their clinic or to another clinic. In the event of an equipment failure which is not rectified within ten (10) minutes, candidates will be allowed an additional fifteen (15) minutes to complete the examination. The clinical floor examiner will place his examiner number in the space for equipment failure on each grade sheet.

REGISTRATION, JURISPRUDENCE, AND ORIENTATION

REGISTRATION JURISPRUDENCE ORIENTATION	
7:15 a.m. to 7:30 a.m.	REGISTRATION First Floor Room D-113
7:30 a.m. to 8:00 a.m.	JURISPRUDENCE EXAMINATION First Floor Room D-113
8:00 a.m. to 8:45 a.m.	ORIENTATION First Floor Room D-113

Registration

1. **Time, Date, and Location for Registration**

Registration for all dental hygiene licensure candidates will be conducted from 7:15 a.m. until 7:30 a.m. on Wednesday, June 2, 1999, in Room D-113 of the University of Mississippi Medical Center School of Dentistry. All candidates are strongly advised to arrive at the University of Mississippi Medical Center School of Dentistry no later than 7:00 a.m. Candidates may wait in the first floor lounge until registration begins.

2. **Administrative Procedures**

Upon the candidate's arrival in Room D-113, the candidate should register with Board staff and present one form of picture identification. The candidate will be given a yellow registration packet containing the following materials:

a. 1999 Dental Hygiene Licensure Examination Candidate Address and License Information Form as completed and submitted by the candidate with his/her application packet (white paper)

b. Dental Hygiene Clinic Assignment and Schedule

c. Dental Hygiene Prophylaxis Exercise Grade Sheet (pink paper)

d. Dental Hygiene Charting Exercise Grade Sheet (blue paper)

e. Survey Questions for the 1999 Mississippi Dental Hygiene Licensure Examination (buff paper)

f. Answer sheets (two) for the jurisprudence examination and Board survey

g. Candidate badge

h. Patient badge

i. Sharpened pencil

The candidate should carefully check his/her packet to ensure that all above-listed items have been included in the packet and that the number on the candidate badge corresponds to the number on the outside of the yellow candidate packet. This packet must remain with the candidate during the entire examination. The candidate must return the yellow candidate packet, candidate badge, patient badge, survey questions, and completed answer sheet for the survey to Board personnel in the candidate's clinic at the conclusion of the examination on Wednesday, June 2, 1999. These items are the property of the Board, and any candidate who does not properly return all items will have his/her license withheld until such time as all items have been returned to the Board, or the candidate remits a penalty of Ten and No/100 Dollars ($10.00) for each item that is not returned to the Board.

Once the candidate receives his/her registration materials, the candidate should be seated and prepare for the jurisprudence examination which will be administered immediately upon conclusion of registration. The candidate should remove only the answer sheet for the jurisprudence examination and the pencil; all other items should remain in the registration packet.

Jurisprudence Examination

1. Time, Date, and Location for the Jurisprudence Examination

All candidates are required to successfully complete a written examination based on the Mississippi Dental Practice Act and the regulations of the Board. This examination will be conducted from 7:30 a.m. until 8:00 a.m. on Wednesday, June 2, 1999, in Room D-113 of the University of Mississippi Medical Center School of Dentistry.

2. Administrative Procedures

Candidates should be prepared to begin the examination promptly at 7:30 a.m., with only the answer sheet for the jurisprudence examination and the Board-provided pencil on the desks. All other materials should be carefully placed under the desks. Once all materials are properly placed, Board personnel will distribute the jurisprudence examinations. No handwritten marks should be made on the jurisprudence examination; only the answer sheet should be used to denote the candidate's numerical identity and examination responses.

The candidate should write his/her **CANDIDATE NUMBER** in the top right-hand box labeled "Identification Number," preceded by a series of the numeral "1." Candidates whose numbers range from 1DH through 9DH, should put 7 "1s", then put a zero ("0"), and then put the actual candidate number (e.g., 111111108). Candidates whose candidate numbers range from 10DH and above should put 7 "1s" and then put the actual candidate number (e.g., 111111121). The candidate should then darken the appropriate circles below the numbers he/she has just written. No names must be written on this answer sheet; the "Identification Number" box is the only box to be completed at the top of the answer sheet.

The jurisprudence examination consists of fifty (50) true or false questions concerning the Mississippi Dental Practice Act and regulations adopted by the Board, copies of which have been included in the candidate's examination manual. Candidates are strongly urged to carefully study these materials to ensure that a passing score is obtained. The examination questions are changed each year to reflect any changes to the Mississippi Dental Practice Act or the rules and regulations of the Board.

A minimum passing score of 75% must be obtained to be successful on the jurisprudence examination. Candidates who are unsuccessful on the jurisprudence examination will not be allowed to proceed with the clinical portion of the examination.

Once the candidate has finished the jurisprudence examination, he/she should very quietly turn over his/her completed answer sheet and jurisprudence examination and wait until all other candidates have finished the examination. Once the jurisprudence examination has been concluded, Board staff will retrieve all completed answer sheets, jurisprudence examinations, and Board-provided pencils.

Orientation

1. Time, Date, and Location for Orientation

Orientation will begin immediately following the jurisprudence examination and will be conducted from 8:00 a.m. until 8:45 a.m. on Wednesday, June 2, 1999, in Room D-113 of the University of Mississippi Medical Center School of Dentistry.

2. Administrative Procedures

All candidates will review a completed 1999 Dental Hygiene Licensure Examination Candidate Address and License Information Form containing information that he/she provided with his/her application packet. Candidates should very carefully consider all information, as this information will be used in preparing licenses for those candidates who successfully complete the licensure examination. Once this information has been revised, if necessary, and verified by the candidate, the candidate will place his/her initials in the upper right-hand corner of the form. Board personnel will collect the completed form and review it for completeness. The candidate is responsible for supplying the correct information on the form, and he/she will be held responsible for any incorrect information appearing on his/her license as a result of incorrectly submitted information. An additional fee will be charged to the candidate for

preparation of a replacement license as a result of incorrect information supplied by the candidate.

While the candidates are reviewing the 1999 Dental Hygiene Licensure Examination Candidate Address and License Information Forms, only 9" x 12" self-addressed, stamped envelopes will be collected for the return of pre-operative and post-operative radiographs to the patients forty-five (45) days after conclusion of the examination. The envelopes must have a minimum postage of $.75, and no other size envelopes or less postage will be accepted. Furthermore, no envelopes for return of radiographs will be accepted by Board staff after the orientation session has concluded.

After the envelopes for return of radiographs have been collected and upon verification/ completion of the 1999 Dental Hygiene Licensure Examination Candidate Address and License Information Form by all candidates, the Board's dental hygiene member and Executive Director will make a presentation and conduct a brief question and answer session. Upon conclusion of orientation, candidates are to report to their assigned clinics pursuant to the assignment information provided in the yellow orientation packet. See the schedules for each clinic on page 16. To fully prepare patients for the length of the examination, candidates also will be notified of their clinic assignments prior to the examination. Candidates should ensure that they take the yellow candidate packet containing the two grade sheets, survey questions, survey answer sheet, candidate bade, patient badge, and clinic assignment sheet to their assigned clinic.

CLINICAL EXAMINATION

CLINICAL EXAMINATION	
CLINIC B	
8:45 a.m. to 9:15 a.m.	OPERATORY SETUP Fourth Floor Clinics
9:15 a.m. to 9:45 a.m.	STARTING CHECKS Fourth Floor Clinics
9:45 a.m. to 1:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics
1:45 p.m.	CLINIC CLOSING

CLINICAL EXAMINATION	
CLINIC C	
9:30 a.m. to 10:00 a.m.	OPERATORY SETUP Fourth Floor Clinics
10:00 a.m. to 10:30 a.m.	STARTING CHECKS Fourth Floor Clinics
10:30 a.m. to 2:30 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics
2:30 p.m.	CLINIC CLOSING

CLINICAL EXAMINATION	
CLINIC D	
10:00 a.m. to 10:30 a.m.	OPERATORY SETUP Fourth Floor Clinics
10:30 a.m. to 11:00 a.m.	STARTING CHECKS Fourth Floor Clinics
11:00 a.m. to 3:00 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics
3:00 p.m.	CLINIC CLOSING

CLINICAL EXAMINATION	
CLINIC E	
10:30 a.m. to 11:00 a.m.	OPERATORY SETUP Third Floor Clinics
11:00 a.m. to 11:30 a.m.	STARTING CHECKS Third Floor Clinics
11:30 a.m. to 3:30 p.m.	CLINICAL EXAMINATION Third Floor Clinics
3:30 p.m.	CLINIC CLOSING

Operatory Setup

1. **Arrival in Operatory**

Operatory setup will take place in each clinic according to the above schedules on Wednesday, June 2, 1999 at the University of Mississippi Medical Center School of Dentistry. Immediately upon conclusion of orientation and/or pursuant to the candidate's assigned clinic schedule, the candidate must meet the patient in the first floor lounge and escort him/her to

the candidate's assigned operatory where the patient may be seated. Assigned operatory numbers correlate to assigned candidate numbers. Board personnel will be available to assist the candidate. At this time, however, no clinical floor examiners will be allowed in the clinics, and candidates will refer any questions to Board staff. A manila folder containing the following items will be at the candidate's assigned operatory:

a. Patient Disclaimer, Consent, and Release Form
b. General/Periodontal Chart Instructions and Symbols
c. Periodontal Chart labeled "Clean"
d. Periodontal Chart labeled "Contaminated"
e. Radiographic film packet and mount for post-operative bitewing radiographs

2. **Forms and Procedures**

a. **Medical Health History Form**. A Medical Health History Form is included with the candidate's examination manual and should be completed prior to the examination. On the day the candidate completes the Medical Health History Form, the patient must sign and date the form. The candidate must bring the completed, signed, and dated Medical Health History Form with him/her the morning of the clinical examination. The candidate will review and update the form at this time; upon updating, the patient must sign and date the Medical History Update section of the Medical Health History Form. The candidate **MUST NOT** initial the form with his/her **CANDIDATE NUMBER (NOT SIGNATURE)** until after the candidate has received a starting check (see page 20). This form should be placed in the manila folder discussed above that will be provided in the candidate's operatory. **IF THE PATIENT HAS MEDICAL PROBLEMS, CONSULT BOARD STAFF MEMBERS**. Patients with conditions that could jeopardize the health of the patient, candidate, or examiner, e.g., Acquired Immune Deficiency Syndrome, blood dyscrasias, heart conditions, diabetes, hepatitis, venereal diseases, systemic conditions, tuberculosis, etc., will not be acceptable without written clearance from the patient's physician. Telephone releases regarding the patient's health history conditions are not acceptable. Patients requiring premedication should be advised to take these medications according to proper directions.

b. **Patient Disclaimer, Consent and Release Form**. A Patient Disclaimer, Consent and Release Form is included with the candidate's examination manual and should be partially completed prior to the examination. The patient must sign this form before a witness, and anyone except the candidate may witness the patient's signature. Also, the candidate will be unable to note his/her candidate number on the form until the day of the examination and only after the candidate has received a starting check. Once the Patient Disclaimer, Consent, and Release Form has been fully completed, signed by the patient, and witnessed, it should be placed in the manila folder discussed in section 1 above that will be provided in the candidate's operatory. Again, the candidate **MUST NOT** place his/her candidate number on the form until after the candidate has received a starting check (see page 20).

c. **Patient Number**. The patient number provided during registration in the yellow candidate packet should be fastened on the patient's right lapel.

d. **Grade Sheets**. The candidate should remove the Dental Hygiene Prophylaxis Exercise Grade Sheet and the Dental Hygiene Charting Exercise Grade Sheet from the yellow candidate packet and very legibly write with a pen his/her patient's number and the date of the examination in the appropriate spaces. Both grade sheets are four-part self-carbonating forms, and the candidate must press firmly when writing on the grade sheets. No candidate numbers should be noted on these grade sheets.

e. **Periodontal Charts**. As noted earlier, the candidate's manila folder will contain two (2) periodontal charts. One is labeled "Clean," and the second is labeled "Contaminated." The candidate should write his/her patient number on both of these charts. No candidate number should be noted on either chart. For appropriate infection control purposes, during the prophylaxis and charting portion of the clinical examination, the candidate will use the chart labeled "Contaminated" to complete the charting exercise while working in the patient's mouth. Afterwards, the candidate will transfer all information from the chart labeled "Contaminated" to the chart labeled "Clean" for grading by the grading examiners. The candidate will properly dispose of the contaminated chart.

f. **Pre-Operative Radiographs**. The candidate should note his/her patient's number on the FMX and/or pre-operative bitewing radiographs. No candidate names, candidate numbers, or patient names should be noted on any radiographs.

3. **Vacating the Operatory**

Once each of the above procedures has been completed, the candidate will leave the patient at the assigned operatory. However, prior to leaving the candidate will do the following:

a. Remove the candidate number and any other identification from the assigned operatory and take all items with the candidate to the respective clinic waiting area.

b. Leave the manila folder containing the following items:

(1) General/Periodontal Chart Instructions and Symbols

(2) Periodontal Chart labeled "Clean"

(3) Periodontal Chart labeled "Contaminated"

(4) Radiographic film packet and mount for post-operative bitewing radiographs

(5) Patient Disclaimer, Consent, and Release Form; **CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME THE PATIENT DISCLAIMER, CONSENT, AND RELEASE FORM**

(6) Medical Health History Form; **CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME ON THE MEDICAL HEALTH HISTORY FORM**

c. Leave the properly documented Dental Hygiene Prophylaxis Exercise Grade Sheet and the Dental Hygiene Charting Exercise Grade Sheet with the patient.

d. Leave the FMX and/or pre-operative bitewing radiographs with **PATIENT NUMBER ONLY** on mount. No candidate names, candidate numbers, or patient names should appear on mounts.

e. Leave the operatory light on, and turn it toward the ceiling to indicate that the patient is ready for a starting check.

Candidates will be advised by Board staff to immediately vacate their assigned clinic at the scheduled conclusion of the time allotted for operatory setup (see clinic schedules on page 16 for the time period for operatory setup for each clinic).

4. **Incomplete Operatory Setup**

Any candidate who has not fully completed his/her operatory setup in the time allotted for this portion of the examination will be advised to vacate the clinic. Furthermore, a candidate who has (a) left identifying information in the clinic or (b) not left the required forms with the patient before vacating the clinic will not receive a starting check. Board staff will turn off the candidate's operatory light so that a starting check will not be given. In this case, the candidate will need to escort his/her patient to the grading area for a starting check upon returning to the clinic. (Also refer to the section entitled "Patient Rejection and Subsequent Starting Check" on page 20.)

Starting Checks

1. **Initial Starting Check**

The initial starting check will take place at the University of Mississippi Medical Center School of Dentistry on Wednesday, June 2, 1999 according to the specified time period for each clinic (see the clinic schedules on page 16). Once all candidates have vacated the clinic and Board staff have released the clinic for the initial starting check, one or more clinical floor examiners will enter the clinic and begin giving starting checks. The clinical floor examiner will do the following:

a. Review the Medical Health History Form and write his/her clinical floor examiner number on the reverse of the patient's Medical Health History Form in the space provided.

b. Review the Patient Disclaimer, Consent, and Release Form, and ensure it has been completed, signed with the patient's signature, and properly witnessed.

c. Rate the patient as either acceptable or unacceptable and note his/her clinical floor examiner number on the Dental Hygiene Prophylaxis Exercise Grade Sheet and the Dental Hygiene Charting Exercise Grade Sheet.

d. If the patient has been rated as acceptable, make the periodontal charting assignment and note his/her clinical floor examiner number on the Dental Hygiene Charting Exercise Grade Sheet, the periodontal chart labeled "Clean," and the periodontal chart labeled "Contaminated."

2. **Returning to the Operatory**

Once all patients have been reviewed and periodontal charting assignments have been made for all candidates, the candidates may return to their assigned operatories. Immediately upon returning to their assigned operatories, candidates whose patients have been accepted must do the following:

a. Replace the candidate number on the assigned operatory.

b. Write his/her candidate number on the Medical Health History Form and place it in his/her manila folder.

c. Write his/her candidate number on the Patient Disclaimer, Consent, and Release Form and place it in his/her manila folder.

d. Ensure that the clinical floor examiner has placed his/her examiner number on the following forms:

(1) Medical Health History Form
(2) Dental Hygiene Prophylaxis Exercise Grade Sheet
(3) Dental Hygiene Charting Exercise Grade Sheet
(4) Periodontal chart labeled "Clean"
(5) Periodontal chart labeled "Contaminated"

e. Determine the periodontal charting assignment designated by the clinical floor examiner and ensure that the clinical floor examiner has documented the periodontal charting assignment on the Dental Hygiene Charting Exercise Grade Sheet, the periodontal chart labeled "Clean," and the periodontal chart labeled "Contaminated."

3. **Patient Rejection and Subsequent Starting Check**

In the event the clinical floor examiner rates the patient as unacceptable, the patient will be rejected. The patient will be informed of this rejection, and a pink rejection slip will be placed in the candidate's operatory. Immediately after the candidate is allowed to return to his/her operatory, the candidate must do the following:

a. Remove the patient badge from the rejected patient, as this same badge will be used for the candidate's subsequent patient.

b. Secure another (backup) patient, and place the patient number badge on the new patient.

c. Complete a new Medical Health History Form which may be obtained from Board staff. The candidate number must not be placed on the form at this time.

d. Complete a new Patient Disclaimer, Consent, and Release Form which may be obtained from Board staff. The candidate number must not be placed on the form at this time.

e. Write the patient number on the FMX and/or pre-operative bitewing radiographs for the new patient. No candidate names, candidate numbers, or patient names should be noted on any radiographs.

f. Escort the patient to the grading area to receive a starting check with the following items:

(1) Manila folder containing the following items:

a) Properly completed Patient Disclaimer, Consent, and Release Form; **THE CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME ON THE PATIENT DISCLAIMER, CONSENT, AND RELEASE FORM**

b) Properly completed Medical Health History Form; **THE CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME ON THE MEDICAL HEALTH HISTORY FORM**

c) FMX and/or pre-operative bitewing radiographs identified with **PATIENT NUMBER ONLY**; no candidate names, candidate numbers, or patient names should appear on mounts

d) General/Periodontal Chart Instructions and Symbols

e) Periodontal chart labeled “Clean”

f) Periodontal chart labeled “Contaminated”

(2) Properly documented Dental Hygiene Prophylaxis Exercise Grade Sheet and Dental Hygiene Charting Exercise Grade Sheet; no clinical floor examiner number should appear on either grade sheet, and if a clinical floor examiner number has been placed on one or both grade sheets in error, contact Board staff for a replacement grade sheet(s)

g. Wait for the patient in the grading clinic waiting room. If the patient is accepted, a periodontal charting assignment and new starting time will be assigned to the

candidate, and the grading examiner will note his/her examiner number on both grade sheets, the periodontal chart labeled "Clean," and the periodontal chart labeled "Contaminated."

h. Immediately return to his/her assigned operatory and do the following:

(1) Determine that the grading examiner has documented a starting time and has noted this time on the Dental Hygiene Prophylaxis Exercise Grade Sheet, Dental Hygiene Charting Exercise Grade Sheet, periodontal chart labeled "Clean," and periodontal chart labeled "Contaminated"

(2) Write his/her candidate number on the Medical Health History Form and place it in his/her manila folder

(3) Write his/her candidate number on the Patient Disclaimer, Consent, and Release Form and place it in his/her manila folder

(4) Ensure that the grading examiner has placed his/her examiner number on the following forms:

a) Medical Health History Form
b) Dental Hygiene Prophylaxis Exercise Grade Sheet
c) Dental Hygiene Charting Exercise Grade Sheet
d) Periodontal chart labeled "Clean"
e) Periodontal chart labeled "Contaminated"

(5) Determine the periodontal charting assignment designated by the grading examiner and ensure that the grading examiner has documented the periodontal charting assignment on the Dental Hygiene Charting Exercise Grade Sheet, the periodontal chart labeled "Clean," and the periodontal chart labeled "Contaminated"

i. Begin the clinical examination.

Clinical Exercises

1. Starting and Completion Times

All candidates whose patients were accepted during the initial starting check will have the same starting time for completion of the clinical examination. Board staff will go to each operatory and note the starting time on each candidate's Dental Hygiene Prophylaxis Exercise Grade Sheet , Dental Hygiene Charting Exercise Grade Sheet, and both periodontal charts. Those candidates whose patients were rejected will, necessarily, have different starting times from the remainder of the clinic, and these starting times will be noted on the aforementioned grade sheets and periodontal charts by the grading examiners in the grading area. However, all candidates will have four (4) hours from the noted starting time to complete the

prophylaxis and charting exercises. The candidate should allow sufficient time to perform the procedures and to take and develop the required periapical and post-operative bitewing radiographs. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

2. **Prophylaxis Procedure**

As previously noted, each candidate must complete all requirements for the clinical portion of the examination within four (4) hours. Candidates will scale the full mouth. For the prophylaxis procedure, the term "scaling" includes complete removal of explorer-detectable calculus (supragingival and subgingival), soft deposits, plaque, stain, and smoothing of unattached tooth surfaces. Unattached tooth surfaces are the portion of the crown and root surface to which no tissue is attached.

3. **Periodontal and Restorative Charting**

The candidate must chart the patient's full mouth and complete the periodontal charting assignment at any time during the four (4) hour period. Once all charting has been accomplished, the candidate should conduct the appropriate patient education. Afterwards, the candidate must contact the clinical floor examiner to review his/her patient education and standards of conduct.

4. **Patient Education and Standards of Conduct**

Once the candidate has completed the full mouth restorative charting and the periodontal charting assignment and conducted the appropriate patient education, he/she should contact the clinical floor examiner. The clinical floor examiner will review the candidate's patient education and standards of conduct, and the clinical floor examiner will document this review by placing his/her clinical floor examiner number in the appropriate spaces on the Dental Hygiene Charting Exercise Grade Sheet. This review may be conducted at any time during the four (4) hour period. It is the candidate's responsibility to ensure that the clinical floor examiner reviews his/her patient education and standards of conduct; otherwise, the candidate will receive a grade of zero (0) for the periodontal and restorative charting portion of the clinical exercise.

5. **Radiographs**

The candidate must do the following:

a. Take one (1) periapical radiograph on a tooth of the candidate's choice which may be taken any time during the prophylaxis and charting exercises and at the candidate's discretion.

b. Take four (4) post-operative bitewing radiographs **AFTER SCALING**. The premolar view must have the distal of the canine evident, and the molar view must have the distal of the most posterior molar and the retromolar area evident. Example 5 on page 28 illustrates acceptable post-operative bitewing radiographs.

Five (5) duplicate radiographic film packets will be issued for radiographs. Upon review of the periapical and/or the post-operative bitewing radiographs, the candidate may perform additional scaling if the candidate has allowed enough time for this; however, the candidate is not allowed to re-take periapical and post-operative bitewing radiographs. All radiographic equipment will be pre-set with no adjustments necessary, and the candidate may use bitewing radiographic instruments. Radiographs should be made in the candidate's assigned clinic on the third or fourth floors; however, if necessary, an alternative location is the second floor radiology clinic.

6. **Prophylaxis and Charting Exercises Grading Procedure**

Once the clinical floor examiner has checked the candidate's patient education and standards of conduct and the candidate has finished scaling the patient's entire mouth and has taken the required periapical and post-operative bitewing radiographs, the candidate should prepare to personally escort the patient to the grading clinic door for a grade on the prophylaxis and charting procedures. The candidate may escort the completed patient to the grading area at any time within the four (4) hour period. At the time the candidate escorts the patient to the grading clinic door, however, the candidate must take the following items with him/her:

a. Manila folder containing the following items:

(1) Patient Disclaimer, Consent, and Release Form; candidate number must be written on the form

(2) Medical Health History Form; candidate number must be written on the form

(3) General/Periodontal Chart Instructions and Symbols

(4) Completed periodontal chart labeled "Clean"

(5) Pre-Operative bitewing radiographs and/or FMX; patient number and "pre-op" must be written on all mounts; no candidate names, candidate numbers, or patient names should be written on mounts

b. Post-Operative bitewing radiographs; patient number and "post-op" must be written on the mount; no candidate names, candidate numbers, or patient names should be written on mount

c. Periapical radiographs; patient number and tooth number must be written on the mount; no candidate names, candidate numbers, or patient names should be written on mount

d. Dental Hygiene Prophylaxis Exercise Grade Sheet; patient number, date, clinical floor examiner number, and starting time must be written on the grade sheet

e. Dental Hygiene Charting Exercise Grade Sheet; patient number, date, clinical floor examiner number, and starting time must be written on the grade sheet

The grading area receptionist must note the **COMPLETION TIME** on the Dental Hygiene Prophylaxis Exercise Grade Sheet and the Dental Hygiene Charting Exercise Grade Sheet. The patient will be assigned a number that indicates his/her position relative to being examined by the grading examiners. While the patient is being graded, the candidate may return to his/her operatory to clean the operatory and complete the Board survey.

7. **Post-Operative Patient Instructions**

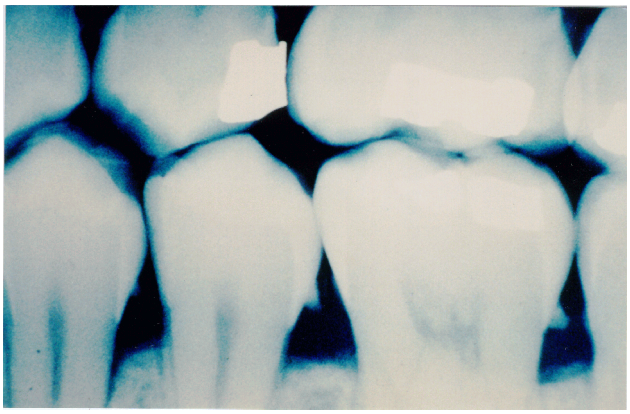
When the patient returns to the candidate's operatory, the duplicate set of the periapical and post-operative bitewing radiographs should be placed in an envelope and given to the patient. The candidate then should instruct the patient as to any post-operative care as may have been prescribed by the clinical floor examiner or the grading examiners and dismiss the patient.

CLINICAL EXAMINATION EXAMPLES

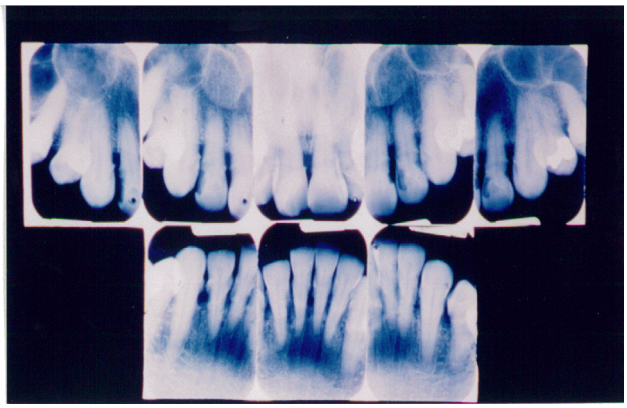
EXAMPLE 1
MODERATE–ACCEPTABLE STAIN

EXAMPLE 2
HEAVY–UNACCEPTABLE CALCULUS

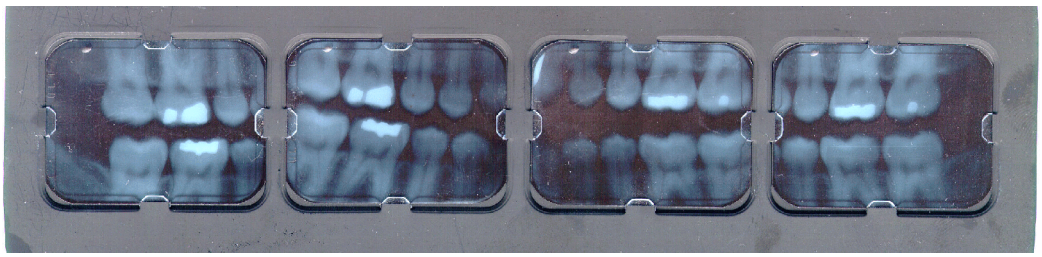
EXAMPLE 3
ACCEPTABLE RADIOGRAPHIC
EVIDENCE OF CALCULUS



EXAMPLE 4
GENERALIZED SEVERE
PERIODONTAL DISEASE



EXAMPLE 5
ACCEPTABLE POST-OPERATIVE BITEWINGS



GENERAL/PERIODONTAL CHART
INSTRUCTIONS AND SYMBOLS

CODES FOR CHARTING AS NOTED BELOW MUST BE USED FOR THIS EXERCISE.

1. Draw a line in **RED PENCIL** indicating the location of the gingival margin.

2. Record missing teeth with a **BLUE X**.

3. Record pocket depths at **six (6)** points on each tooth indicating the depth in millimeters (mm) on the chart. Pocket depths of **1mm to 3mm** shall be recorded in **BLUE PENCIL**. Pocket depths of **4mm** and above shall be recorded in **RED PENCIL**. Measure and record distofacial, facial, mesiofacial, mesiolingual, lingual, and distolingual.

4. Indicate teeth with pathological mobility by placing the appropriate Roman numeral on the crown of the involved tooth.

5. Identify abnormal radiographic findings (e.g., carious lesions, defective restorations, overhangs, and periapical pathology) in **RED PENCIL**.

6. Identify endodontically treated teeth by placing a vertical line within the root of the tooth.

7. Indicate furcation involvement by a placing the appropriate mark in the involved area (e.g., **I∨, II ▽, or III ▼**) in **RED PENCIL**.

8. Indicate an amalgam restoration by drawing the shape and filling in with **BLUE PENCIL**.

9. Indicate tooth colored restoration by outlining restoration as it appears.

10. Indicate crown fracture as it appears in **RED PENCIL**.

THE FOLLOWING ARE ONLY SOME OF THE SYMBOLS THAT WILL BE USED. THOSE NOT INCLUDED ARE MORE UNIVERSAL TO THE CANDIDATE. CANDIDATES ARE EXPECTED TO COMPLETE A FULL GENERAL CHART AND PROBE THE ASSIGNED TEETH. EVERYTHING MUST BE CHARTED.

GOLD

FURCATION

ROTATION

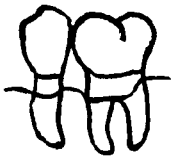
MOBILITY

ENDODONTIC

OVERHANG
EXISTING RESTORATION

OPEN CONTACT

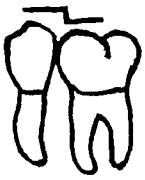
IMPLANT



GINGIVAL MARGIN

DRIFTING
MISSING TOOTH

FRACTURE



MARGINAL RIDGE
DISCREPANCY

GENERAL INFORMATION

1. **Grading System**

The Board has adopted a double-blind grading system, whereby at least one examiner will be assigned to each clinic as a clinical floor examiner. The Board is responsible for determining whether the score earned by the candidate is acceptable for licensure. A score of 75 points on each exercise is recommended by the Board as confirmation of minimal competence. The clinical examination is based on a possible score of 100 points of which there two (2) exercises. The exercises and their point values are illustrated by the following table:

EXERCISE	POINT VALUES
1. Periodontal and Restorative Charting	10
2. Prophylaxis	90
TOTAL POINTS	**100**

The prophylaxis and charting procedures will be graded in a grading clinic which will be entirely separate from the candidate clinics. These procedures will be graded by three (3) grading examiners. Patients will be escorted to the entrance of the grading clinic by the candidate. After grading, the patient will be instructed to return to the candidate's clinic. Under no circumstances will candidates be allowed in the grading clinic. Further details and directions will be given at the orientation session.

Three (3) grading examiners will evaluate the candidate's performance on each procedure, and each grading examiner will assign a value between zero (0) and five (5). A score of three (3), or seventy-five (75), is the minimal acceptable score for passing. An average of the three (3) scores will be obtained and will be correlated in relation to a perfect score of five (5). This percentage will be utilized to determine the number of points the candidate earns for each procedure. If one grading examiner gives a score below three (3), and the other two (2) grading examiners give scores of three (3) or above, the lower score will be dropped, and only two (2) scores will be used in the average. If two (2) grading examiners give a score below three (3) and the other grading examiner gives a score of three (3) or above, the higher score will be dropped, and only the two (2) scores will be used in the average.

If a candidate does not complete all sections of an exercise, the candidate will receive a mandatory score of zero (0) for that portion of the exercise that he/she does not complete.

2. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the periodontal and restorative charting exercise:

a. Accuracy of probing measurements
b. Accuracy of complete restorative charting
c. Accuracy of detecting clinical abnormalities

The following are categories that the grading examiners will evaluate in the prophylaxis exercise:

a. Calculus removal
b. Stain, plaque removal, and tooth polishing
c. Radiographic interpretation
d. Patient management and tissue trauma

Zero (0) grades will be given for the following:

a. Patient mismanagement or deceit
b. Patient education (incomplete or none given)
c. General and periodontal charting (gross irregularities)
d. Serious violations of standards of conduct

3. **Grade Sheets**

Candidates will be furnished two grade sheets in their yellow candidate packets during registration. One grade sheet will be labeled "Dental Hygiene Prophylaxis Exercise Grade Sheet," and the other will be labeled "Dental Hygiene Charting Exercise Grade Sheet." It is critical that the candidate not lose either of these grade sheets -- these are the candidate's responsibility.

4. **Ultrasonic Scalers**

Ultrasonic scalers may be used and must be compatible with University of Mississippi Medical Center School of Dentistry specifications. Cavi-Jets® or air polishing instruments/units may not be utilized for the final polishing. **EACH CANDIDATE MUST PROVIDE HIS/HER OWN ULTRASONIC SCALER AND TIPS**.

5. **Infection Control**

The Mississippi State Board of Dental Examiners mandates that candidates follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention. It is required, for example, that all patient care activities be performed with gloves, masks, protective eyewear, and scrub gowns. It is suggested that protective eyewear also be used for patients. Furthermore, two periodontal charts are used by the candidates. One chart is labeled "Contaminated," and the other chart is labeled "Clean." Candidates will

make the initial charting notations on the contaminated chart while working in the patient's mouth, and candidates will subsequently transfer the charting notations to the "clean" chart for review and grading by the grading examiners. After the candidate has transferred his/her initial charting notations, he/she will properly dispose of the contaminated periodontal chart. Under no circumstances shall the grading examiners review and grade the contaminated periodontal chart.

6. **Fluoride Treatment**

When applicable, fluoride treatment will be administered prior to escorting the patient to the grading clinic door.

7. **Dental Charting**

The candidate will complete restorative charting of the full mouth and a periodontal charting assignment which may consist of one, two, three, or four quadrants depending on the classification/difficulty of the patient. Required dental charting will include a periodontal probe assignment and identifying/charting restorations, defects, missing teeth, caries, fixed prosthesis, etc. The dental chart utilized by the Board has a buccal, occlusal, mesial, distal, and lingual view of all teeth, a recession index, and a periodontal probe depth charting area. Candidates will be required to use a chart labeled "Contaminated" for the initial dental charting while working in the patient's mouth. Afterwards, the candidate will transfer these recordings to a chart labeled "Clean" which will be reviewed and graded by the grading examiners. See the sample of acceptable symbols to use for charting purposes on pages 29 and 30.

8. **Numbering Teeth**

All teeth will be numbered 1 through 32 starting with the upper right third molar and ending with the lower right third molar.

9. **Patient Numbers**

Randomly selected patient numbers for the clinical portion of the licensure examination will be in the yellow candidate packets given to the candidates during registration. These patient numbers must be worn by patients while being treated or graded.

10. **Instruments and Supplies**

Candidates must furnish their own sterile instruments. The use of ultrasonic scalers is permitted; however, it is the candidate's responsibility to provide the equipment of choice and to ensure compatibility with the University of Mississippi Medical Center School of Dentistry equipment. Each candidate must provide his/her own ultrasonic scaler and tips. Candidates for licensure are required to wear scrub gowns, gloves, masks, and protective eyewear. Gloves, masks, and face shields will be supplied. Candidates must provide their own scrub gowns. It is suggested that patients also wear protective eyewear during the clinical procedure. Instruments, equipment, and supplies available from the University of Mississippi

Medical Center School of Dentistry are listed in the instructional material on pages 45 and 46. Candidates are strongly advised to visit the University of Mississippi Medical Center School of Dentistry at their earliest convenience in order to familiarize themselves with the facilities and operatory equipment.

11. **Starting Checks**

Incremental starting checks will be given for completion of the clinical portion of the dental hygiene licensure examination. Clinic B will be given starting checks at 9:15 a.m.; Clinic C will be given starting checks at 10:00 a.m.; Clinic D will be given starting checks at 10:30 a.m.; and Clinic E will be given starting checks at 11:00 a.m. Candidates should advise their patients to (a) arrive at the University of Mississippi Medical Center School of Dentistry in sufficient time to allow the candidate to be given a starting check at the scheduled time for his/her clinic; and (b) be prepared to stay, at a minimum, until conclusion of the examination, or until dismissed by the candidate after grading.

12. **Examination Irregularities**

It is the candidate's responsibility to bring irregularities to the attention of the clinical floor examiner. If the candidate feels that an error has been made in any aspect of the examination, the candidate should **IMMEDIATELY** confer with the clinical floor examiner. The clinical floor examiner will obtain a second Board member to witness and document the conference. Candidates will sign the report of irregularity with their candidate number, not signature.

13. **Textbooks**

Written materials/textbooks/drawings may not be used during the entirety of the dental hygiene licensure examination.

14. **Clean-Up**

Each candidate is responsible for his/her clean-up of the assigned operatory and supplies or instruments issued by the University of Mississippi Medical Center School of Dentistry.

15. **Completion of Board Survey**

After completing the clinical portion of the examination and prior to leaving the clinic, the candidate must complete the Board examination survey form. Completion of the Board examination survey form is required, and failure to do so could preclude the candidate from receiving his/her Mississippi dental hygiene license.

16. **Return of Examination Materials**

At the completion of the examination, place the patient badge, candidate badge, completed answer sheet for the Board survey, and Board survey form in the yellow candidate packet and return all appropriate materials to the clinical floor examiner or Board staff member. Candidates who fail to return patient badges, candidate badges, or any other requested items

mentioned in this manual, will be assessed a Ten and No/100 Dollar ($10.00) penalty for each item not returned to the Board. Furthermore, the candidate's Mississippi license will be held until full restitution is made with the Board.

CONCLUSION

1. **Examination Results**

The candidate will be notified by mail of the examination results within five (5) working days from the conclusion of the dental and dental hygiene licensure examinations. Results will not be released by telephone. Please do not call members of the Board or the Board office for examination results. The candidate will be mailed his/her license by United States Postal Service certified mail, return receipt, within two (2) weeks from the conclusion of both examinations. The candidate must receive his/her license and record it in the Circuit Clerk's office before the candidate begins practicing dental hygiene in the State of Mississippi. Recording of the candidate's license should be done in the county wherein the candidate resides.

2. **Re-Take Examination Procedures**

A re-take examination will be administered to those candidates who fail to attain a passing score of seventy-five (75) on the initial examination. The re-take examination will be administered at the University of Mississippi Medical Center School of Dentistry within ninety (90) days of the initial examination. Qualifying failing candidates will be notified of the exact date once final arrangements have been made. Candidates who wish to participate in the re-take examination must inform the Board in writing of their decision within forty-five (45) days from the date of their notice of failure. Re-take examination candidates must submit the following additional documentation and fees:

a. Completed application

b. Application and clinic fees in the same amounts as those submitted for the initial examination

c. Proof of certification in Cardiopulmonary Resuscitation

d. Proof of liability insurance coverage

e. Testimonials of moral character (only in cases where character references are unable to sign the application)

To successfully complete the re-take examination, candidates must make a minimum score of seventy-five (75) on the prophylaxis and charting exercises. In other words, the candidate must pass all exercises of the re-take examination. Qualifying failing candidates may appeal their initial examination results and also apply for the re-take examination. However, candidates who fail the re-take examination may not appeal the results of the re-take

examination. Those candidates who fail the re-take examination may apply for the next regularly scheduled Board examination.

3. **Procedure for Filing Appeals**

Candidates who fail to attain a passing score of seventy-five (75) on the examination will be allowed to appeal their initial examination results in accordance with Board Regulation 27, which is included with this manual. Failing candidates must file a written appeal within forty-five (45) days from the date of the notice of failure. However, the Board's decision regarding the candidate's appeal will be final. As stated previously, failing candidates who qualify for the re-take examination may apply for the re-take examination and also file an appeal. The appeals process is the only avenue for those failing candidates who do not qualify to participate in the re-take examination.

4. **Annual Registration**

Annual registration notices covering the period **SEPTEMBER 1, 1999 - AUGUST 31, 2000** will be mailed the last week in June. The candidate will be required to complete the registration sheet and pay the annual fee for the upcoming year. Unless the Board is notified of a change of address, the annual registration notice will be mailed to the same address as appears on the candidate address and license information form.

5. **Documentation Checklist**

Required documentation must be submitted to the Board in the following manner:

a. To be submitted by the candidate with his/her application packet:

(1) Completed application

(2) Application and clinic fees

(3) Proof of certification in Cardiopulmonary Resuscitation

(4) Proof of liability insurance coverage

(5) Candidate license information form

(6) Formal declaration of intent to become a citizen of the United States (if applicable)

(7) Self-query from National Practitioner Data Bank (if applicable)

(8) Additional information as required by specific questions on the application

b. To be mailed by outside sources directly to the Board office:

(1) College transcript(s) (for all colleges/universities attended prior to attending dental hygiene school); foreign transcripts must be in English and must be mailed directly from the college/university to the Board

(2) Dental hygiene school transcript(s) (complete or partial for all dental hygiene schools attended); foreign transcripts must be in English and must be mailed directly from the dental hygiene school to the Board

(3) Affidavit from dental hygiene school dean (for candidates who are still in dental hygiene school at the time their application is submitted to the Board)

(4) National Board Examination grade card

(5) Testimonials of moral character (only in cases where character references are unable to sign the application)

(6) Certifications from the secretaries of dental boards in all states where the candidate is currently or has ever been licensed

FREQUENTLY ASKED QUESTIONS

Q. How soon will I find out if I passed or failed the dental hygiene examination?

A. You will be notified by mail of your examination results within five (5) working days of the conclusion of the examination. Results will not be released by telephone; therefore, do not call Board members or the Board office for examination results.

Q. How long will it take to receive my license?

A. Your license will be mailed by certified mail, return receipt, within two (2) weeks after conclusion of the examination.

Q. When can I begin practicing?

A. You may begin practicing as soon as you receive your license; however, if you will be practicing in Mississippi, you must first record your license with the circuit clerk for the county in which you will reside before beginning your practice.

Q. If I am not going to be practicing in Mississippi, do I need to file my dental hygiene license with the circuit clerk of the county/parish wherein I reside?

A. No, unless that state's law requires it. You should contact that state's dental licensure board to determine whether your Mississippi license should be filed with the circuit clerk of the county/parish wherein you reside.

Q. If I practice in Mississippi, why do I have to file my license with the circuit clerk of the county wherein I reside?

A. Miss. Code Ann. § 73-9-33 dictates that all licenses be recorded within thirty (30) days of issuance with the circuit clerk of the county wherein you reside. Also, should you move from one county to another, you must re-file your license in your new county of residence. This is the law.

Q. If I have a personal emergency during the dental hygiene examination, how may I be contacted?

A. You may be contacted through the University of Mississippi Medical Center School of Dentistry central reception at 601-984-6155. Please have the caller indicate that you are taking the Board licensure examination.

Q. Does the University of Mississippi Medical Center School of Dentistry provide scrubs for the dental hygiene examination?

A. No. Please refer to the School's instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

Q. What instruments are required for the dental hygiene examination?

A. Refer to the information provided by the University of Mississippi Medical Center School of Dentistry in your

examination manuals for a list of all instruments required and those provided by the School.

Q. I am an out-of-state candidate and will be unable to screen my patient; therefore, is there someone at the University of Mississippi Medical Center School of Dentistry who can do this for me, since I may not arrive until the day before the dental hygiene examination begins?

A. No. You are responsible for obtaining a patient and ensuring your patient is properly screened. Please refer to the instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

Q. I am an out-of-state candidate and do not know anyone; therefore, is there someone who can assist me with my patient?

A. As stated previously, you are responsible for securing your patient.

Q. Do dental hygiene patients HAVE to have radiographically evident calculus?

A. Yes. The purpose of the dental hygiene licensure examination is to test the candidate's ability as a dental hygienist. This includes, but is not limited to, the successful removal of stain and supra and subgingival calculus, the ability to take diagnostic radiographs, periodontal and restorative dentistry, and patient education. These types of patients will be encountered regularly during your career as a licensed dental hygienist.

Q. What is the best way to find a patient for the dental hygiene examination?

A. Candidates are responsible for finding and selecting their own patients for the examination. Make sure that the patients meet the qualifications for the procedure, and if a patient is rejected, the candidate must obtain another patient immediately. It is best to have a backup patient available.

Q. I am an out-of-state candidate, have my patient, and was unable to use the University of Mississippi Medical Center School of Dentistry when I was in Jackson; therefore, is there anyone who can handle my pre-operative radiographs?

A. No. You must make your own arrangements for pre-operative radiographs. Please refer to the instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

Q. Can my patient eat or have something to drink after I have completed the prophylaxis procedure and before my patient has been graded?

A. Your patient may not have anything to eat prior to grading; however, the patient may have something to drink or a liquid meal (e.g., SlimFast®).

Q. Why do I need a backup patient?

A. In the event that a patient is determined unacceptable (does not meet the selection criteria), that patient will be rejected. It will then be the responsibility of the candidate to provide another patient. If no patient can be provided, the candidate will not be allowed to proceed with the examination.

Q. If I am left-handed, what do I need to do?

A. Indicate such on your examination application so that a left-handed operatory can be reserved for you.

Q. May I use ultrasonic scalers or Cavi-Jets® during the examination?

A. Ultrasonic scalers may be used; however, Cavi-Jets® or air polishing instruments may not be used.

Q. What type of connection does the University of Mississippi Medical Center School of Dentistry require for ultrasonic scalers?

A. Adec quick-disconnect. Please refer to the instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

Q. Can I report to my assigned clinic and set up prior to the designated operatory setup time?

A. No. Please refer to the examination schedule in this manual for the time when you may report to your assigned clinic.

Q. If the operatory setup and starting time for my clinic is 9:30 or after, when does my patient need to arrive at the University of Mississippi Medical Center School of Dentistry?

A. All patients must be at the University of Mississippi Medical Center School of Dentistry in sufficient time so as to allow the candidates to receive a starting check at the allotted time for their assigned clinic. You should coordinate with your patient as to his/her arrival time. However, candidates whose clinic operatory setup is at 8:45 a.m. should advise their patients to be at the University of Mississippi Medical Center School of Dentistry no later than 7:45 a.m.

Q. How much time do I have to complete the clinical portion of the dental hygiene examination?

A. Each candidate will have four (4) hours to complete the clinical portion of the examination. Starting times will be staggered, and you should advise your patient to bring reading material for use during waiting periods.

Q. Where can I get additional medical history forms?

A. Two medical history forms are provided with your examination manual; however, you can get additional medical history forms from the Board by calling 601-944-9622.

Q. What kind of chart and charting system will be used?

A. The universal chart system numbering teeth 1-32 will be used. An example of charting symbols has been provided with this manual. Periodontal charting assignments will be given during the starting check. You will have two charts in your manila folders: one labeled “clean” and another labeled “contaminated.” You will make initial recordings on the contaminated chart and transfer these recordings to the clean chart for review and grading by the grading examiners.

Q. What happens if I lose my candidate badge, patient badge, candidate packet, or other items furnished by the Board?

A. You will be assessed a penalty of Ten and No/100 Dollars ($10.00) for each item you do not return by the conclusion of the examination. Also, your Mississippi license will be held until full restitution is made with the Board.

Q. When do I receive my candidate number, and do I receive a number for my patient?

A. You will receive your candidate badge and patient badge in your candidate packet during registration. Patient numbers are randomly assigned.

Q. When do I complete the health history form, and when do I update the information?

A. You should complete the health history form prior to the examination. However, you should update the health history form with the patient immediately before vacating the clinic for the starting check.

Q. What does the Board consider as "identifying information" which may not be left in the clinics during the clinical examination?

A. Identifying information includes, but is not limited to, purses, nametags, monograms, manuals or books denoting your name or school, scrubs denoting the name of your dental hygiene school, radiographs with your name or the name of your school, etc.

Q. Some of my equipment has my dental hygiene school name on it. Can I use it?

A. Anything that would denote the identity of the candidate or his/her dental hygiene school may not be used without concealment of the identifying information. If an instrument box has your dental hygiene school's name or logo on it, cover it so that it is not visible to the grading or clinical floor examiners.

Q. What happens if I do not pass the dental hygiene examination?

A. You have the right to make a written request for a review of your results within forty-five (45) days from the date of the notice of your failure. Adhere to all requirements in Board Regulation 27 in making your written request.

Q. If I do not pass the examination, when can I take it again?

A. All failing candidates will be notified if they qualify to participate in the re-take examination which will be given within ninety (90) days from the conclusion of the examination.

Q. If I do not pass the examination, can I file an appeal and also apply for the re-take examination?

A. Yes. You may appeal the results of the initial examination and, upon meeting the criteria for the re-take examination, participate in the re-take examination. Should your appeal be unsuccessful, you would pay the same fees as you paid for the initial examination, file another application, and participate in the re-take examination.

Q. If I appeal my initial examination results and also apply to take the re-take examination, and my appeal is successful, does the Board refund my fees for the re-take examination?

A. Yes. No funds are deposited until the Board makes a determination regarding the candidate's appeal. If the candidate's appeal is successful, all monies are returned to the candidate. If the candidate's appeal is unsuccessful, all fees payable to the Board are immediately deposited. However, if a candidate cannot participate in the re-take examination due to a documented illness or emergency (as outlined earlier in this manual), the candidate's Board fees will be applied to the next regularly scheduled licensure examination. Fees payable to the University of Mississippi Medical Center School of Dentistry will be returned to the candidate.

Q. If I fail the re-take examination, can I appeal the score on this examination?

A. No. You must apply for the next regularly scheduled Board examination.

Q. How many times may I take the dental hygiene examination?

A. You may take the dental hygiene examination only three times. If you are unsuccessful after two attempts, you must complete six (6) months of clinical training in an ADA-accredited dental hygiene school before being allowed to take the dental hygiene examination for a third, and final, time.

Q. Since starting times will vary among the four clinics, how will I know when my clinic is scheduled for operatory setup and starting checks?

A. You will be notified via mail or telephone prior to the examination so that you may schedule your patient and arrange your plans accordingly. Also, your clinic assignment and time schedule will be in your yellow candidate packet which will be given to you during registration.

Q. What if, after the examination has begun, I experience an equipment failure or an unforeseen delay over which I have no control?

A. Immediately notify the clinical floor examiner so that the problem may be identified, the faulty equipment may be repaired, or so that you may be relocated to another operatory. If the problem or your equipment cannot be repaired within ten (10) minutes, you will either be relocated to another operatory in your clinic or to another clinic. You will receive an additional fifteen (15) minutes to complete the clinical examination, and this will be noted on your grade sheets.

Q. Is the jurisprudence examination the same each year?

A. No. Every year it is a different examination. You must make a minimum score of 75 to pass. If you do not pass the examination, you will not be allowed to proceed with the clinical portion of the examination.

Q. Does it help to be a Mississippi resident to pass the dental hygiene examination?

A. No. Although the majority of candidates who pass the examination are from Mississippi, candidates from other dental hygiene schools have been equally as successful. To ensure fairness, the dental hygiene examination is administered on a "double-blind" basis so that the candidates and the grading examiners never have

direct contact. Grading examiners do not know whose work they are grading; they have no access to any information about which candidate performed a particular procedure. In this manner, candidates are graded fairly without regard to their backgrounds.

Q. How do I know that all of the grading examiners are grading by the same set of standards?

A. All of the examiners, including the clinical floor examiners, go through a very intense calibration exercise prior to the dental hygiene examination to ensure that all examiners grade as reliably as possible.

Q. Who are these examiners?

A. Generally, the examiners are current and former members of the Mississippi State Board of Dental Examiners. Board members are appointed to four-year terms by the Governor.

Q. What is the pass rate for the Mississippi licensure examination?

A. Between 1993 and 1998, the pass rate is 98% of the approximately 291 candidates who have taken the dental hygiene examination.

Q. Do I need malpractice insurance?

A. Yes. If you wish, you may select the insurance carrier whose brochure is included with your examination manual for insurance coverage during the dental hygiene examination.

Q. Once I am licensed in Mississippi, do I have to practice in that state to maintain my dental hygiene license?

A. No. However, you must maintain licensure by paying appropriate annual renewal fees and complying with Mississippi Board regulations concerning mandatory continuing education, Cardiopulmonary Resuscitation, etc.

Q. Do I have time to finish all the procedures?

A. Yes. With proper time management, you have ample time to complete all aspects of the examination. You should organize your day and how you will proceed <u>prior</u> to the examination.

Q. Why do I have to complete the survey?

A. The Board constantly strives to improve the examination process. It is through your comments that these changes are effected. We require that you answer all questions in order to complete the examination process. Your comments in no way affect the outcome of your examination results. Please answer all questions and provide comments, if you so desire.

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street
JACKSON, MISSISSIPPI 39216-4505

School of Dentistry
Associate Dean - Clinical Programs

Area Code 601
984-6025

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY INFORMATION FOR CANDIDATES FOR DENTAL HYGIENE LICENSURE

The intent of the information contained within this document is to assist the candidate with taking the Mississippi State Board of Dental Examiners dental hygiene licensure examination. Questions related to the information in this document or to the facilities and policies of the School of Dentistry may be directed to the office of the Associate Dean for Clinical Programs at (601) 984-6025.

PARKING:

Patient parking is available in the lot across the street from the School of Dentistry. The parking fee is $.50 per hour or $5.00 per day. Candidates also may park in the Mississippi Veterans Memorial Stadium parking lot directly across North State Street from the Medical Center.

USAGE FEE:

The fee that is submitted by the candidate to the School of Dentistry pays for the direct costs of the school's hosting the examination. This fee includes the use of the facilities, equipment, instruments, and supplies.

Equipment and Instruments:

1. All dental operatory units are chair-mounted Adec Continental units and can be adjusted to accommodate left-handed operators.

2. Ultrasonic scalers supplied by the candidate must have an Adec quick-disconnect.

3. Arrangements may be made for sterilization of a candidate's own instruments at least one day prior to the examination by contacting the chief dental assistant in Restorative Dentistry at (601) 984-6030.

4. A clinical slow speed handpiece (Midwest Shorty two speed) will be issued in the clinic where candidate is assigned. Immediately following the use of the handpiece, it must be returned to the supply area from which it was obtained. Candidates are free to use their own handpieces. All handpiece tubing is of the four-hole Midwest type.

5. The State Board of Dental Examiners will be notified by the school if all requisitioned handpieces and instruments are not returned, and all patient records are not completed or returned.

6. The contents of the available dental hygiene instrument patient care kit and off-tray instruments and supplies are as follows.

   Patient Care Kit:

   Toothbrush and paste
   Prophy cup, brush, and paste
   Finger ring
   Floss (waxed and unwaxed)
   Air/water syringe tip
   Napkin chain
   Pencils (#2 and red/blue)
   Disposal fluoride trays (medium and large)

   Off-Tray Instruments and Supplies:

   Prophy angle
   Disclosing solution
   Fluoride

Supplies:

The School of Dentistry supplies radiographic film and mounts; paper, cotton, and plastic disposables; and gloves, masks, and face shields.

USE OF FACILITIES:

Limited reception room seating is available on the fourth floor for patients during the examination. Because fourth floor accommodations are limited, additional seating is available in the first floor lounge for patients and their guests. No eating or drinking is permitted in the building except for the first floor lounge. Smoking is not permitted anywhere in the building.

PATIENTS:

The University of Mississippi Medical Center School of Dentistry does not assume responsibility for supplying patients for the licensure examination.

RADIOGRAPHS:

Radiographs needed during the examination may be made in the fourth floor clinics and second floor radiology clinic.

ALPHABETICAL LIST OF AREA HOTELS & MOTELS

Cabot Lodge-Millsaps
2375 North State Street
Jackson, MS 39202
Telephone: 601-948-8650
Facsimile: 601-948-8650
Internet: http://lodging.yahoo.com/lodging/Mississippi/Cities/Jackson/hotel/Cabot_Lodge_Millsaps.html

Crowne Plaza-Downtown
200 East Amite Street
Jackson, MS 39201
Telephone: 800-227-6963
601-969-5100
Facsimile: 601-353-4333
Internet: www.basshotels.com/crowneplaza?_franchisee=JANDT

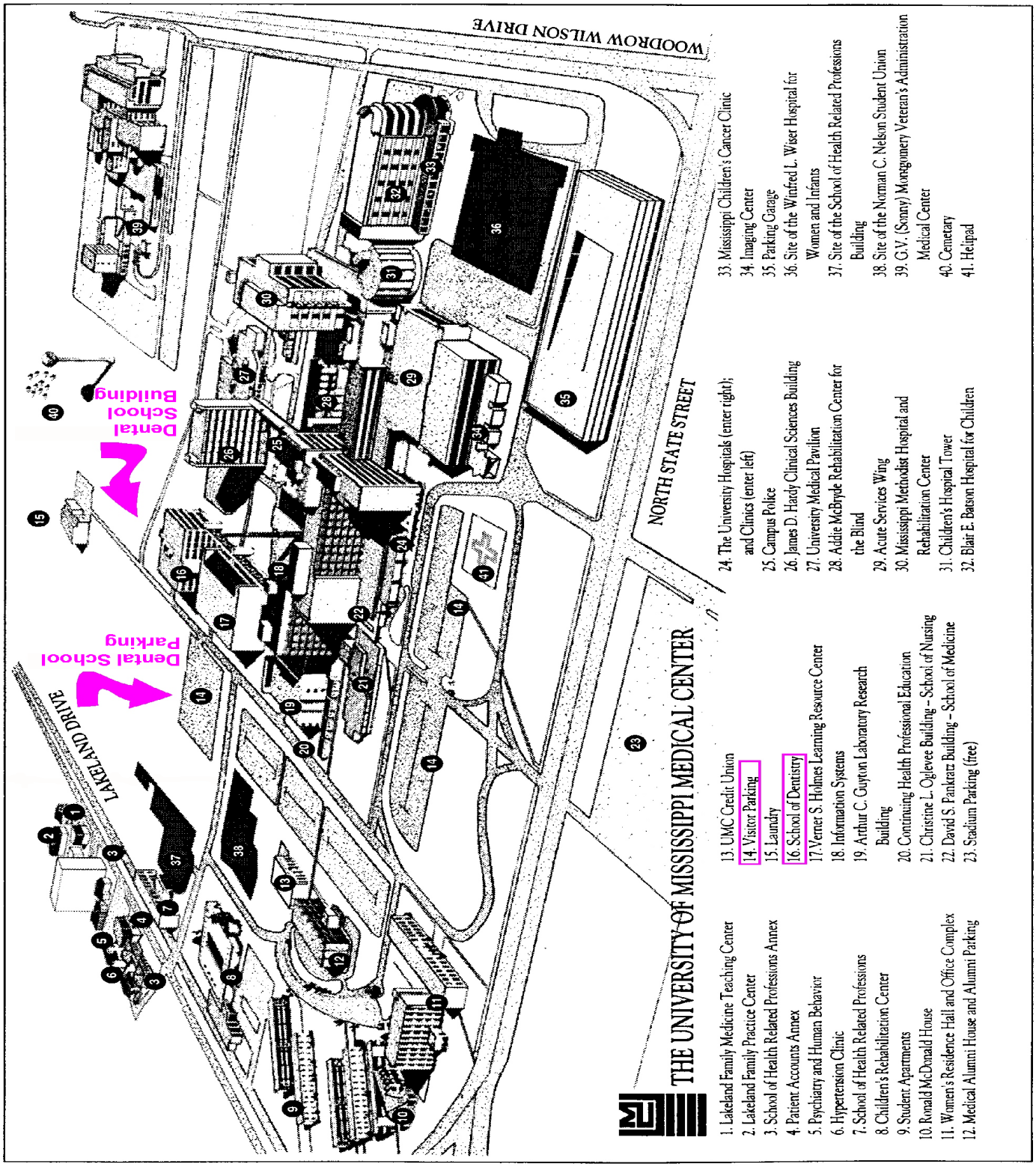
Holiday Inn Express
310 Greymont
Jackson, MS 39202
Telephone: 800-465-4329
601-948-4466
Facsimile: 601-352-9368
Internet: www1.basshotels.com/hiexpress?_franchisee=JANGM

Red Roof Inn-Coliseum
700 Larson Street
Jackson, MS 39202
Telephone: 800-843-7663
601-969-5006
Facsimile: 601-969-5159
Internet: www.redroof.com

Hampton Inn & Suites
320 Greymont Avenue
Jackson, MS 39202
Telephone: 800-426-7866
601-352-1700
Facsimile: 601-352-9988
Internet: www.hamptoninn-suites.com/HotelInfo/his/property.html?page=HOME&pid=JANHS

Holiday Inn & Suites
5075 I-55 North
Jackson, MS 39206
Telephone: 800-465-4329
601-366-9411
Facsimile: 601-366-6688
Internet: www.basshotels.com/holiday-inn?_franchisee=JANNO

Ramada Inn-Coliseum
I-55 at High Street
P. O. Box 23904
Jackson, MS 39225-3904
Telephone: 800-272-6232
601-969-2141
Facsimile: 601-355-1704
Internet: http://www.ramada.com/ctg/cgi-bin/Ramada/hotel_frame/AAAAfNAAXAAAKBjAAB?city=Jackson&state=MS&country=US

The foregoing list is furnished to candidates for informational purposes only and must not be construed to be a recommendation from the Mississippi State Board of Dental Examiners or the University of Mississippi Medical Center School of Dentistry.

MAP TO UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY