

Mississippi State Board of Dental Examiners

580 Springridge Road • Post Office Box 1960 • Clinton, MS 39060 • 601/924-9622

IMPORTANT INFORMATION FOR APPLICANTS FOR DENTAL LICENSURE

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

The examination will be held June 13-16, 1989, at the University of Mississippi School of Dentistry located on the campus of the University Medical Center, 2500 North State Street, Jackson, Mississippi.

The Mississippi State Board of Dental Examiners grants licenses to practice general dentistry in this state on the basis of examination only. Mississippi does not engage in reciprocity agreements with other states, and no temporary licenses or permits are issued or special examinations given. Those individuals who wish to be licensed in a specialty field must first obtain a general dental license by successfully completing the general examination. Specialty licensure may then be requested by making application and submitting the proper credentials to the Board.

GENERAL REQUIREMENTS FOR APPLICATION:

An applicant for examination for dental licensure shall: (a) Be a citizen of the United States except as otherwise provided in Section 73-9-23, Mississippi Laws pertaining to the State Board of Dental Examiners (copy enclosed), be of good moral character, be possessed of a high school education, have attained the age of twenty-one (21) years; and (b) hold a degree from a dental school accredited by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association except as otherwise provided in Section 73-9-23, Mississippi laws pertaining to the State Board of Dental Examiners.

Application should be made to the Secretary of the Board by certified mail with return receipt requested. Application, fees, and all required supporting documentation must be received in the Board office at least thirty (30) days prior to the announced date of the examination (5/15/89).

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

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

Your application will be complete upon receipt of the following:

1. Typed application form filled out completely and properly signed and notarized.
2. Certified check or money order in the amount of \$200 made payable to the Mississippi State Board of Dental Examiners. This amount is your Board application fee.
3. Certified check or money order in the amount of \$200 made payable to the University of Mississippi School of Dentistry to be mailed with your application. This amount covers your clinic fees for instruments and materials listed in the University of Mississippi School of Dentistry Information for Board Candidates (blue packet enclosed.) This fee does not cover casting gold.
4. Notarized signatures of two (2) reputable citizens of the state in which the applicant is a resident. (See application form, Item #15, for further information.)
5. Copy of National Board Examination Grade Card. (Written examinations will be given to those candidates who have not passed all parts of the National Board examination). PLEASE NOTE: Effective July 1, 1989, eligible candidates will be required to have SUCCESSFULLY completed both parts of the National Dental Boards.
6. Copies of official transcripts from each college and dental school attended. These transcripts must be mailed directly to the Board office by the schools. Transcripts will not be accepted from the candidate. Final dental school transcript must show the degree awarded.
7. For candidates who are still in dental school at the time of application but who will complete requirements for graduation prior to the examination, an affidavit from the dental dean stating that the applicant is expected to graduate--Form A enclosed. (Final dental school transcript awarding degree must be received before examination results may be issued.)
8. Certified statement from the Secretary of the Board of Dental Examiners in each state in which applicant is currently licensed certifying license status and good standing. In states where the applicant has been previously licensed, the Secretary of the Board must notify this office as to the reason for license expiration or revocation.
9. Proof of having liability insurance coverage while the clinical examination is in progress. (An insurance application form is enclosed for your convenience. However, please feel free to use the insurance company of your choice.) If you are currently in practice and have malpractice insurance, you must submit certification from your insurance company stating you are covered for state board procedures and that the coverage is current. A photocopy of your office malpractice insurance policy is NOT acceptable.
10. Proof of having completed the Cardiopulmonary Resuscitation Course, (adult, one man). This C.P.R. course is renewable annually and must be current at the time of the examination.

11. Registration form for candidate's chairside assistant. (See Form attached.) Each candidate is allowed to bring one dental assistant. This is optional with the candidate. Dental school graduates may not serve as chairside assistants for this examination.

APPLICANTS MUST FURNISH THEIR OWN PATIENTS AND ARE RESPONSIBLE FOR THEIR APPEARANCE ON SCHEDULE. All patient records, x-rays, models, etc. become the property of the Board and will not be released to candidates or patients under any circumstances.

PATIENT SELECTION IS ONE OF THE MOST IMPORTANT FACTORS IN PREPARATION FOR THE EXAMINATION. IT IS ADVISABLE FOR CANDIDATES TO OBTAIN A BACK-UP PATIENT FOR EACH PROCEDURE. UNACCEPTABLE PATIENTS WILL BE DISMISSED AND ANOTHER PATIENT MUST BE PROVIDED IF THE CANDIDATE IS TO CONTINUE THE EXAMINATION.

No name plates or monograms denoting the name of the candidate or the school attended may be worn. Each applicant will be assigned a candidate number at the orientation session. This number must be worn by the candidate on his/her right lapel. The candidate number will also be displayed on the assigned operatory.

CANDIDATES WILL BE REQUIRED TO COMPLETE THE FOLLOWING WRITTEN EXAMINATIONS AND CLINICAL PROCEDURES. (The written examinations are given on Tuesday afternoon, June 13th. Clinical procedures will begin at 8:00 am on Wednesday, June 14th.)

1. Jurisprudence written examination. All candidates are required to PASS a written examination based on "The Mississippi Laws Pertaining to the State Board of Dental Examiners" and the regulations adopted by the Board. (Copies enclosed) Candidates who fail the jurisprudence examination will not be allowed to continue the testing.
2. Dental Anatomy. All candidates will be required to take a practical examination in dental anatomy consisting of identification of fifty (50) extracted teeth. (Multiple choice)
3. Oral Diagnosis and/or Head-Neck Anatomy. All candidates will be required to take an oral diagnosis examination consisting of identifying structures and lesions on radiographs and slides, (Completion) AND/OR a Head-Neck Anatomy examination consisting of written questions on head and neck anatomy (Completion).
4. One M.O.D., D.O., or M.O. Amalgam Restoration. This restoration must be on a molar or bicuspid with virgin carious lesions and no prior restorations. There must be opposing teeth in normal occlusion and an adjacent tooth or teeth in contact to protect and restore. This restoration must be completed and final checked by 5:00 p.m. the same day the starting check is given.
5. One Complex Amalgam Restoration requiring a minimum of one pin. (MOdB, MODL, MOB, MOL, DOB, or DOL). This restoration must be on a molar. There must be opposing teeth in normal occlusion and an adjacent tooth or teeth in contact to protect and restore. An endodontically treated tooth is not acceptable. This restoration must be completed and final checked by 5:00 p.m. the same day the starting check is given.

6. One Class III Composite Restoration. Each candidate must complete one Class III Composite restoration. The tooth to be restored must be vital and have a virgin Class III carious lesion. For the purposes of this examination, mechanical retention, in addition to the etching, is expected (either retention points or retention grooves.) A glaze should not be applied to the finished restoration before grading. This restoration must be completed and final checked by 5:00 p.m. the same day the starting check is given.
7. One Full Gold Crown. Each candidate must complete one cast full gold crown on a molar or bicuspid. There must be opposing teeth in normal occlusion and at least one adjacent tooth in contact to protect and restore. For the purpose of this examination, all caries, old bases, and old filling materials in vital teeth must be removed from crown preparation. Teeth having previous endodontic treatment and exhibiting radiographic success are permitted. However, at the discretion of the floor examiner, an acceptable buildup may be required. This restoration may be started on Wednesday, Thursday, or Friday. The crown must be cemented and final checked by 5:00 pm on Friday.
8. Prosthetics. Each candidate will be required to make an upper and a lower final or master impression on a totally edentulous patient (overlay denture patients are acceptable). These impressions must be completed and final checked by 5:00 p.m. the same day the starting check is given. The impressions are to be poured with stone that is provided by the Board on the same day the starting check is given. Candidates will construct base plates and wax bite rims and establish vertical and centric relation. Previously prepared custom trays may be used upon request at the time of the starting check.
9. Periodontics. Each candidate must complete a full-mouth periodontal probing and diagnosis, and full-mouth hand scaling and polishing. The term "scaling" includes complete removal of explorer-detectable calculus, soft deposits and plaque, and smoothing of unattached tooth surfaces. Unattached tooth surfaces are the portion of the crown and root surface to which no tissue is attached. Scaling shall be accomplished with hand instruments only. **ULTRASONIC OR OTHER MECHANICAL SCALING DEVICES MAY NOT BE USED.** The periodontal probing, diagnosis, and scaling and polishing must be completed and final checked by 5:00 pm on the same day the starting check is given.

The candidate shall provide full-mouth x-rays of the patient at least four (4) of which must be bitewings (eighteen-film series.) Panographic films are not acceptable. X-rays must be of diagnostic quality depicting the current condition of the patient's mouth. (These x-rays should be prepared no more than sixty (60) days prior to the examination.) Only original radiographs are acceptable. X-rays will be retained by the board.

Patient acceptability will be evaluated on the basis of: (1) health condition; (2) dentition requirements; and (3) adequate deposits. Specific patient requirements for the clinical periodontics examination are: (1) Patient must have a minimum of twenty (20) natural teeth at

least ten (10) of which are posterior teeth; (2) Patient must have at least one quadrant with the following: (a) interproximal probing depths of three (3) to six (6) millimeters, some of which must exceed three (3) mm. [A deviation of one (1) mm from the three (3) to six (6) mm range is acceptable.] and (b) heavy, generalized subgingival deposits continuing through the interproximal and line angles. Calculus must be radiographically evident.

The medical history form provided in this packet should be completed by the patient. It is advisable to complete this form prior to the examination. If the patient's health condition indicates an alteration in treatment procedures or a need to consult the patient's physician, the candidate must obtain written clearance from the patient's physician before the patient is accepted. Patients with medical contraindications will not be accepted.

The floor examiner assigns a patient number and reviews the medical history form. The floor examiner will note information concerning the patient's health history which should be considered by the grading examiners in determining the patient's acceptability for this procedure. Upon completion of this step, the patient is sent to the grading area for a starting check. The following should be sent with the patient to grading: candidate check card and notations from the floor examiner; pre-op x-rays; front surface mouth mirror; #5 and #2A explorers; and color-coded perio probe. (Instruments provided on perio examination kit. See enclosed blue information packet.) If the patient is unacceptable, he/she will be returned to the clinic with instructions to the candidate to acquire another patient.

When the patient returns with the starting check, a complete periodontal examination should be completed and charted on the form provided. (If necessary, anesthesia may be administered at any time after the starting check is given.) When probing and charting is completed, the patient should return to grading with the following: chart; candidate check card and appropriate grade sheet; notations from the floor examiner on the patient's health condition; pre-op x-rays; above-listed perio examination kit instruments. Three examiners will evaluate the charting and diagnostic section.

When the patient returns from grading, root-planing and/or scaling and polishing should be completed and four (4) post-op bitewing x-rays taken. Upon completion, the patient returns to grading with candidate check card and appropriate grade sheet; chart; notations from floor examiner; pre-op and post-op x-rays; and above-listed perio examination kit instruments.

10. Each candidate must be prepared to discuss a Diagnosis and Treatment plan for any of his/her patients.
11. Completion of all written examinations and clinical procedures is required before a candidate is considered for licensure. Requirements concerning record-keeping and return of dental school equipment and instruments are deemed by the Board to be part of the examination procedure and must be satisfactorily fulfilled before a candidate is considered for licensure.

GENERAL INFORMATION FOR COMPLETING CLINICAL PORTION OF THE EXAMINATION

1. All teeth will be numbered 1 through 32 starting with the upper right third molar and ending with the lower right third molar.
2. Candidates may do their own lab work or may contract with the independent laboratory of their choice. Candidates who contract with private labs are advised to make arrangements with the lab well in advance of the exam. The lab should be notified of the specific gold requirements and time constraints. CANDIDATES ARE RESPONSIBLE FOR COMPLETION OF LAB WORK WITHIN THE TIMEFRAME REQUIREMENTS OF THIS EXAMINATION. Candidates doing their own lab work using the dental school lab facilities may request that a technician operate the thermotrol casting machine. Type III Crown and bridge gold with not less than 46% yellow gold is recommended. Candidates may do their own wax patterns, investing, and clean up.
3. Each candidate is allowed to bring one chairside assistant. The candidate is responsible for obtaining his/her own assistant, making any monetary arrangements, and for the conduct of his/her assistant during the examination. Assistants must complete the enclosed registration form, attach a recent photograph, and sign the form. This sheet must be returned with the candidate's Board application. Assistants will be given lapel pins with corresponding numbers of the candidates they are assisting. Dental school graduates may not serve as dental assistants for this examination.
4. Candidates may wish to furnish their own instruments, handpieces, and local anesthetic syringe. Instruments, equipment, and supplies available from the School of Dentistry are listed in the enclosed blue information packet. Candidates must furnish their own casting gold. It may be to the candidate's advantage to furnish his/her own impression material so he/she will be using material to which he/she is accustomed. A limited number of reversible hydrocolloid units and trays will be available.
5. The following x-rays will be required:
 - A. Recent periapical of any anterior tooth to be prepared.
 - B. Recent periapical and bitewing of any posterior tooth to be prepared.
 - C. Bitewing x-ray of complex amalgam preparation with pin in place.
 - D. Bitewing x-ray of seated full gold crown.
 - E. Bitewing x-ray of each finished amalgam restoration.
 - F. Periapical x-ray of finished composite restoration.
 - G. Mounted, complete series of periapical and bitewing x-rays of clinical periodontal patient. [Eighteen (18) radiographs at least four (4) of which are bitewings.] Panographic x-rays ARE NOT acceptable. Radiographs for this section of the examination must be of diagnostic quality and depict the current condition of the patient's mouth. These x-rays shall have been prepared no more than sixty (60) days prior to the examination.
 - H. Four (4) bitewing x-rays of the perio patient after root planing and/or scaling and polishing is completed.

With the exception of the x-rays required in Section G (above), all x-rays are to be mounted in 4-hole x-ray mounts. X-ray mounts will be available on your clinic floor. Patient Number Only should be written on the x-ray mount. No patient names, candidate names, or candidate numbers should be written on x-ray mounts. PLEASE NOTE: At the completion of the examination, these x-rays are retained in the patient record.

6. The following alginate impressions or models will be required:
 - A. Pre-op quadrant or full mouth models of tooth to be restored. This model must accompany patient to the grading clinic for each graded procedure.
 - B. Alginate impressions of all finished restorations and seated gold crown must accompany patient to the grading clinic.

7. Grading. This Board has adopted a "blind" grading system. Under this system, at least one examiner will be assigned to each clinic as a "floor examiner." The floor examiner will assign patient and tooth numbers, give starting checks, determine the degree of difficulty and be available for emergency situations. All procedures will be graded in a grading clinic which will be set up entirely separate from the candidate clinics. Patients, models, x-rays, and grade cards will be escorted to the entrance of the grading clinic by the candidate or his assistant. The patient will be returned to the appropriate clinic by an escort provided by the Board. Under no circumstances will candidates or their assistants be allowed in the grading clinic. Further details and directions will be given in the orientation session.

TO BE SUCCESSFUL ON THIS EXAMINATION, A CANDIDATE MUST MAKE PASSING GRADES ON AT LEAST THREE (3) OF THE CLINICAL PROCEDURES AND MUST MAKE A GRADE OF 70% OR ABOVE AS AN OVERALL AVERAGE. SO THAT THERE IS NO MISUNDERSTANDING-- IF YOU FAIL FOUR (4) CLINICAL PROCEDURES, YOU DO NOT GET A LICENSE-- REGARDLESS OF YOUR OVERALL AVERAGE. (A breakdown on the grading for each procedure is enclosed.)

DECEIT, FRAUD, OR PATIENT MISMANAGEMENT WILL RESULT IN AUTOMATIC DISMISSAL.

- A. CROWN - The following criteria will be weighed equally in grading the crown preparation: occlusal reduction; axial reduction; absence of undercuts; and mutilation of adjacent or opposing hard or soft tissues. A mandatory zero (0) grade will be given on the crown preparation for: gross over-preparation and/or pulp exposure.

The following criteria will be weighed equally in grading the crown seated casting: seating of casting; occlusal anatomy and finish; proximal anatomy (contour & contact); occlusion (hypo or hyper); and retention. A mandatory zero (0) grade will be given on the crown seated casting for: total lack of contact and/or overhanging or open gingival margin.

- B. M.O.D., D.O. OR M.O. AMALGAM - The following criteria will be weighed equally in grading the amalgam preparation: outline form, depth, retention; and mutilation of adjacent or opposing hard or soft tissues. A mandatory zero (0) grade will be given on the amalgam preparation for: remaining caries; gross over-preparation; pulp exposure; and/or failure to complete procedure on same day starting check is given.

The following criteria will be weighed equally in grading the amalgam finished restoration: occlusal anatomy; proximal anatomy (contour & contact); occlusion (hypo or hyper); and gingival margin (overhang or sulcus debris). A mandatory zero (0) grade will be given on the amalgam finished restoration for: total lack of contact; gross overhang; and/or failure to complete procedure on same day starting check is given.

- C. COMPLEX AMALGAM - The following criteria will be weighed equally in grading the complex amalgam preparation: outline form, depth, retention, pin placement, and mutilation of adjacent or opposing hard or soft tissues. A mandatory zero (0) grade will be given on the complex amalgam preparation for: remaining caries, gross over-preparation; pulp exposure, and/or failure to complete procedure on same day starting check is given.

The following criteria will be weighed equally in grading the complex amalgam finished restoration: occlusal anatomy, proximal anatomy (contour & contact), occlusion (hypo or hyper), and gingival margin (overhang or sulcus debris). A mandatory zero (0) grade will be given on the complex amalgam finished restoration for: Total lack of contact, gross overhang, and/or failure to complete procedure on the same day starting check is given.

- D. COMPOSITE - The following criteria will be weighed equally in grading the composite preparation: outline form, depth, retention; and mutilation of adjacent or opposing hard or soft tissues. NOTE: For the purposes of this examination, mechanical retention, in addition to the etching is expected (either retention points or retention grooves.) A mandatory zero (0) grade will be given on the composite preparation for: remaining caries; gross over-preparation; pulp exposure and/or failure to complete procedure on same day starting check is given.

The following criteria will be weighed equally in grading the composite finished restoration: proximal anatomy (contour & contact); margins (over or underfill); cosmetics; and occlusion (hypo or hyper). A mandatory zero (0) grade will be given on the composite finished restoration for: gross overhang; loose restoration; and/or failure to complete procedure on same day starting check is given.

- E. PROSTHETICS - The following criteria will be weighed equally in grading the upper and lower impressions: extension (over or under); retention and stability; surface detail; and presence of voids.

The following criteria will be weighed equally in grading the occlusal registration: vertical dimension and centric relation.

- F. PERIODONTICS - The following criteria will be weighed equally in grading the Charting and Diagnosis: diagnostic quality of x-rays; selection of patient; and ability to accurately diagnose periodontal disease and abnormalities;

The following criteria will be weighed equally in grading the scaling and/or root planing and polishing: thoroughness of scaling and/or root planing and polishing; appropriate patient management in controlling pain and bleeding; and ability to perform therapy without tissue mutilation.

8. Record-Keeping System for Patients Treated During the Examination: Proper record-keeping is deemed by the board to be part of the testing procedure. All patients treated during the examination must register at the 2nd floor admissions desk. Complete instructions and format for registration of patients is detailed on Page 8 of the enclosed blue information packet. On the last day of the examination, record room personnel will report to the floor examiners any candidates with delinquent records, i.e. missing or incomplete records. A candidate's file is considered INCOMPLETE until record requirements have been met.
9. Return of dental school equipment and instruments: Equipment and instruments issued by the University of Mississippi School of Dentistry to board candidates must be returned before the candidate leaves the facility at the end of testing. Return of equipment and instruments to the School of Dentistry is deemed by the Board to be a part of the testing procedure, and a candidate's file is considered INCOMPLETE until all equipment and instruments are returned and any losses settled. Board results will not be released to candidates whose account has not been cleared with the School of Dentistry.
10. Infection control: The Mississippi State Board of Dental Examiners has adopted the American Association of Dental Examiners "Guidelines for Infection Control and Disease Barrier Techniques in Clinical Examinations." Therefore, candidates for licensure are requested to wear gloves, masks, and protective eyewear. Gloves and masks will be furnished for the examination. Candidates must provide their own protective eyewear.
11. Irregularities: It is the candidate's responsibility to bring possible irregularities to the attention of the floor examiner. If you feel that an error has been made in any aspect of your examination, confer with your floor examiner immediately. He will notify a second examiner to witness and document the circumstances.
12. Examination results: You will be notified by mail of the examination results within four (4) weeks. Results will not be released by telephone. Please do not call members of the Board or the Board office for your examination results. You must receive your license and record it in the Circuit Clerk's office before you practice dentistry in the State of Mississippi. You may not apply for prescribing privileges with the Drug Enforcement Administration until you receive your license and establish a permanent office address.

EXAMINATION SCHEDULE

Tuesday, June 13, 1989

1:00 pm

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

Wednesday, June 14, 1989

8:00 am

Clinical Examinations - fourth floor
(Dental School)

Thursday, June 15, 1989

8:00 am

Clinical Examinations - fourth floor
(Dental School)

Friday, June 16, 1989

8:00 am

Clinical Examinations - fourth floor
(Dental School)

GRADING AREA:

Fourth Floor

PATIENT WAITING AREA:

Fourth Floor

LABORATORIES:

Room D-408 (Fourth Floor) and
Rooms 513-516 (Fifth Floor)

LOCKER ROOMS:

Female Candidates - Room D-105
Male Candidates - Room D-115

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

Mississippi State Board of Dental Examiners

580 Springridge Road • Post Office Box 1960 • Clinton, MS 39060 • 601/924-9622

TO: Dental School Deans

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

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

Thank you for your cooperation in this matter.

A F F I D A V I T

I, ___(name_of_dean)_____, Dean of ___(name_of_dental_school)_____, hereby certify that I personally reviewed the student records of ___(name_of_applicant)_____. I further certify that ___(name_of_applicant)_____ will complete all requirements for a dental degree by ___(date)_____ and that he/she is expected to graduate on _____ (date_of_graduation) _____. In the event there is any change in the abovementioned student's status in dental school, I will notify the Mississippi State Board of Dental Examiners immediately.

_____ (signature) _____

_____ (typed name and title) _____

STATE OF
COUNTY OF

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

SWORN TO AND SUBSCRIBED BEFORE ME this the _____ day of _____ 1989.

NOTARY PUBLIC

My commission Expires:

UNIVERSITY OF MISSISSIPPI SCHOOL OF DENTISTRY

STATE BOARD INFORMATION PACKET
FOR DENTAL CANDIDATES

FOREWORD:

The intent of the information contained within this packet is to assist you in your efforts while taking the Mississippi State Dental Board examination. Questions that are unanswered by this informational packet and which relate to the facilities and policies of the School of Dentistry may be directed to the office of the Assistant Dean for Clinical Programs at (601) 984-6025. Do NOT call the School of Dentistry with questions regarding Board policy or procedures.

I. FACILITY AND MATERIALS USAGE FEE:

The fee that you submit to the School of Dentistry is set at a level which covers the direct costs of hosting the examination; this is required by state law. The fee covers the use of the facilities, personnel, equipment, instruments and commodities. Commodities, instruments and laboratory facilities are listed separately and follow:

A. Commodities:

1. Radiographic film and mounts as required for the Board examination.
2. Local anesthetics: Available are Xylocaine and Carbocaine; the latter is also available without epinephrine.
3. Needles: Screw type disposable. Available in 27 gauge short and long and 30 gauge short.
4. Gauze pads, cotton rolls and pellets, paper and plastic disposables, rubber dam material, pumice and all other expendables.
5. Impression materials and disposable trays. Disposable trays are full arch or segmental. Irreversible hydrocolloid is pre-packaged and of VAN-R brand.
Permalastic - regular and light-bodied.
Note: If you are accustomed to using an impression material other than the above, you may wish to bring your own. A limited number of reversible hydrocolloid units and trays are also available.
6. Amalgam capsules - All in 2-spill size.
Dispersalloy - regular set
Dispersalloy - fast set

7. Stone, plaster, investments, casting rings, formers, liners, waxes, pumice, resins, and other expendables.
Note: Prosthetic (complete) impressions are to be poured with the stone supplied by the Mississippi State Board.
8. Rubber dam, floss, saliva ejectors and suction tips.

B. Handpieces and Instruments

1. Handpieces

All slow (true torque shorty dual speed) and high speed (quiet-air) handpieces are of MIDWEST type.
All handpiece tubing is of the four-hole MIDWEST type.

2. Instruments

- a) Operative tray instruments (see attachment A)
 - b) Crown and bridge tray instruments (see attachment A)
 - c) Removable prosthesis instruments (see attachment B)
 - d) Periodontal examination kit and therapy tray (see attachment C)
 - e) Burs and diamonds (see attachment D)
 - f) Laboratory equipment and policies (see attachment E)
- Anesthetic and impression syringes are available as are pin kits and contra-angles.

Candidates are free to bring their own handpieces and instruments if they so choose.

C. THE SCHOOL OF DENTISTRY DOES NOT SUPPLY:

1. Casting gold

2. Protective eyewear

3. Laboratory Instruments

- | | |
|--------------------------|---------------------------------|
| a) Waxing Instruments | l) R7 Carver |
| b) Hollenback Carvers | m) Kingsley Scraper |
| c) #1 Walls Carver | n) Bard Parker Red Handle Knife |
| d) #1 Andrews Carver | o) #12 Gritman Knife |
| e) #7 Wax Spatula | p) Boley Gauge |
| f) #3 Brush | q) MM Ruler |
| g) Powdered Wax | r) Occlusal Guides |
| h) Rubber Mixing Bowl | s) Wax Hot Plate |
| i) Bunsen Burner | t) Alcohol Needle Flame Torch |
| j) #7 R Lab Knife | u) Saw Kit |
| k) #11 R Plastic Spatula | v) Acrylic Finishing Burs |

II. PROCEDURES FOR OBTAINING INSTRUMENTS AND HANDPIECES:

- A. Dental handpieces and dental laboratory instruments are issued from Dental Central Supply which is located on the first floor. Handpieces are issued by serial number. Other instruments are issued by their name.
- B. Each candidate to whom instruments or handpieces are issued, signs for and is bound to return the instruments in good condition after the examination or to pay for any losses or damage.
- C. All other clinical instruments are issued to the candidates on sterile instrument trays and in sterile packs in the clinics in which the instruments are used. Each candidate requisitions the needed instrument tray or pack from the clinic sterilization and supply area and returns the used instruments to the sterilization and supply area when the treatment procedure is completed.
- D. At the conclusion of the examination all requisitioned instruments

must be returned to the appropriate area. Handpieces and laboratory instruments must be returned to Dental Central Supply.

E. The Board will be notified when the following obligations are fulfilled:

- 1) All instruments issued to candidate are returned;
- 2) All losses paid by the candidate;
- 3) All patient records completed and returned to Record Room.

III. PARKING:

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

IV. PATIENTS:

The University of Mississippi School of Dentistry does not assume the responsibility of supplying patients for the Board examination for any candidate. Patient selection is your responsibility. However, we are prepared to assist any candidate in need if we are able. For assistance in this matter, call Dr. Travis Taylor at (601) 984-6035.

V. USE OF FACILITIES PRIOR TO BOARD EXAMINATION:

Candidates who wish to use the facilities prior to the Board examination may be given permission to do so by the Assistant Dean for Clinical Programs (601) 984-6025. These candidates must enroll in a Continuing Education course for which there is no fee. Candidates must show proof of malpractice insurance.

VI. LOCKERS:

Lockers are available on the first floor men's and women's locker areas respectively. You will be shown these areas during orientation; you must provide your own padlocks.

VII. INFECTION CONTROL:

It is recommended that all patient care activities be with gloves, masks and protective eyewear. Gloves and masks will be provided. The School of Dentistry does not furnish protective eyewear. Instruments should be sterilized for each patient use. Handpieces are autoclaved or surface disinfected. If you bring your own instruments, we will autoclave them for you after they are cleansed, properly wrapped and clearly labeled with your candidate number. Arrangements can be made for you to have your instruments autoclaved prior to the Board by calling Mr. Albert Pleasant at (601) 984-6165.

VIII. PATIENT RECORDS AND REGISTRATION:

The Board requires that all patients treated during the Board examination obtain a modified Dental Record at the second floor admissions desk. The procedures for obtaining these modified records vary as to type of patient.

Patients of Record are those patients of the School of Dentistry who are under active treatment and/or who have completed the admissions process and have a treatment plan.

Non Patients of Record are patients who have been screened and tentatively accepted but who have not yet begun the admissions process. Included also are those patients who have never been to the School of Dentistry.

A. Patients of Record:

Each patient of record of the School of Dentistry sitting for the Board must have a Modified Record. There is no registration fee for these patients. A photocopy of the Demographic Data form and Health History Questionnaire from the regular record may be inserted in the Modified Record rather than requiring the patient to complete new forms, if the record is current and complete. Duplicates of any radiographs from the regular record required for the Board are obtained from the Radiology Clinic.

B. Non-Patients of Record:

Board patients who are not patients of record (see screening) are required to pay a \$1.00 registration fee. The patient completes the Demographic Data form and a health questionnaire. A patient registration number is then assigned and attached to the record.

C. Record-Keeping Responsibilities:

1. Each patient sitting for the Board must sign a special Consent and Agreement form (sample attached "F") prior to the candidate's beginning any clinical procedure; these forms must be properly filled out and become part of the permanent record. Extra forms are available from the Record Room.
2. Upon completion of each patient encounter, the candidate enters a Progress Note in the record, indicating the treatment performed that day and deposits the record in the dental record drop box at the second floor Record Room window. If the patient is to be seen on a subsequent day, the candidate picks up the record at the Record Room the following morning. The Record Room hours will be from 7:00 a.m. to 5:30 p.m. during the examination.
3. The Record Room staff audits all records to assure completeness of the Demographic Data form, the Health History Questionnaire, the consent and agreement forms and the progress notes.
4. By the end of the last day of the examination, all School of Dentistry records must be complete and returned to the record room.

IX. RADIOGRAPHS:

All radiographs taken for preparation of the Board or for screening purposes will be done in the Oral Radiology Clinic during times that the clinic is regularly scheduled. Radiographs needed during the Board examination can be taken in the fourth floor clinics.

X. SCREENING

Candidates using the School of Dentistry facilities to screen patients for treatment prior to the State Board examination will adhere to the following requirements and show proof of malpractice insurance.

Procedures:

1. If the patient is a patient of record of the School of Dentistry, appropriate entries in the record should be made each time the patient is seen and for each procedure performed. A Patient Encounter form should be executed for all screening and Board preparation procedures.
2. If the patient is not a regularly admitted School of Dentistry patient, the patient should be registered (Procedure Code 0101, fee-\$1.00) with the appropriate Demographic Data form and Health Questionnaire completed by the patient. A Modified Record is made up with a special and properly executed Consent and Agreement form which allows screening (sample attached as "G"). Progress Note entries should be made for each patient encounter. These Modified Records must be returned to the Dental Record Room at the end of each day. A Treatment Plan form should be placed in the record showing a one-time Board Patient Screening charge of \$5.00 (Procedure No. 0125). This fee covers the costs of x-ray film, processing, impression materials, stone and other materials used. The registration fee and/or screening fee must be paid in advance. Please note that all Board patient screening must be completed by June 5, 1989. The School of Dentistry cannot be used for screening Board patients between that date and the beginning of the Board examination.

XI. PREPARATORY WORK ON PATIENTS:

If a patient of record needs to have treatment prior to the examination, such as prophylaxis or caries control, you may use the Primary Prevention, Periodontics or Restorative Dentistry clinics at times when the clinics are regularly open. Appointments should be arranged through the second floor appointment desk. Charges for all procedures done will be as listed in the current fee schedule. A regular patient encounter form should be completed showing all zero grades. Non-patients of record follow the same protocol.

All preparatory work on patients must be authorized or supervised by School of Dentistry faculty and all candidates must show proof of malpractice insurance.

XII. OTHER CONSIDERATIONS:

Your patients should be advised to wait in the first or second floor lounge. While there are waiting rooms on the fourth floor, they are too small to accommodate all of the Board patients and they should be reserved for short waits during treatment. No smoking, eating or drinking by candidates, dental assistants and patients is allowed in any of the clinics, labs, hallways or upstairs waiting rooms. These functions are allowed in the first floor lounge only.

XIII. DENTAL UNITS:

All units in the School of Dentistry are DENTASSIST IV in type and are designed for right-handed operators. However, left-handed operators use these units routinely and do not experience significant difficulty. Left-handed candidates who would like to familiarize themselves with the units will be given the opportunity to do so by calling the office of the Assistant Dean for Clinical Programs at (601) 984-6025.

XIV. FACILITIES:

All candidates are strongly encouraged to visit the School of Dentistry prior to Board examination to familiarize themselves with the location of the labs, clinics, admissions area and lounge. While a tour will be conducted during orientation, you may arrange for an individual tour by calling Mr. Albert Pleasant at (601) 984-6165.

OPERATIVE TRAY

Mirror	# 6T Carver
# 5 Explorer	Perio Probe - Double End
# 3 Plastic Instrument	Cotton Pliers
# 8/9 Hatchet	Bur Blocks, Magnetic
# 17/18 Chisel	Articulating Paper Forcep
# F 26L - 26R Margin Trimmer	Rubber Dam Forcep
# F 27L - 27R Margin Trimmer	Rubber Dam Frame
# 38/39 Spoon Excavators	Scissor, Straight Iris
# 324 Cement Spatula	Hemostat, Large Curved
Dycal Instrument	Matrix Retainer
# 26 - 29 Ball Burnisher	
# 2 Condensor	<u>OFF TRAY ITEMS</u>
# 3/4 Condensor	Clamps
# 1/2 Hollenback	Burs (assorted)
# 4/5 Cleoid Discoid	Amalgam Carrier
# 5T Carver Tanner	
# 3 Carver Wall	

CROWN AND BRIDGE TRAY

Mirrors	#38/39 Spoon Excavator
#5 Explorer	#324 Cement Spatula
Probe G F/W	#1/2 Hollenback
Cotton Pliers	Dycal Instrument
#8 A P A Plastic Instrument	Articulating Paper Forcep
Hemostat, Large Curved	

OFF TRAY ITEMS

R-11 Cord Packer
 Diamonds (See attachment "D")
 Scissors, Straight Iris
 Scissors, Curved Iris
 Scissors, Crown & Bridge
 Burs (See attachment "D")
 Crown Iso-form Bicuspid Temp (assorted)
 Crown Iso-form Molar Temp (assorted size)
 Crown Poly (assorted size)
 Crown Aluminum (assorted size)

REMOVABLE PROSTHETICS SET-UP

1. Water Bath
2. Lenk
3. Hanau
4. Denture Pack and Unit Pack
5. Burs F, P, R, #8
6. Bowl
7. Bard Parker and Lab Knife
8. Compound Sticks, Green
9. Scissors
10. Korecta Wax and Brush
11. Indelible Pencil
12. Matches
13. Compound Sticks, Gray
14. Hot Plate
15. Boley Gauge or M & M Ruler
16. Fox Plane
17. Base Plate Wax, Pink
18. Vaseline

A. PERIO EXAMINATION KIT

1. Front Surface Mouth Mirror
2. New #5 Explorer
3. New #2A Explorer
4. Color-coded perio probe

B. PERIO THERAPY TRAY SET-UP

1. 1 Double-sided mirror
2. 1 PQOW Probe
3. 1 20F Probe
4. 1 Double ended explorer #5
5. Cotton Pliers
6. 1 U 15/30
7. 1 Currette 34/35
8. 1 GIL 2/YG 15
9. 1 B-25L
10. 1 India Sharpening Stone
11. 1 McCalls 17s/18s
12. 1 McCalls 13s/14s
13. 1 Gracey 3/4
14. 1 Columbia 13/14
15. 1 Columbia 4L/4R
16. 1 Gracey 11/12
17. 1 Gracey 13/14
18. 1 Air/Water syringe
19. 2x2 Gauze

C. OFF-TRAY ITEMS

1. Prophyl angles
2. Prophyl cups

BURS, DIAMONDS AND STONES

(1) FISSURE	(2) INVERTED	(3) ROUND
56	33 1/2	1/4
57	34	1/2
58	35	1
169	37	2
169L		4
170		6
170L		8
171		330
556		
557		
558		
(4) MINI BURS	(5) FINISHING 12 BLADE COMPOSITE	
330	7006 Round	
169L	7406 Egg	
557	7664 Long Taper	
169	7902 Needle	
(6) DIAMONDS	(7) POINTS	
3/4 AL	G-81	Green Point Stones
1 AC	G-82	White Point Stones
012	G-83	Dedeco Points
1D	G-84	
1/4 DL		
1/2 DL		
1/2 DTL		
1/4 DLSF		
1 LCSF		
8 BSF		
WM2M		

All normal laboratory equipment is available for use, ie: bench lathes, high speed grinders, polishing machines, vibrators, whipmix investors, ultrasonic units and burnout ovens. Technicians make every effort to execute castings on the minute requested. Candidates are urged to follow instructions carefully on the casting form given at candidate orientation. If you wish the School of Dentistry technicians to cast your metal, new ingots must be used and they must be stamped with confirmation of gold content which must contain a minimum of 46% gold.

No candidate may enter the laboratory with protective gloves or masks. Time permitting, technicians will assist candidates with soldering.

The laboratory will remain open on Tuesday, Wednesday and Thursday evenings until 11:00 p.m. Candidates are requested to clean their own areas before leaving.

The chief technician will familiarize candidates with the laboratory and policy, should anyone like to visit prior to the examination; to do so, you may call Mr. Rick Rommerdale at (601) 984-6047 or 984-6048.

PROBLEM ORIENTED DENTAL RECORD
UNIVERSITY OF MISSISSIPPI
SCHOOL OF DENTISTRY

Attachment "F"

STATE BOARD EXAMINATION
6/89

Patient's Name: -----

I hereby give consent to ----- to perform
(Name of Candidate)

the following procedures and treatments, including local anesthesia, on
----- myself ----- my son ----- my daughter ----- my ward

Description of Treatment to be Performed:

Known risks discussed (initials of patient, parent or guardian) []

I understand that the above treatment is to be performed by -----

----- as a candidate in the Mississippi State Board
(Candidate's Name)

Examination. I am participating in this program voluntarily and in consideration of free dental services, and I assume the risk of all treatment by this candidate. I understand that the candidate does not hold a license issued by the Mississippi State Board of Dental Examiners.

I am further advised that the standard of delivered care and follow-up care, if needed, are the responsibility of the candidate. Neither the University of Mississippi School of Dentistry nor the Mississippi State Board of Dental Examiners assumes any responsibility for this treatment. I have received a full explanation of the procedure(s) to be performed and the risks involved. I also understand that I am free to ask any questions regarding the procedure(s) to be performed and risks involved but I have no questions at this time.

Date

Signature of Patient, Parent or Guardian

Witness (Candidate)

Witness (Examiner)

UNIVERSITY OF MISSISSIPPI SCHOOL OF DENTISTRY

CONSENT AND AGREEMENT FORM

Date: -----

Patient's Name: -----

Candidate's Name: -----

I hereby give consent to: -----
(Candidate)

to take measures necessary to screen me as a possible patient for the
dental ____/ dental hygiene ____ Board Examinations at the School of
Dentistry, University of Mississippi.

I further hold the School of Dentistry, the State and its representatives
harmless pursuant to this screening endeavor.

Patient's Signature

Witness

This form is to be used for SCREENING purposes and only for patients of non-
record. Non-record patients are those who either have never been a patient
at the School of Dentistry or those who have been accepted but not, as yet,
begun the admissions process.