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DENTAL CANDIDATE INFORMATION
MISSISSIPPI ANNUAL LICENSURE EXAMINATION
MAY 27-29, 1998

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 May 27-29, 1998, 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, May 27, 1998, Room D-114, 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 general dentistry 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. Those individuals who wish to be licensed in a specialty field must first obtain a general dental license. Specialty licensure then may be requested by making application and submitting the proper credentials to the Board.
 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.
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APPLICATION REQUIREMENTS

1. A candidate for examination for dental 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 twenty-one (21) years. A candidate must also exhibit a diploma or certificate of graduation from a dental 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, April 27, 1998. 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

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 next scheduled Mississippi examination for licensure, provided the Board office is notified within twenty-four (24) hours prior to the examination. However, candidates who fail to appear for the examination forfeit the entire examination fee.
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 one (1) academic year of clinical training in an accredited dental 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 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. **TYPED** application form filled out completely, 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 Four Hundred and No/100 Dollars (\$400.00) 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 Three Hundred Fifty and No/100 Dollars (\$350.00) 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 blue instructional material).
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 school prior to January 1, 1998 must make a self-query from the National Practitioners Data Bank. This can be done by contacting the Data Bank at Post Office Box 10832, Chantilly, Virginia, 20151. 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. Please contact the Joint Commission on National Dental Examinations, telephone number 800-621-8099, to request a copy of the grade card to be mailed to the Board's office. It is the Board's policy not to release National Board grades under any circumstances; therefore, please do not contact the Board office for scores. Candidates will be required to have passed all parts of the National Board Dental 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 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, 1998.)
7. 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. All transcripts must be received at the Board office by the deadline, Monday, April 27, 1998. Final dental school transcripts must show the degree awarded. Even though the candidate's dental school transcript is not complete, any partial dental school transcripts must also be received by Monday, April 27, 1998 so that the application can be processed.
8. Affidavit signed by the dental school dean (see enclosed memorandum and Affidavit). Candidates who are still in dental 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 the date of graduation must be sent

by the dental 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, 1998.

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 previously has 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. Insurance application forms are 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 licensure examination and will be current through May 29, 1998. 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. Chairside assistant registration form. 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 examination application. Assistants will be given lapel pins with numbers corresponding to the candidates they are assisting. Assistants must remain at the assigned operatory or completely outside the examination area. Dental school graduates or dental school faculty members may not serve as dental assistants for this examination; however, the dental assistant may be a dental assistant, a dental hygienist, or a dental student.
13. 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.

PATIENT SELECTION AND CANDIDATE IDENTIFICATION

1. 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, casts, etc., become the property of the Board and will not be released to candidates or patients under any circumstances.

2. **PATIENT SELECTION IS ONE OF THE MOST IMPORTANT FACTORS IN PREPARATION FOR THE EXAMINATION. IT IS ADVISABLE FOR CANDIDATES TO OBTAIN A BACKUP PATIENT FOR EACH PROCEDURE.** Unacceptable patients will be dismissed, and another patient must be provided if the candidate is to continue the examination. Sharing of backup patients among candidates is recommended.
3. No name tags or monograms denoting the identity of the candidate, his/her dental assistant, or the dental 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 operator.

STANDARDS OF CONDUCT FOR THE EXAMINATION

1. **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.

2. **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.

3. **Misappropriation of Equipment**

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

4. **Submission of Examination Records**

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

5. **Assigned Procedures**

The candidate may perform only the treatment and/or procedures assigned.

6. **Examination Guidelines**

Failure to follow the published standards and guidelines, the use of electronic recording devices by the candidate, an auxiliary, or 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.

7. **Timely Arrival**

Once the examination has begun, no candidate may enter the room or begin the examination late.

8. **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.

9. **Assigned Operatories**

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

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

The candidate and assisting auxiliary must behave in an ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort.

11. **Isolation of the Restorative Field**

Adequate and proper isolation must be provided as necessary to avoid contamination and as specified by examination requirements.

12. **Tissue Management**

There shall be no unwarranted damage to either hard or soft tissue.

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.

14. **Auxiliary Personnel**

Candidates are responsible for the behavior of their assistants during the conduct of the examination.

15. **Removal of Typodont**

Once the examination has begun, neither the teeth nor the typodont may be removed without specific permission from a clinical floor examiner.

16. **Damage or Mutilation of Typodont**

Damage to any part of the typodont is cause to withhold the results of the entire examination until a satisfactory settlement (financial or replacement of the damaged part) is reached.

DAY 1--WEDNESDAY, MAY 27, 1998

TYPODONT EXERCISE	
7:15 a.m. to 7:30 a.m.	REGISTRATION First Floor Room D-114
7:30 a.m. to 8:00 a.m.	JURISPRUDENCE EXAMINATION First Floor Room D-114
8:00 a.m. to 8:45 a.m.	ORIENTATION First Floor Room D-114
9:00 a.m.	TYPODONT EXERCISE Fifth Floor Preclinical Laboratories E, F, G, & H A. Endodontics B. Finished Amalgam MODL #14 C. Porcelain Fused to Metal Crown Preparation #9 D. Fixed Partial Denture Abutment Preparations #3 - #5
4:30 p.m.	LABORATORY CLOSING

Registration

1. Time, Date, and Location for Registration

Registration for all dental licensure candidates will be conducted from 7:15 a.m. until 7:30 a.m. on Wednesday, May 27, 1998, in Room D-114 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-114, the candidate should check-in with Board staff who will be located at the front of the room. The candidate must present one form of picture identification at the time of registration; afterwards, the candidate will be given a blue registration packet containing the following materials:

- a. 1998 Dental Licensure Candidate Address and License Information Form (white paper)
- b. Survey Questions for the 1998 Mississippi Dental Licensure Examination (buff paper)
- c. Candidate Check Card (white paper)
- d. Answer sheets (two) for the jurisprudence examination and Board survey
- e. Candidate badge
- f. Dental assistant badge
- g. 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 numbers on the candidate and dental assistant badges correspond to the number on the outside of the blue candidate packet. This packet must remain with the candidate during the entire examination. The candidate must return the blue candidate packet, candidate badge, dental assistant 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 Friday, May 29, 1998. These items are the property of the Board, and any candidate who does not properly return all items may have his/her license withheld until such time as all items have been 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. Once seated, 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, May 27, 1998, in Room D-114 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 "9." Candidates whose numbers range from 1D through 9D, should put 7 "9s", then put a zero ("0"), and then put the actual candidate number (e.g., 999999908). Candidates whose candidate numbers range from 10D and above should put 7 "9s" and then put the actual candidate number (e.g., 999999921). 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.

A minimum passing score of 75% must be obtained to be successful on the jurisprudence examination. Candidates who initially fail the jurisprudence examination will have until the conclusion of the dental licensure examination (or until 1:00 p.m. on Friday, May 29, 1998) to pass another jurisprudence examination. Candidates who fail the first jurisprudence examination will be notified by Board staff during the typodont exercise, and it is the candidate's responsibility to contact Board staff regarding a time and location for administration of the second jurisprudence examination. A second, and final, jurisprudence examination will be administered during the scheduled clinical or typodont exercises. No additional time will be granted to the candidate for completion of other examination requirements. Furthermore, no Mississippi dental license will be issued to candidates who do not pass the jurisprudence examination by the conclusion of the dental licensure 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, May 27, 1998, in Room D-114 of the University of Mississippi Medical Center School of Dentistry.

2. **Administrative Procedures**

All candidates will complete the 1998 Dental Licensure Candidate Address and License Information Form included in the registration 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. The candidate number must be placed in the upper right-hand corner, and all licensure information must be legibly printed in each appropriate blank on the form. Board personnel will collect the completed forms and review them for readability and 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.

Upon completion of the 1998 Dental Licensure Candidate Address and License Information Form by all candidates, the Board's President and Executive Director will make brief presentations. Afterwards, a short question and answer session will be conducted. Upon conclusion of orientation, candidates are to immediately report to the Preclinical Laboratories E, F, G, and H on the fifth floor of the University of Mississippi Medical Center School of Dentistry for the typodont exercise.

Endodontics

1. **Candidate Packets**

White candidate packets will be placed on each laboratory work station. The candidate should ensure his/her candidate number corresponds to the candidate packet at the candidate's work station. The candidate packets will be labeled with the candidate's number and "Day 1" and will contain the following items:

- a. Endodontic Exercise Grade Sheet (salmon paper)
- b. Typodont Exercise Grade Sheet (gold paper)
- c. Model Acceptability Form (gold paper)

Candidates should very carefully check the contents of each candidate packet and notify Board personnel if any item listed above is not in the packet. The candidate's endodontic block number will correspond to the typodont number and will be recorded on the appropriate forms during the starting check.

2. **Examination Requirements**

The candidate will prepare an endodontic access and canal obturation of a maxillary permanent central incisor in a technique laboratory. The examination consists of performing endodontic therapy with a gutta percha fill to the cemento-enamel junction. Carrier-based thermoplasticized gutta percha techniques and gutta percha guns are **NOT** to be used. There should not be any gutta percha fill coronal to the cemento-enamel junction. Mechanical instrumentation is acceptable.

3. **Tooth Selection**

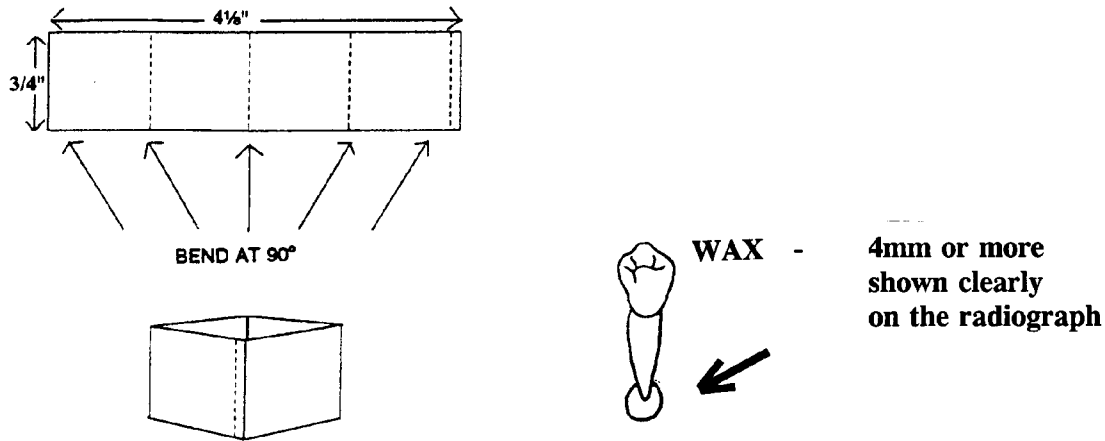
This procedure will be completed on a maxillary permanent central incisor. The tooth selected must have an intact crown; that is, the crown cannot display any fractures which obviously involve the pulp chamber. A tooth exhibiting craze lines, restorations which do not cover the entire lingual surface, Class 4 fractures, and enamel fractures is acceptable. Unrestored lesions which extend into the pulp chamber are unacceptable. It is advisable to choose an easily treatable case and to keep the tooth from becoming brittle and breaking during treatment. Candidates are expected to follow universal precautions when working with the endodontic model. If the tooth should break during treatment, a new tooth/model must be obtained/prepared. Before using this second model, it must be approved by the clinical floor examiner.

4. **Endodontic Model**

The candidate must mount the tooth in opaque pink acrylic as follows:

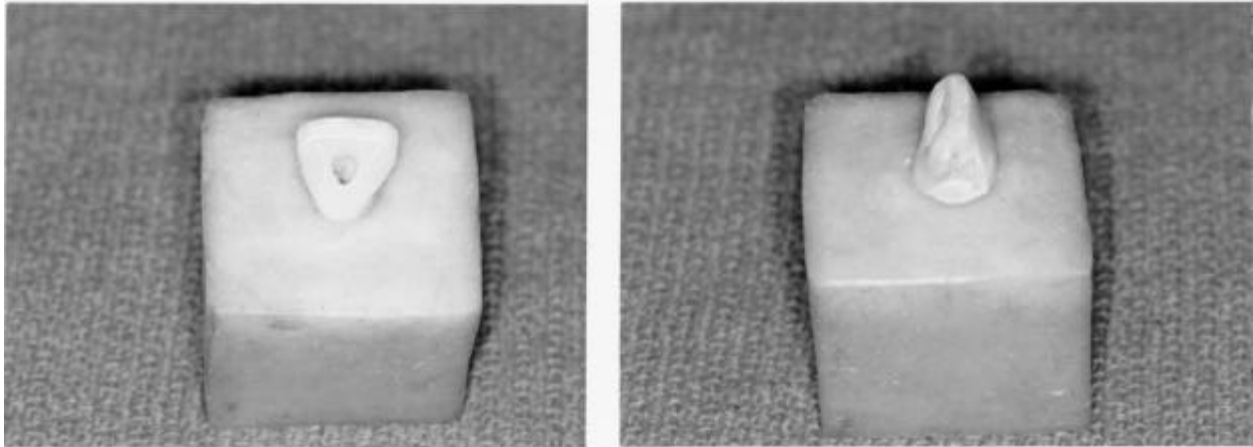
- a. The candidate should cut a strip of metal or boxing wax approximately 3/4" x 4 1/8" (sufficient to cover the tooth and wax) and fold it to form a cube measuring 1" on each side. Sides must be flat to allow for radiographs Buccal-Lingual and Mesio-Distal (Example 1).

EXAMPLE 1



- b. The candidate must place balls of soft red carding wax (or similar soft wax) at the apices of the root of the tooth. The wax should measure 4mm or more in diameter and be clearly seen on the pre-operative radiograph.
- c. The candidate should cut a small horizontal notch in the coronal third of the tooth root on the buccal or lingual surface. This notch will lock the tooth into the acrylic and prevent removal or displacement of the tooth. The candidate should be careful not to enter the root canal space.
- d. The candidate should fill the cube with an opaque pink acrylic.
- e. The candidate should place the tooth in the mold, centering it from side-to-side and embedding the tooth to the cemento-enamel junction but not deep enough to expose the red wax on the bottom of the tooth. If the combined length of the tooth and wax ball is greater than 3/4", the cube may be made longer to accommodate the tooth and wax. The pre-operative radiograph must clearly show the radiolucency of the wax at least 4mm beyond the tip of the root. Failure to do so will result in rejection of the tooth. The tooth root and wax ball must be completely covered in the solid acrylic block.
- f. Example 2 is a properly sized and positioned tooth in an acrylic block.

EXAMPLE 2



5. **Radiographs**

The candidate will provide a pre-operative radiograph of diagnostic quality of the mounted tooth from a buccal-lingual view and a mesio-distal view. The two pre-operative films will be placed in a four film mount, leaving space for the two post-operative radiographs. Only the endodontic block number will appear on the film mount. No other information should appear on the film mount.

6. **Starting Check**

Prior to beginning the exercise, the clinical floor examiner will examine the block and radiographs to issue a starting check. The candidate must have the following available for the clinical floor examiner.

- a. Acrylic block
- b. Pre-operative radiographs
- c. Endodontic Exercise Grade sheet
- d. Typodont Exercise Grade sheet
- e. Candidate Check Card
- f. Model Acceptability Form

Blocks will be rejected if:

- a. The tooth is improperly mounted in acrylic
- b. It does not have an intact crown
- c. Radiographs are not diagnostic
- d. Wax ball is not visible 4mm beyond the apex
- e. Wax ball is not covered by at least 1mm of solid acrylic
- f. Wax is not clearly seen on the radiograph

7. **Time Restraints**

This procedure will be completed during Day 1 of the examination. The candidate may perform this procedure at any time; however, it must be completed by 4:30 p.m. The candidate should allow sufficient time to perform the procedure and to take and develop any working radiographs and all required post-operative radiographs. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

8. **Assistants**

Assistants are **NOT** permitted for this procedure. Candidates may not assist each other during this procedure.

9. **Textbooks**

Written materials/textbooks/drawings may not be used for this procedure.

10. **Endodontics Grading Procedure**

After condensation of the gutta percha, the candidate is to obtain two radiographs, one in the buccal-lingual view and one in the mesio-distal view. These films are to be mounted in the four film mount with the pre-operative films. Only the endodontic block number should appear on this mount.

After the candidate has completed the endodontic exercise, the endodontically treated tooth block, film mount, and Endodontic Exercise Grade Sheet will be placed in a plastic bag and delivered to the clinical floor examiner, along with the Candidate Check Card. The clinical floor examiner will place his/her examiner number on the Candidate Check Card signifying receipt of the endodontic model.

11. **Grading Criteria**

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

- a. Access
- b. Obturation

Typodont Exercise

1. **Candidate Packets**

White candidate packets will be placed on each laboratory work station when the candidates arrive in the preclinical laboratories. The following items will be in the candidate packet:

- a. Endodontic Exercise Grade Sheet
- b. Typodont Exercise Grade Sheet
- c. Model Acceptability Form

2. **Examination Requirements**

The typodont exercise is a simulated patient exercise consisting of three sections:

- a. The preparation of a maxillary anterior central incisor (#9) for a porcelain fused to metal restoration;
- b. The preparation of a maxillary bicuspid (#5) and a maxillary molar (#3) which will serve as abutments for a fixed partial denture for a porcelain fused to metal restoration; and
- c. A finished MODL carved amalgam restoration on a maxillary molar (#14) which replaces the distolingual cusp.

3. **Assistants**

Assistants are **NOT** allowed for this procedure. Candidates may not assist each other during this procedure.

4. **Textbooks**

Written materials/textbooks/drawings may not be used for this procedure.

5. **Assigned Teeth**

The candidate may not remove teeth from the typodont without permission from the clinical floor examiner. Once a procedure has been started, the procedure must be carried to completion on the assigned tooth with no substitutions permitted.

6. **Starting Check**

These procedures will be completed on a typodont model in a laboratory setting utilizing teeth made from a ceramic composite crown material. Only typodonts and teeth supplied by the Mississippi State Board of Dental Examiners may be used for the exercise. Prior to beginning the procedure, the candidate will examine the typodont for acceptability. The candidate will place his/her candidate number on the Model Acceptability Form indicating that the typodont is acceptable. If the typodont/teeth are unacceptable, the clinical floor examiner will either replace the typodont/teeth or so indicate the discrepancy on the Model Acceptability Form,

and the candidate will initial this notation with his/her candidate number. After the candidate certifies acceptability, he/she may begin the exercise. The candidate may perform the exercises in any order that he/she may choose. It is **NOT** necessary to obtain an individual starting check for each procedure; however, the Typodont Exercise Grade Sheet and Candidate Check Card must be available for the clinical floor examiner at the beginning of the typodont exercise.

7. **Preparation Design--Examination Guidelines for Preparation of Anterior Porcelain Fused to Metal Restoration**

a. Incisal Edge Reduction

- (1) 1.5mm - 2.0mm incisal edge reduction
- (2) No sharp angles or edges remaining on reduced incisal edge
- (3) Thickness of reduced edge is .8mm - 1.0mm facio-lingually

b. Facial Surface Reduction

- (1) Approximately 1.2mm over the incisal 3/4 of the facial surface
- (2) Approximately 1.0mm - 1.2mm reduction at gingival finish line with a 90° shoulder
- (3) Margins finished slightly above the typodont gingival tissue
- (4) Reduction should be accomplished in two (2) planes

c. Interproximal Reduction

- (1) Approximately 1.2mm axially with an approximately 1.0mm reduction at the finish line
- (2) Ninety degree (90°) shoulder should continue 1.0mm lingual to the interproximal contact and then change to a chamfer/sloping shoulder finish line lingually which follows the contour of the gingiva
- (3) Adjacent teeth must not be abraded
- (4) Taper of each axial wall should be 3° to 6° and not greater than 10°

d. Lingual Reduction

- (1) 1.0mm reduction

- (2) Lingual reduction of the concave surface should not extend so far that the vertical lingual wall is overshortened
- (3) 2.0mm - 3.0mm of vertical wall should remain at the gingival portion of the preparation
- (4) Reduction at the finish line of the lingual wall should be 1.0mm
- (5) No undercuts should exist in the preparation

8. **Preparation Design--Examination Guidelines for Preparation of Posterior Abutment for Fixed Partial Denture**

a. Occlusal Reduction

- (1) 1.5mm - 2.0mm anatomical reduction including a lingual functional cusp bevel

b. Facial Surface Reduction

- (1) Approximately 1.2mm reduction in occlusal 3/4 of the facial surface
- (2) Facial reduction should occur in two (2) planes
- (3) 1.0mm - 1.2mm reduction should be accomplished at the facial margin
- (4) Facial wall should exhibit a 3° to 6° taper and no more than a 10° taper
- (5) Beveled shoulder of 135°

c. Interproximal Reduction

- (1) Approximately 1.2mm should be reduced interproximally
- (2) Finish line should follow contour of typodont gingiva finishing slightly above the typodont gingival tissue
- (3) Width of finish line should be approximately 1.0mm
- (4) Adjacent teeth must not be abraded
- (5) Taper of each axial wall should be 3° to 6° and not greater than 10°

d. Lingual Reduction

- (1) Lingual wall should be 3° to 6° taper
- (2) No undercuts should exist in the preparation

9. **Time Restraints**

The typodont procedure will be performed during Day 1 of the examination. The candidate may perform these procedures in any sequence at any time; however, they must be completed by 4:30 p.m. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

10. **Typodont Grading Procedure**

When the candidate has completed all of the typodont exercises, bubble wrap is placed between the upper and lower models then affixed together with a rubber band. The typodont model is placed in the storage box and delivered to Board staff along with the Typodont Exercise Grade Sheet and the Model Acceptability Form. The clinical floor examiner will place his/her examiner number on the Candidate Check Card signifying receipt of the typodont. A Board staff member will examine the typodont for any damage and note such damage on the Model Acceptability Form. The candidate will initial this form with his/her candidate number indicating awareness of such damage. Such damage to any part of the typodont is cause to withhold the results of the entire examination until a satisfactory settlement (financial or replacement of the damaged part) is reached.

The white candidate packet should be returned to a Board staff member at the conclusion of the typodont exercise.

11. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the finished carved amalgam restoration:

- a. Anatomy
- b. Finish Lines and Surface Finish
- c. Treatment Management

The following are categories that the grading examiners will evaluate in the anterior and posterior crown preparations:

- a. Margins and Path of Insertion
- b. Retention/Resistance Form
- c. Treatment Management

DAY 2--MAY 28, 1998

CLINICAL EXERCISE	
8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor
8:30 a.m. to 9:00 a.m.	STARTING CHECKS
9:00 a.m.	A. Class 2 Amalgam Restoration B. Class 3 Composite Restoration C. Removable Prosthetics 1. Final Impressions 2. Centric Jaw Relation 3. Vertical Dimension
4:30 p.m.	CLINIC CLOSING

Class 2 Amalgam Restoration

1. **Candidate Packets**

Green candidate packets labeled with the candidate's number and "Day 2" will be placed in each candidate's operatory. The candidate should ensure his/her candidate number corresponds to the candidate packet in his/her operatory. The candidate packets will contain the following items:

- a. Amalgam Preparation Grade Sheet (blue paper)
- b. Amalgam Finished Carved Restoration Grade Sheet (blue paper)
- c. Composite Preparation Grade Sheet (green paper)
- d. Composite Finished Restoration Grade Sheet (green paper)
- e. Removable Prosthetics Grade Sheet (yellow paper)
- f. Three (3) randomly assigned patient numbers

Candidates should very carefully check the contents of each candidate packet and notify Board personnel if any item listed above is not in the packet.

2. **Examination Requirements**

The candidate must complete a Class 2 amalgam with contact established against virgin tooth structure or a permanently restored surface or surfaces of the adjacent tooth.

3. **Tooth Selection**

This procedure will be completed on a vital tooth exhibiting virgin decay. There will be a tooth or teeth in the opposing arch that will occlude with the amalgam finished carved restoration. The dentition opposing the finished restoration must not be of a temporary material or a full denture or removable partial denture. Mandibular first premolars are not acceptable for this restoration. An existing buccal or lingual pit restoration may be present; however, the interproximal decay must not extend into this restoration. The adjacent tooth may not have a stainless steel crown, temporary plastic crown, or decay apical to the gingival floor of the restoration. A maxillary molar with decay on one proximal surface and the other proximal surface previously restored may be used for this procedure.

4. **Pre-operative Casts**

A pre-operative diagnostic cast will be made prior to the examination and poured in buff stone. This cast may be either of the full arch or of the quadrant to be treated.

5. **Radiographs**

A pre-operative periapical and bitewing radiograph of the tooth to be restored clearly demonstrating decay to the dentoenamel junction are to be placed in the first two openings of a four film radiographic mount. This mount is to be labeled with the patient's number only.

6. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the blue instructions. Medical Health History Forms are not signed by the candidate until the day of the procedure, and the candidate must update the health history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then by a **CANDIDATE NUMBER (NOT SIGNATURE)**. This should be done during the operatory setup phase. 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.

7. **Assistants**

Assistants are allowed for this procedure. Candidates may not assist each other during this procedure.

8. **Textbooks**

Written materials/textbooks/drawings may not be used for this procedure.

9. **Pain Control**

Pain control shall be limited to the use of a local anesthetic. Anesthetic solution must **NOT** be administered prior to receiving a starting check.

10. **Isolation**

A rubber dam **MUST** be in place during this procedure. Isolation will be, at a minimum, one tooth anterior and one tooth posterior to the tooth being prepared. Single tooth isolation is not permitted. It is recommended that a rubber dam napkin also be utilized. The amalgam preparation will be graded with the rubber dam in place. The finished amalgam will be graded with the rubber dam removed.

11. **Initial Starting Check**

All candidates will vacate their assigned clinic when notified by Board personnel. The candidate should indicate on the Amalgam Preparation Grade Sheet and the Amalgam Finished Carved Restoration Grade Sheet the patient number, tooth number, and surface he/she intends to prepare/restore. Prior to leaving the clinic, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. Board examiners will enter the clinic and examine the patient. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. The following should be available for an amalgam starting check:

- a. Pre-operative Periapical and Bitewing Radiographs
- b. Front Surface Mirror
- c. Explorer
- d. Pre-operative Cast
- e. Medical Health History Form and Patient Disclaimer, Consent, and Release Form
- f. Amalgam Preparation Grade Sheet
- g. Amalgam Finished Carved Restoration Grade Sheet
- h. Candidate Check Card

If the patient is acceptable, a starting check will be indicated on the Candidate Check Card and both grade sheets. If the patient or tooth is unacceptable, a rejection notice will be left in the operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner.

12. **Deviation of Preparation Outline**

Should the need arise to make a major extension of the preparation, the candidate is required to complete a deviation form with written justification for such deviation and the proposed treatment. After completion of the deviation form and before proceeding with the preparation, the candidate must summon the clinical floor examiner to clinically observe the stated need for the major deviation. No tunnel or slot amalgam preparations will be allowed on this examination.

13. **Pulpal Exposure**

If a candidate anticipates or actually causes a pulpal exposure, the clinical floor examiner must be notified at once. If an actual pulpal exposure does occur, the patient will be advised by the candidate of such exposure and the need for possible follow-up treatment.

14. **Time Restraints**

This procedure will be completed on Day 2 of the examination. The candidate may perform this procedure at any time during that day; however, it must be completed by 4:30 p.m. The candidate should allow sufficient time to perform the procedure and to take and develop the required post-operative radiograph. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

15. **Amalgam Preparation Grading Procedure**

A quadrant alginate impression of the preparation will be made by the candidate and placed in a plastic bag, labeled with the patient's number, and turned in to the grading clinic receptionist at the time the patient is presented to the grading area. The patient will be assigned a number that indicates his/her position relative to being examined by the grading examiners. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Mounted Pre-operative Periapical and Bitewing Radiograph
- b. Amalgam Preparation Grade Sheet
- c. Candidate Check Card
- d. Plastic bag containing quadrant alginate impression of preparation
- e. Pre-operative Cast

16. **Base/Liner Check**

After the patient returns from the grading area, the candidate will summon the clinical floor examiner for a base/liner check. The candidate will make the clinical decision whether to apply a base/liner, but the clinical floor examiner must verify the decision. Failure to do so will require the candidate to remove the restoration prior to grading of the amalgam finished carved restoration, obtaining a base/liner check, and redoing the restoration. For the purposes of this exercise, the following definitions will be used:

- a. Liners are a cement or resin applied in a minimal thickness (0.5 mm or less)
 - (1) which provide a protective barrier
 - (2) which provide a therapeutic effect

Examples: Calcium hydroxide, zinc oxide, and glass ionomer liner (cavity varnishes and dentin adhesives are not considered as liners)

- b. Bases are a dentin replacement material for lost tooth structure
 - (1) which provide chemical and thermal insulation
 - (2) which have adequate strength to support the final restoration

Examples: Zinc phosphates, reinforced zinc-oxide eugenol, and glass ionomer bases

17. **Amalgam Finished Carved Restoration**

The condensed and carved amalgam surface should **NOT** be polished or altered by abrasive rotary instrumentation except for purposes of adjusting occlusion. The candidate should be familiar with the properties of the amalgam being used and should allow sufficient time for the amalgam to set before sending the patient with the amalgam finished carved restoration to the grading area.

18. **Amalgam Finished Carved Restoration Grading Procedure**

A quadrant alginate impression of the amalgam finished carved restoration will be made by the candidate, placed in a plastic bag with the pre-operative cast, and the plastic bag labeled with the patient's number. The plastic bag should be turned in to the grading clinic receptionist at the time the patient is presented to the grading area. A post-operative bitewing radiograph will be made of the finished carved restoration at this time. The patient will be assigned a number that represents his/her position relative to being graded by the grading examiners. The rubber dam is to be removed for grading of the amalgam finished carved restoration. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Mounted Pre-operative Radiographs and Post-operative Bitewing Radiographs
- b. Amalgam Finished Carved Restoration Grade Sheet
- c. Candidate Check Card
- d. Plastic bag containing quadrant alginate impression of finished restoration and pre-operative cast

19. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the amalgam preparation:

- a. Outline and Extension
- b. Internal Form
- c. Operative Environment

The following are categories that the grading examiners will evaluate in the amalgam finished carved restoration:

- a. Anatomy and Occlusion
- b. Margins and Surface Finish
- c. Treatment Management

Class 3 Composite Restoration

1. Candidate Packets

Green candidate packets labeled with the candidate's number and "Day 2" will be placed in each candidate's operatory. The candidate packets will contain the following items:

- a. Amalgam Preparation Grade Sheet
- b. Amalgam Finished Carved Restoration Grade Sheet
- c. Composite Preparation Grade Sheet
- d. Composite Finished Restoration Grade Sheet
- e. Removable Prosthetics Grade Sheet
- f. Three (3) randomly assigned patient numbers

2. Examination Requirements

The candidate must complete a Class 3 composite restoration on a vital tooth which exhibits a virgin interproximal carious lesion.

3. Tooth Selection

The adjacent tooth in contact must be without caries in the contact area. The tooth may be in contact with a previously restored lesion or a full crown. It may not be in contact with a bridge pontic. Access for the preparation must be made from the lingual. All other carious lesions in the tooth must be restored prior to the Class 3 lesion that is to be prepared and graded. That is, if the tooth exhibits both mesial and distal carious lesions, the candidate must restore both lesions, but will indicate which surface is to be graded prior to beginning the

procedure. The lesion may be gingival to the contact point, and if such, the preparation does not have to break the contact.

4. **Pre-operative Casts**

A pre-operative diagnostic cast will be made prior to the examination and poured in buff stone. This cast may be either of the full arch or of the quadrant to be treated.

5. **Radiographs**

A pre-operative periapical radiograph of the tooth to be restored clearly demonstrating decay to the dentoenamel junction is to be placed in a four-hole radiographic mount. This mount is to be labeled with the patient's number only.

6. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the blue instructions. Medical Health History Forms are not signed by the candidate until the day of the procedure, and the candidate must update the health history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then by a **CANDIDATE NUMBER (NOT SIGNATURE)**. This should be done during the operatory setup phase. 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.

7. **Assistants**

Assistants are allowed for this procedure. Candidates may not assist each other during this procedure.

8. **Textbooks**

Written materials/textbooks/drawings may not be used for this procedure.

9. **Pain Control**

Pain control shall be limited to the use of local anesthetic. Anesthetic solution must **NOT** be administered prior to receiving a starting check.

10. **Isolation**

A rubber dam **MUST** be in place during this procedure. Isolation will be, at a minimum, one tooth mesial and one tooth distal to the tooth being prepared. Single tooth isolation is not permitted. It is recommended that a rubber dam napkin also be utilized. The composite preparation will be graded with the rubber dam in place. The finished composite will be graded with the rubber dam removed.

11. **Initial Starting Check**

All candidates will vacate their assigned clinic when notified by Board personnel. The candidate should indicate on the Composite Preparation Grade Sheet and the Composite Finished Restoration Grade Sheet the patient number, tooth number, and surface he/she intends to prepare/restore. Prior to leaving the clinic, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. Board examiners will enter the clinic and examine the patient. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. The following should be available for a composite starting check:

- a. Pre-operative Periapical Radiograph
- b. Front Surface Mirror
- c. Explorer
- d. Pre-operative Cast
- e. Medical Health History Form and Patient Disclaimer, Consent, and Release Form
- f. Composite Preparation Grade Sheet
- g. Composite Finished Restoration Grade Sheet
- h. Candidate Check Card

If the patient is acceptable, a starting check will be indicated on the Candidate Check Card and both grade sheets. If the patient or tooth is unacceptable, a rejection notice will be left in the operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner.

12. **Deviation of Preparation Outline**

Should the need arise to make a major extension of the preparation, the candidate is required to complete a deviation form with written justification for such deviation and the proposed treatment. After completion of the deviation form and before proceeding with the preparation, the candidate must summon the clinical floor examiner to clinically observe the stated need for the major deviation.

13. **Pulpal Exposure**

If a candidate anticipates or actually causes a pulpal exposure, the clinical floor examiner must be notified at once. If an actual pulpal exposure does occur, the patient will be advised by the candidate of such exposure and the need for possible follow-up treatment.

14. **Time Restraints**

This procedure will be completed on Day 2 of the examination. The candidate may perform this procedure at any time during that day; however, it must be completed by 4:30 p.m. The candidate should allow sufficient time to perform the procedure and to take and develop the required post-operative radiograph. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

15. **Composite Preparation Grading Procedure**

After completion of the preparation, the following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Mounted Pre-operative Periapical Radiograph
- b. Composite Preparation Grade Sheet
- c. Candidate Check Card
- d. Pre-operative Cast

The patient will be assigned a number that indicates his/her position relative to being examined by the grading examiners.

16. **Base/Liner Check**

After the patient returns from the grading area, the candidate will summon the clinical floor examiner for a base/liner check. The candidate will make the clinical decision whether to apply a base/liner, but the clinical floor examiner must verify the decision. Failure to do so will require the candidate to remove the restoration prior to grading of the composite finished restoration, obtaining a base/liner check, and redoing the restoration. For the purposes of this exercise, the following definitions will be used:

- a. Liners are a cement or resin applied in a minimal thickness (0.5 mm or less)
 - (1) which provide a protective barrier
 - (2) which provide a therapeutic effect

Examples: Calcium hydroxide, zinc oxide, and glass ionomer liner (cavity varnishes and dentin adhesives are not considered as liners)

- b. Bases are a dentin replacement material for lost tooth structure
 - (1) which provide chemical and thermal insulation
 - (2) which have adequate strength to support the final restoration

Examples: Zinc phosphate, reinforced zinc-oxide eugenol, and glass ionomer bases

17. **Composite Finished Restoration Grading Procedure**

A quadrant alginate impression of the composite finished restoration will be made by the candidate, placed in a plastic bag with the pre-operative cast, and the plastic bag labeled with the patient's number. The plastic bag should be turned in to the grading clinic receptionist at the time the patient is presented to the grading area. The patient will be assigned a number that represents his/her position relative to being examined by the grading examiners. A post-operative periapical radiograph will be made of the finished restoration at this time. The rubber dam is to be removed for grading of the composite finished restoration. A glaze should not be applied to the composite finished restoration. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Mounted Pre-operative and Post-operative Periapical Radiographs
- b. Composite Finished Restoration Grade Sheet
- c. Candidate Check Card
- d. Plastic bag containing quadrant alginate impression of finished restoration and pre-operative cast

18. **Grading Criteria**

The following are categories that the grading examiners will evaluate in the composite preparation:

- a. Outline and Extension
- b. Internal Form
- c. Operative Environment

The following are categories that the grading examiners will evaluate in the composite finished restoration:

- a. Contour/Contact/Occlusion
- b. Margins and Surface Finish
- c. Treatment Management

Removable Prosthetics

1. **Candidate Packets**

Green candidate packets labeled with the candidate's number and "Day 2" will be placed in each candidate's operatory. The candidate packets will contain the following items:

- a. Amalgam Preparation Grade Sheet
- b. Amalgam Finished Carved Restoration Grade Sheet
- c. Composite Preparation Grade Sheet
- d. Composite Finished Restoration Grade Sheet
- e. Removable Prosthetics Grade Sheet
- f. Three (3) randomly assigned patient numbers

2. **Examination Requirements**

The candidate must complete a maxillary and a mandibular final impression and establish centric jaw relation and vertical dimension on a totally edentulous patient. The posterior palatal seal will be marked on the maxillary impression.

3. **Patient Selection**

The patient must be completely edentulous; however, overlay denture patients are acceptable for this examination. Custom impression trays and pre-made bite rims may be prepared prior to the examination.

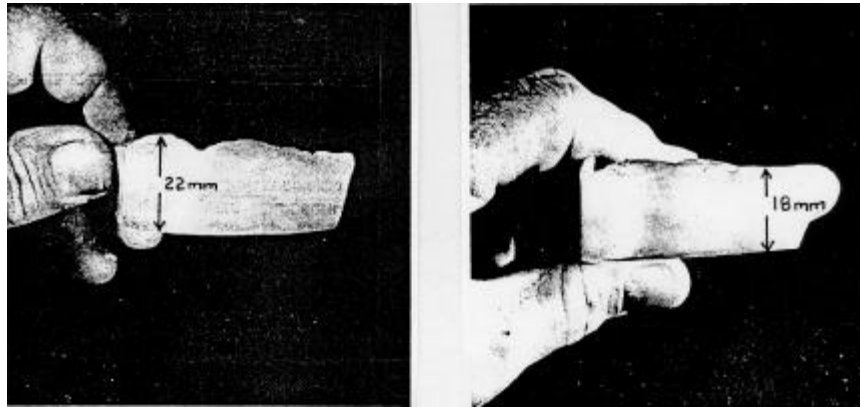
4. **Pre-operative Casts**

The pre-operative casts used to fabricate custom impression trays are to be turned in to the grading clinic receptionist at the completion of this exercise.

5. **Pre-Made Bite Rims**

Pre-made bite rims may be used for this exercise. No modifications may be made to these pre-made bite rims other than attaching them to the base plates. The height of the maxillary wax rim anteriorly should be 22mm from the highest point on the labial flange to the edge of the occlusal surface of the wax occlusion rim. The occlusal surface of the occlusion rim at its posterior edge should be approximately 18mm below the edge of the peripheral border of the baseplate (Example 3).

EXAMPLE 3



6. Examination Guidelines for Removable Prosthetics Procedure

a. Final Impressions

- (1) All desired anatomical structures are accurately recorded
- (2) No voids or pressure areas present in impression
- (3) Borders are properly extended and contoured
- (4) Posterior palatal seal accurately marked on the maxillary impression
- (5) Impressions exhibit appropriate retention and stability in patient's mouth

b. Centric Jaw Relation

- (1) Bite rims interlock precisely, but can be separated easily for evaluation
- (2) Centric jaw relation (the most retruded position) has been recorded
- (3) Even occlusal contact is present

c. Vertical Dimension

- (1) 2mm - 3mm of freeway space
- (2) Bite rims contact evenly

7. Radiographs

Radiographs are not required for this exercise.

8. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the blue instructions. Medical Health History Forms are not signed by the candidate until the day of the procedure, and the candidate must update the health history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then by a **CANDIDATE NUMBER (NOT SIGNATURE)**. This should be done during the operatory setup phase. 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.

9. **Assistants**

Assistants are allowed for this procedure. Candidates may not assist each other during this procedure.

10. **Textbooks**

Written materials/textbooks/drawings may not be used for this procedure.

11. **Initial Starting Check**

All candidates will vacate their assigned clinic when notified by Board personnel. Prior to leaving the clinic, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. Board examiners will enter the clinic and examine the patient. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. The following should be available for a removable prosthetics starting check:

- a. Front Surface Mirror
- b. Pre-operative Casts
- c. Pre-made Bite Rims
- d. Medical Health History Form and Patient Disclaimer, Consent, and Release Form
- e. Removable Prosthetics Grade Sheet
- f. Candidate Check Card

If the patient is acceptable, a starting check will be indicated on the Candidate Check Card and the grade sheet. If the patient is unacceptable, a rejection notice will be left in the

operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner.

12. **Time Restraints**

This procedure will be completed on Day 2 of the examination. The candidate may perform this procedure at any time during that day; however, it must be completed by 4:30 p.m. The candidate should allow sufficient time to perform the procedure. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

13. **Removable Prosthetics Grading Procedure**

After completion of the final impressions, centric jaw relation, and vertical dimension, the patient will be escorted to the grading area by the candidate or his/her assistant. The pre-operative casts, final denture impressions, and base plates with bite rims will be placed in a plastic bag labeled with the patient's number. The plastic bag will be placed in the candidate's box to be presented to the grading area receptionist. Neither the final impressions nor the base plates with bite rims are to be in the patient's mouth. The patient will be assigned a number that indicates his/her position relative to being examined by the grading examiners.

The following will be in the candidate's box:

- a. Plastic Bag Containing Pre-operative Casts, Final Impressions, and Base Plates with Bite Rims
- b. Removable Prosthetics Grade Sheet
- c. Candidate Check Card

The green candidate packet containing the three (3) randomly assigned patient numbers should be returned to Board staff at the conclusion of the exercises on Day 2.

14. **Grading Criteria**

The following are categories that the grading examiners will evaluate for the final denture impressions:

- a. Surface Detail/Accuracy
- b. Extensions
- c. Retention

The following are categories that the grading examiners will evaluate for centric jaw relation and vertical dimension:

- a. Accurate Recording of Centric Jaw Relation
- b. Freeway Space

DAY 3--MAY 29, 1998

CLINICAL EXERCISE	
8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor
8:30 a.m. to 9:00 a.m.	STARTING CHECKS
9:00 a.m.	Periodontics (4 Hour Completion Time)
1:00 p.m.	CLINIC CLOSING

Periodontics

1. **Candidate Packets**

Red candidate packets labeled with the candidate's number and "Day 3" will be placed in each candidate's operatory. The candidate should ensure his/her candidate number corresponds to the candidate packet in his/her operatory. The candidate packets will contain the following items:

- a. Periodontal Treatment Selection Worksheet (buff paper)
- b. Periodontal Treatment Exercise Grade Sheet (pink paper)
- c. Periodontal Diagnostic Exercise Grade Sheet (pink paper)
- d. One randomly assigned patient number
- e. Red Periodontal Binder

Candidates should very carefully check the contents of each candidate packet and notify Board personnel if any item listed above is not in his/her packet.

2. **Examination Requirements**

The candidate must complete a charting of all pre-existing conditions, i.e., all missing, decayed, and restored teeth, pathological conditions, periodontal pocket depths, and bone level. The candidate will provide a written diagnosis and treatment plan, scale six (6) assigned teeth, and polish those teeth. The term "scaling" includes complete removal of explorer detectable calculus, soft deposits and plaque, and smoothing the portions of the crown and root surfaces to which no tissue is attached. Ultrasonic scalers may be used and must be compatible with the University of Mississippi Medical Center School of Dentistry's specifications. Each candidate must provide his/her own ultrasonic scalers and tips.

3. **Examination Purpose**

The purpose of the periodontal exercise is to assess the ability of the candidate to detect subgingival calculus and to accurately measure the depth of the gingival sulcus and periodontal pockets. It is also to assess the candidate's ability to remove detectable subgingival calculus by scaling and to polish teeth without causing injury to the surrounding soft tissue. This exercise is not intended to render complete patient care, but to demonstrate the ability of the candidate to perform only on the selected teeth.

4. **Patient Selection**

Patient requirements for the periodontal exercise are as follows:

- a. The patient must have a minimum of twenty (20) natural teeth, at least ten (10) of which are posterior teeth.
- b. The patient must have least one quadrant with the following:
 - (1) Interproximal probing depths of three (3) to eight (8) millimeters (mm), some of which must exceed three (3) mm (deviation of one (1) mm from the three (3) to eight (8) mm range is acceptable)
 - (2) Heavy, generalized subgingival deposits continuing through the interproximal and line angles; calculus must be radiographically evident.

5. **Pre-operative Casts**

No pre-operative diagnostic casts or post-operative casts are required for this procedure.

6. **Radiographs**

The candidate shall provide full-mouth radiographs, i.e., an eighteen (18) film series, of the patient, at least four (4) of which must be bitewing radiographs. Panoramic radiographs are not acceptable. Radiographs must be of diagnostic quality depicting the current conditions of the patient's oral health. These radiographs should be prepared no more than sixty (60) days prior to the examination. Only original radiographs are acceptable. Radiographs will be retained by the Board.

7. **Medical Health History Form**

A patient medical history is required for this procedure, even if the same patient is used for multiple procedures. These forms are provided to the candidate by the University of Mississippi Medical Center School of Dentistry and are discussed in the blue instructions. Medical Health History Forms are not signed by the candidate until the day of the procedure, and the candidate must update the health history with the patient and have the patient sign the Medical Health History Form update section. These forms may have all other pertinent information completed beforehand; however, they must not be signed by the candidate until the date of the procedure and only then by a **CANDIDATE NUMBER (NOT SIGNATURE)**. This should be done during the operatory setup phase. 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.

8. **Assistants**

Assistants are allowed for this procedure. Candidates may not assist each other during this procedure.

9. **Textbooks**

Written materials/textbooks/drawings may not be used for this procedure.

10. **Pain Control**

Pain control shall be limited to the use of a local anesthetic. Anesthetic solutions may **NOT** be administered prior to receiving a starting check.

11. **Initial Starting Check**

All candidates will vacate their assigned clinic when notified by Board personnel. Prior to leaving the clinic, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. Board examiners will enter the clinic and make assignments of the six (6) teeth that are to have the pocket depths and detectable calculus recorded on the Periodontal Treatment Selection Worksheet. Two (2) of the six (6) teeth will be selected for grading by the grading examiners in the grading area. The examiners will review the Medical Health History Form and information concerning the patient's health history in determining the patient's acceptability for this procedure. Instruments are provided by the University of Mississippi Medical Center School of Dentistry in the periodontal kit.

The following should be available for a starting check:

- a. Candidate-Issued Red Periodontal Binder
- b. Pre-operative Radiographs
- c. Front Surface Mirror
- d. #5 Explorer and Moffitt Probe
- e. Color Coded Periodontal Probe
- f. Periodontal Treatment Selection Worksheet
- g. Periodontal Diagnostic Exercise Grade Sheet
- h. Periodontal Treatment Exercise Grade Sheet
- i. Candidate Check Card
- j. Medical Health History Form and Patient Disclaimer, Consent, and Release Form

If the patient is acceptable, a starting check will be indicated on both grade sheets. If the patient is unacceptable, a rejection notice will be left in the operatory. It will be the candidate's responsibility to obtain another patient. The starting check for the second patient will be given by the clinical floor examiner.

When the candidate returns to the assigned operatory, he/she should review the Periodontal Treatment Selection Worksheet to see which teeth have been assigned for pocket depth measurements and calculus detection. If the candidate has a question concerning the assigned teeth, he/she should immediately contact the clinical floor examiner for clarification prior to beginning the exercise. The candidate is to record pocket depths only of those teeth assigned on the Periodontal Treatment Selection Worksheet. Six (6) recordings will be made for each tooth. Next, twelve (12) areas of detectable calculus will be indicated on the Periodontal Treatment Selection Worksheet. A minimum of one area of detectable calculus must be indicated on each of the six assigned teeth. After completion of the recordings of the pocket depths and detectable calculus, the candidate will transfer pocket depth measurements in millimeters (mm) and calculus detections with an "X" to the Periodontal Diagnostic Exercise Grade Sheet. Example 4 is a sample of a properly completed Periodontal Treatment Selection Worksheet illustrating one of the six (6) teeth. The candidate should ensure these recordings are accurately transferred from the Periodontal Treatment Selection Worksheet to the Periodontal Diagnostic Exercise Grade Sheet. No recordings will be entered at this time on the Periodontal Treatment Exercise Grade Sheet.

EXAMPLE 4

TOOTH NUMBER		POCKET DEPTHS (MM)	CALCULUS DETECTION (12 ONLY)	
5	MB	5	X	MB
	B	4		B
	DB	7	X	DB
	ML	5	X	ML
	L	3		L
	DL	6	X	DL

After completion of these measurements and the transfer of this information, the candidate should proceed with the recording of all periodontal pocket depths, bone level measurements, and charting of the oral conditions/restorations and pathology on the Periodontal Tooth Chart which is located in the Candidate-Issued Red Periodontal Binder. A diagnosis and treatment plan for this patient should be recorded in the Candidate-Issued Red Periodontal Binder. A red/blue pencil is to be used only for charting the pre-existing conditions. Example 5, on page 40, is a sample of symbols and their appropriate color (red or blue) for the periodontal exercise.

Location of pocket depth measurements around the circumference of the tooth are illustrated by Example 6, on page 41.

Example 7, on page 41, is illustrative of proper periodontal probe placement.

12. **Time Restraints**

This procedure will be completed on Day 3 of the examination. After receiving a starting check, the candidate will be allowed four (4) hours to complete the procedure. The candidate should allow sufficient time to perform the procedure and to take and develop the required post-operative radiographs. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

13. **Periodontal Diagnostic Exercise Grading Procedure**

When the candidate has completed the periodontal pocket and bone level measurements, charting of the existing restorations, pathological conditions and missing teeth, formulated a diagnosis and treatment plan, and entered the assigned teeth's periodontal pocket depths and detectable calculus on the Periodontal Diagnostic Exercise Grade Sheet, the patient should be escorted to the grading area. At this time, **NO** removal of any calculus should have occurred. The candidate is not to use a scaler or ultrasonic unit until the patient returns from the grading area. The patient will be assigned a number that represents his/her position relative to being graded by the grading examiners. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Mounted Pre-operative Radiographs
- b. Front Surface Mirror
- c. #5 Explorer and Moffitt Probe
- d. Color Coded Periodontal Probe
- e. Periodontal Treatment Selection Worksheet
- f. Periodontal Diagnostic Exercise Grade Sheet
- g. Candidate-Issued Red Periodontal Binder

- h. Candidate Check Card

14. **Periodontal Treatment Exercise Grading Procedure**

After completion of scaling and polishing of the assigned teeth, the candidate will take a two film bitewing radiographic series of the assigned teeth. These films will be mounted in a radiographic mount and labeled with the patient's number only. The patient should be escorted to the grading area where he/she will be assigned a number relative to being graded by the grading examiners. The following material is to be placed in the candidate's box and carried by the candidate/assistant to the grading area:

- a. Mounted Pre-operative Radiographs and Post-operative Bitewing Radiographs
- b. Front Surface Mirror
- c. #5 Explorer and Moffitt Probe
- d. Color Coded Periodontal Probe
- e. Periodontal Treatment Exercise Grade Sheet
- f. Candidate Check Card

The red candidate packet containing the randomly issued patient number should be returned to Board staff at the conclusion of the periodontal exercise.

15. **Grading Criteria**

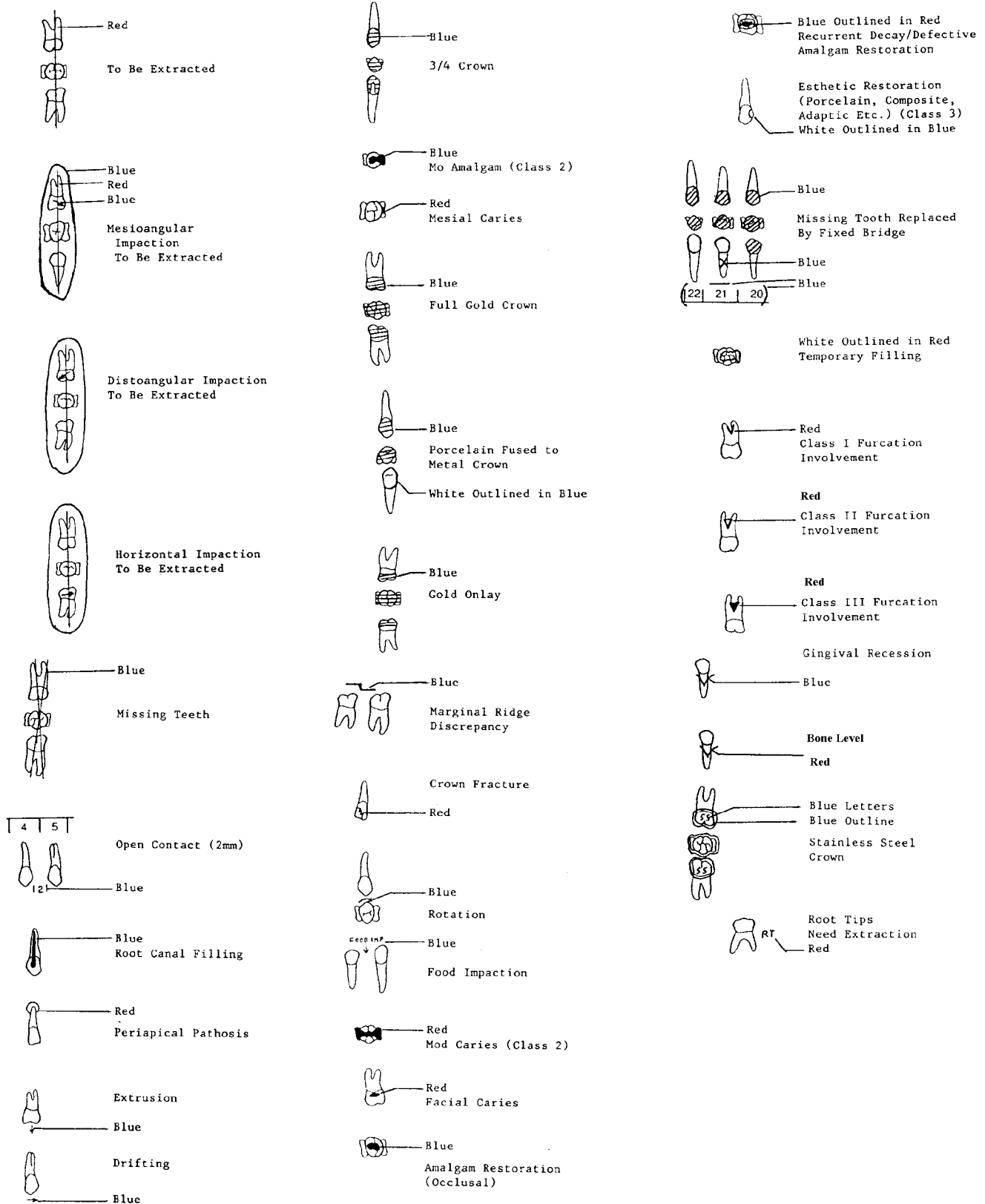
The following are categories that the grading examiners will evaluate in the periodontal diagnostic exercise:

- a. Calculus Detection
- b. Periodontal Pocket Depths
- c. Radiographic Interpretation
- d. Diagnosis and Treatment Plan

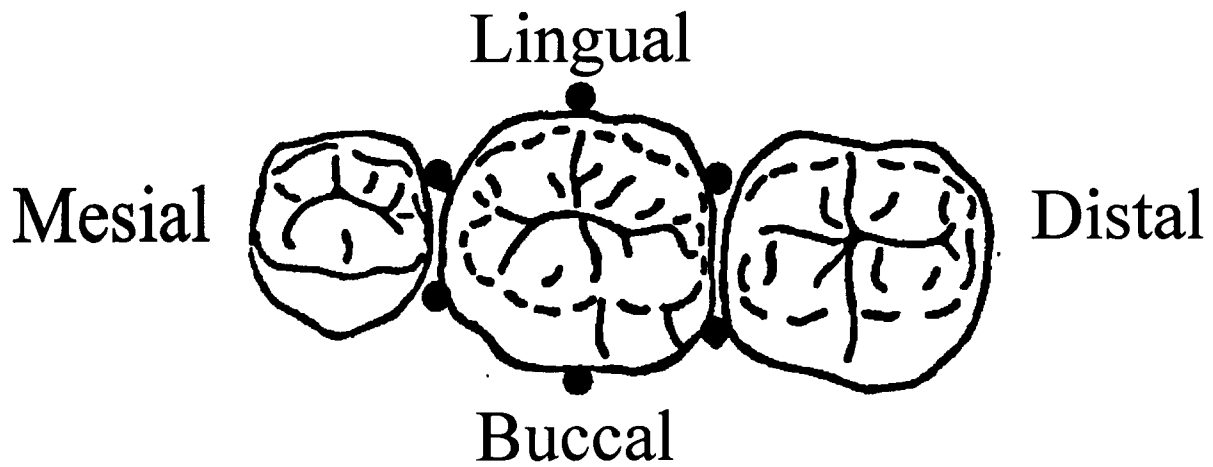
The following are categories that the grading examiners will evaluate in the completed periodontal treatment exercise:

- a. Calculus Removal
 - b. Stain and Plaque Removal and Tooth Polishing
 - c. Patient Management

EXAMPLE 5



EXAMPLE 6



EXAMPLE 7

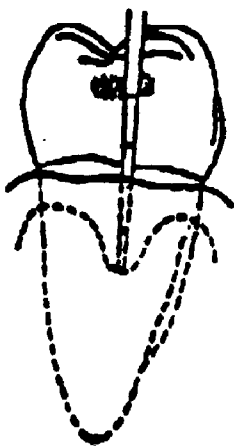


FIGURE 1
Probing When
No Contact

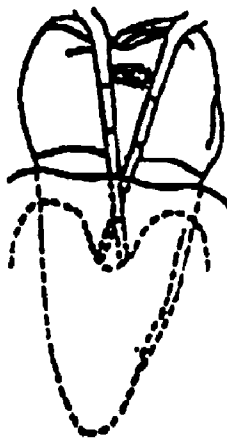


FIGURE 2
Correct
Interproximal
Angulation



FIGURE 3
Overangulation
A. Shank Not Against Contact
B. Tip Past Midpoint

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. This clinical floor examiner will give starting checks and be available for emergency situations. All procedures will be graded in a grading clinic which will be entirely separate from the candidate clinics. Each procedure will be graded by three (3) grading examiners. Patients will be escorted to the entrance of the grading clinic by the candidate or his/her assistant. In scheduling patients and planning the utilization of time, the candidate should consider the fact that the time allowed for the exercise includes the time during which the patient will be in the grading clinic for grading. After grading, the patient will be instructed to return to the candidate's clinic. Under no circumstances will candidates or their assistants be allowed in the grading clinic. Further details and directions will be given at the orientation session.

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 entire exercise is based on a possible score of 100 points of which there are eight (8) exercises. The exercises and their point values are illustrated in Example 8, as follows:

EXAMPLE 8

EXERCISE	POINT VALUES
A. Endodontics 1. Access 2. Obturation	5 5
B. Finished Amalgam Restoration #14	10
C. Porcelain Fused to Metal Crown Preparation #9	10
D. Fixed Partial Denture Abutment Preparations #3 - #5	10
E. Class 2 Amalgam Restoration 1. Preparation 2. Finished Restoration	7.5 7.5
F. Class 3 Composite Restoration 1. Preparation 2. Finished Restoration	7.5 7.5
G. Removable Prosthetics 1. Final Impressions 2. Centric Jaw Relation 3. Vertical Dimension	5 5 5
H. Periodontics 1. Diagnosis & Treatment Planning 2. Treatment	7.5 7.5
TOTAL POINTS	100

Three (3) grading examiners will evaluate the candidate's performance on each procedure, and each 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 the exercise. 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. **Grade Sheets and Candidate Check Card**

Candidates will be given four (4) colored packets for (a) Registration, (b) Day 1, (c) Day 2, and (d) Day 3. Grade sheets, among other items, for each procedure will be in that day's packet, and the Candidate Check Card will be in the registration packet. It is critical that the candidate not lose the Candidate Check Card or any of the grade sheets -- these are the candidate's responsibility.

3. **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.

4. **Candidate Instruments**

Candidates may wish to furnish their own instruments, handpieces, and local anesthetic syringe. Instruments, equipment, and supplies available from the University of Mississippi Medical Center School of Dentistry are listed in the blue instructional material. Each candidate must provide his/her own ultrasonic scaler and tips. 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.

5. **Starting Checks**

Patients should arrive at the University of Mississippi Medical Center School of Dentistry each day at 7:45 a.m. Any patient arriving prior to that time must wait in the first floor lounge. Candidates and patients will not be permitted in the clinics prior to 8:00 a.m. Refer to the Examination Schedule located at the front of the examination manual. Assigned operatory numbers correlate to assigned candidate numbers. Patients should be seated and ready for a starting check at the candidate's assigned operatory by 8:30 a.m.

Two starting checks may be given on the same patient. However, it is the candidate's responsibility to abide by the time requirements presented in the instructions. Teeth that are adjacent or opposing may not be prepared at the same time. Only **ONE PROCEDURE** at a time may be presented to the grading clinic for grading.

Each candidate must be prepared to discuss a diagnosis and treatment plan for any of his/her patients with the clinical floor examiner.

6. **Patient Number**

Each procedure requires a separate patient number. Randomly selected patient numbers for that day will be in the packet given to the candidate at the beginning of each day, and the candidate will arbitrarily assign one of these patient numbers to each patient and record that number on the appropriate forms and grade sheets. This patient number must be worn by the patient while being treated or graded. At the completion of a procedure, place the patient number lapel pin in the folder for that day and return all appropriate materials to the clinical floor examiner or Board staff at the conclusion of the day's procedures.

7. **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.

8. **Polishing Teeth**

Do not polish adjacent teeth or old adjacent restorations without written consent of the clinical floor examiner. If the candidate has a rough surface on an existing restoration and/or a rough surface on a tooth adjacent to the tooth the candidate is planning to prepare, the candidate must obtain permission from the clinical floor examiner to polish the proximal surface of the adjacent tooth. At the time of the starting check, the clinical floor examiner must document and note his/her consent on the grade sheet by placing the appropriate examiner number. If the candidate scratches or cuts an adjacent tooth while cutting the preparation, do not polish or smooth the tooth before grading. If the candidate polishes an adjacent tooth without written permission from the clinical floor examiner, points will be deducted from the grade.

9. **Irregularities**

It is the candidate's responsibility to bring possible irregularities to the attention of the clinical floor examiner. If a candidate feels that an error has been made in any aspect of the examination, immediately confer with the assigned clinical floor examiner. The clinical floor examiner will notify a second clinical floor examiner to witness and document the circumstances. Candidates will sign the report of irregularity with their candidate number, not signature.

10. **Radiographs**

The following radiographs are required:

a. Endodontics

- (1) Pre-operative: Bucco-lingual view and mesio-distal view
- (2) Post-operative: Bucco-lingual view and mesio-distal view

b. Class 2 Amalgam Restoration

- (1) Pre-operative: Periapical and one (1) bitewing
- (2) Post-operative: One (1) bitewing

c. Class 3 Composite Restoration

- (1) Pre-operative: Periapical
- (2) Post-operative: Periapical

d. Periodontics

- (1) Pre-operative: Full-mouth series including bitewing radiographs
- (2) Post-operative: Two (2) bitewings

With the exception of the full mouth series, all radiographs are to be mounted in 4-hole radiographic mounts. Radiographic mounts will be available on the candidate's clinic floor. Panoramic radiographs are **NOT** acceptable; radiographs for the examination must be of diagnostic quality and depict the current condition of the patient's mouth; and radiographs shall have been prepared no more than sixty (60) days prior to the examination. Only the patient number should be written on the radiographic mount. No patient names, candidate names, or candidate numbers should be written on radiographic mounts. **ALL RADIOGRAPHS ARE TO BE PLACED IN THE PATIENT RECORD AT THE COMPLETION OF EACH PROCEDURE OR AT THE COMPLETION OF THE EXAMINATION.**

11. **Impressions and Casts**

The following must be taken with the patient to the grading clinic:

a. Class 2 Amalgam Restoration

- (1) Casts: Pre-operative
- (2) Impressions: Preparation
Finished Restoration

b. Class 3 Composite Restoration

- (1) Casts: Pre-operative
- (2) Impressions: Finished Restoration

c. Removable Prosthetics

- (1) Casts: Pre-operative
- (2) Impressions: Final Denture

All impressions of the composite and amalgam procedures are to be quadrant alginates. Pre-operative casts must be made by the candidate in dental laboratory stone and may be made prior to the examination.

12. **Time Constraints**

The beginning and ending times for each day's exercise will be determined by the time indicated on clock in each clinic of the University of Mississippi Medical Center School of Dentistry. Board personnel will make periodic announcements regarding the amount of time remaining in each examination exercise.

13. **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.

14. **Completion of Clinical Procedures**

The following must be returned and completed when all clinical procedures are finished:

- a. Write the candidate number on the Candidate Check Card and present it to the clinical floor examiner upon completion of the examination.
 - b. Completion of the Board examination survey form is required and must be delivered to the clinical floor examiner along with the completed answer sheet for the examination survey, candidate's blue registration packet, candidate badge, and dental assistant badge on the last day of the examination after completion of the periodontal procedure.
 - c. Equipment and instruments issued by the University of Mississippi Medical Center School of Dentistry to Board candidates **MUST BE RETURNED BEFORE THE CANDIDATE LEAVES THE FACILITY AT THE END OF TESTING ON FRIDAY**. Return of equipment and instruments to the University of Mississippi Medical Center 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 and reimbursements satisfied. Candidates whose accounts have not been cleared with the University of Mississippi Medical Center School of Dentistry will not receive a license.
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CONCLUSION

1. **Candidate Address and License Information Forms**

Candidate address and license information forms completed during orientation will determine the way the candidate's license is styled. Please print legibly and list full mailing address with zip code; if the candidate is moving in the next month, the license may be mailed to the candidate's parents, etc. Write the candidate number in the appropriate blank. It is important that all information be given; please do not write "not applicable," as all the information is applicable. Also, check the birth year to ensure that the current year has not been listed.

2. **Examination Results**

The candidate will be notified by mail of the examination results within three (3) working days from the conclusion of this examination. 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 the examination. The candidate must receive his/her license and record it in the Circuit Clerk's office before the candidate begins practicing dentistry in the State of Mississippi. This should be done in the county wherein the candidate resides. The candidate may not apply for prescribing privileges with the Drug Enforcement Administration (DEA) until the candidate receives a Mississippi license and establishes a permanent office address.

3. **Annual Registration**

Annual registration notices covering the period **SEPTEMBER 1, 1998 - AUGUST 31, 1999** 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.

4. **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) Chairside assistant registration 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 school)
 - (2) Dental school transcript(s) (complete or partial for all dental schools attended)
 - (3) Affidavit from dental school dean (for candidates who are still in dental 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



COMMON QUESTIONS ABOUT THE EXAMINATION



- Q.** How soon will I find out if I passed or failed the dental examination?
- A.** You will be notified by mail of your examination results within three (3) 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 does it take for me to get a 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 reside before beginning your practice.
- Q.** Can two candidates use the same prosthetic patient?
- A.** Yes. However, each candidate must turn in a preliminary diagnostic cast along with the final denture impression and base plate with bite rims.
- Q.** What are the steps for me to acquire a Drug Enforcement Administration (DEA) registration number?
- A.** You must request an application for registration through DEA at 504-840-1063 or write to the DEA at Suite 1800, Three Lakeway Center, 3838 North Causeway Boulevard, Metairie, LA, 70002. You may not apply for a DEA registration number until you have a Mississippi license.
- Q.** If I am not going to be practicing in Mississippi, do I need to file my dental 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.** Do I complete a medical history form for each procedure, even though I have the same patient for multiple procedures?
- A.** Yes, a new medical history form is required for each procedure.
- Q.** If I have a personal emergency during the dental 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 examination?

- A.** No. Please refer to the "blue pages" of this manual for instructions regarding the University of Mississippi Medical Center School of Dentistry.
- 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 "blue pages" of this manual for instructions regarding the University of Mississippi Medical Center School of Dentistry.
- Q.** I am an out-of-state candidate and will be unable to screen my patients; 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 examination begins?
- A.** No. You are responsible for obtaining patients and ensuring your patients are properly screened. Please refer to the "blue pages" of this manual for instructions 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 patients?
- A.** As stated previously, you are responsible for securing your patients.
- Q.** I am an out-of-state candidate, have my patients, 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 "blue pages" of this manual for instructions regarding the University of Mississippi Medical Center School of Dentistry.
- Q.** Where can I get additional medical history forms?
- A.** You can get additional medical history forms from the University of Mississippi Medical Center School of Dentistry prior to the examination by calling the record room at 601-984-6158. It is wise to obtain a minimum of two (2) medical history forms for each procedure.
- Q.** When do I receive my candidate number, and do I receive a number for my dental assistant and patients?
- A.** You will receive your candidate badge and dental assistant badge during registration. Patient numbers are not given out until the day of the scheduled procedure and will be in the packets given to the candidates each morning.
- 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, and you should update the health history form with the patient immediately before the starting check for a particular procedure.
- Q.** What does the Board consider as "identifying information" which may not be left in the clinics during the 8:30 a.m. starting checks?
- 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 school, radiographs with your name or the name of your school, etc.
- Q.** What is the best way to find patients for the dental 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.** What happens if I do not pass the dental 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.** How many times may I take the dental examination?
- A.** You may take the dental examination only three times. If you are unsuccessful after two attempts, you must complete one academic year of clinical training in an ADA-accredited dental school before being allowed to take the dental examination for a third, and final, time.
- Q.** Where can I find a dental assistant?
- A.** You can contact the University of Mississippi Medical Center School of Dentistry for information about obtaining dental assistants.
- Q.** Some of my equipment has my dental school name on it. Can I use it?
- A.** Nothing that would denote the identity of the candidate or his/her dental school may be used. If an instrument box has your dental school's name or logo on it, cover it up so that it is not visible to the grading or clinical floor examiners.
- Q.** If my unit breaks down, what should I do?
- A.** Immediately notify the clinical floor examiner so that the faulty equipment may be repaired, or so that you may be relocated to another operatory.
- 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 not, you may take a second, different jurisprudence examination during your clinical or typodont exercises; however, you will not be granted additional time on your clinical or typodont exercises to complete the second jurisprudence examination.
- Q.** Does it help to be a Mississippi resident to pass the dental examination?
- A.** No. Although the majority of candidates who pass the examination are from Mississippi, candidates from other state dental schools have been equally as successful. To ensure fairness, the dental 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 examination to ensure that all examiners grade as reliably as possible.
- Q.** Who are these examiners?
- A.** The examiners are current and former members of the Mississippi State Board of Dental Examiners.
- Q.** What is the pass rate for the Mississippi licensure examination?
- A.** Between 1993 and 1997, the pass rate is 96% of the approximately 191 candidates who have taken the dental

examination, and 183 have become licensed dentists.

- Q.** Do I need malpractice insurance?
- A.** Yes. You may select one of the two insurance carriers whose brochures are included with your examination manual for insurance coverage during the dental examination.
- Q.** Once I am licensed in Mississippi, do I have to practice in that state to maintain my dental 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.** What instruments are required for the dental examination?
- A.** Refer to the information provided by the University of Mississippi Medical Center School of Dentistry in the "blue pages" of your examination manuals for a list of all instruments required and those provided by the School.
- Q.** If I am left-handed, what do I need to do?

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

**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY
INFORMATION FOR CANDIDATES FOR
DENTAL 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 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 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. Candidates are free to use their own handpieces and instruments. Arrangements may be made for sterilization of a candidate's own instruments by contacting the chief dental assistant in Restorative Dentistry at (601) 984-6030.
4. All slow speed (Shorty two speed) and high speed (Tradition fiber optic) clinical handpieces are Midwest. All handpiece tubing is of the four-hole Midwest type.
5. Pin kits, contra-angles, and anesthetic and impression material syringes are available.
6. The contents of specifically available instrument tray set-ups and off-tray instruments and supplies are listed in the ATTACHMENT at the end of this document.

Supplies:

1. Radiographic film and mounts.
2. Local anesthetics (Xylocaine or Carbocaine with or without epinephrine).
3. Needles (27 gauge short or long or 30 gauge short).
4. Paper, cotton, rubber, and plastic disposables (saliva ejectors and suction tips).

5. Disposable trays and impression materials.
6. Amalgam capsules (Dispersalloy regular or Titan regular set).
7. Stone (Die-keen and Denstone), plaster, and other related expendable materials.
8. The School of Dentistry supplies gloves, masks, and face shields for all clinical procedures.

PROCEDURES FOR OBTAINING INSTRUMENTS AND HANDPIECES:

1. Laboratory handpieces will be issued if needed by Central Supply (First Floor D-117).
2. Clinical handpieces will be issued for each procedure in the clinics where candidate is assigned. All requisitioned sterile clinical instruments are issued to the candidate by the clinic in which the instruments are used.
3. Immediately following each procedure, all handpieces and instruments must be returned to the supply area from where they were obtained. Autoclave and ethylene oxide sterilization are provided for all instruments and handpieces following each patient use.
4. The State Board of Dental Examiners will be notified by the school if all requisitioned handpieces and instruments are not returned.

USE OF FACILITIES:

Candidates who wish to use the school's facilities prior to the examination must contact the office of the Associate Dean for Clinical Programs at (601) 984-6025. Evidence of malpractice insurance is required if patients are involved. Facilities are available through Thursday, May 21, 1998, for screening and preparatory treatment of patients.

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.

The fourth floor clinical laboratory is available for candidate use and will remain open until 10:00 p.m. on Wednesday, May 27, 1998. The chief technician will familiarize any interested candidate with the laboratory and its policies prior to the examination. Candidates interested in visiting the laboratory should contact the chief technician at (601) 984-6047 or (601) 984-6048.

The laboratory contains all usual laboratory equipment, such as bench lathes, high speed grinders, polishing machines, vibrators, and ultrasonic units.

No candidate may enter the laboratory with protective gloves or masks used in the clinic. Candidates are requested to clean their benches before leaving the laboratory.

LOCKERS:

Storage lockers are available for male candidates on the first floor (D115) and for female candidates on the fourth floor (D408). Candidates must supply their own locks.

PATIENTS:

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

SCREENING AND PREPARATORY TREATMENT OF PATIENTS:

All screening and preparatory treatment of patients in the School of Dentistry must be authorized and supervised by faculty. Patient Screening Consent and Agreement forms must be completed prior to all initial examinations of board patients. Each patient treated during the board examination must have a board patient record. Screening Consent and Agreement forms and board patient records can be obtained from the second floor Admissions/Prevention reception area or by calling the Record Room at (601) 984-6158 prior to the examination. If a patient requires preparatory treatment prior to the board examination, such as prophylaxis or caries control, the Admissions/Prevention, Periodontics, or Restorative Dentistry clinics may be used for these purposes through Thursday, May 21, 1998. Patients must be scheduled in each clinic prior to treatment. Fees must be charged for all preparatory dental procedures using the school's current fee schedule, and a patient encounter form and progress notes must be completed for each visit.

RADIOGRAPHS:

All radiographs made for patient preparation or for screening purposes must be made in the Oral Radiology Clinic during times that the clinic is regularly scheduled. Radiographs needed during the examination can be made in the fifth floor pre-clinical laboratories for laboratory exercises or in the fourth floor clinics for clinical exercises.

PATIENT RECORDS:

1. Each patient treated during the board examination must sign a completed State Board of Dental Examiners approved Consent form prior to the candidate's beginning each clinical procedure. These forms become part of each patient's permanent record and are available from the Record Room.
2. A candidate must complete a Progress Note in the record at the completion of each patient encounter during the examination, indicating the treatment performed. Records should be deposited in the dental record drop box at the second floor Record Room window at the end of each examination day. If a patient is to be seen on a following day, the candidate should retrieve the record from the Record Room the following morning. The Record Room is open from 7:00 a.m. to 5:30 p.m. during the examination.
3. The Record Room staff audits all records to ensure completeness of the Screening Consent and Agreement form, the Demographic Data form, the Health History Questionnaire, and the Progress Notes.
4. All board patient records must be completed and returned to the Record Room in order to have completed the board examination. The State Board of Dental Examiners will be notified by the school if all patient records are not completed and returned to the Record Room.

ATTACHMENT:

1. Endodontic Laboratory

Tray Set-Up:

Mirror	Papercups
Endodontic explorer	Burs (#57, #2, and #4)
Excavator #31	Complete file set (21mm & 25mm)
Excavator #60	Cotton pellets
Spreader miss #1	Paper points (size 20)
Spreader miss #2	Hemostats, curved
Spreader miss L (long)	Ceramic mixing slab
Plugger #5/7	Magnifier
Plugger #9/11	Ceramic dish & sponge (file holder)
Plugger woodson #2	Rubber stops
Cement spatula	Measuring gauge
Cotton forceps (locking) (2)	Latch type contra angle
Cotton forceps (non-locking) (1)	Gates Glidden drill (sizes 1-6)
Syringes (2)	Gutta percha points
Endodontic sealer	

2. Removable Prosthetics Clinic

Tray Set-Up:

Water bath	Indelible pencil
Lenk burner	Matches
Hanau torch	Compound sticks (gray and green)
Denture pack	Hot plate
Burs (F, P, R, and #8)	Boley gauge or M & M ruler
Bowl	Fox plane
Bard Parker and lab knife	Base plate wax (pink)
Scissors	Vaseline
Korecta wax and brush	

3. Operative Clinic and Laboratory

Tray Set-Up:

Mirror	#6T carver
#5 explorer	Cotton pliers
Double-ended periodontic probe	Magnetic bur blocks
#3 plastic instrument	Articulating paper forceps
#8/9 hatchet	Rubber dam forceps and frame
#17/18 chisel	Scissor (straight iris)
#F 26L-26R margin trimmer	Large curved hemostat
#F 27L-27R margin trimmer	Matrix retainer
#38/39 spoon excavators	#3/4 condenser
#324 cement spatula	#1/2 Hollenback
Dycal instrument	#4/5 cleoid-discoïd
#26-29 ball burnisher	#5T Tanner carver
#2 condenser	#3 Wall carver

Off-Tray Instruments and Supplies:

Clamps	Prisma applicator gun
Burs (assorted)	APH Prisma composite (assorted shades)
Amalgam carrier and well	Herculite composite (assorted shades)

4. Periodontics Clinic

Board Examiner's Kit:

Front-surface mouth mirror
#5 explorer

Moffitt probe
Color-coded periodontal probe

Tray Set-Up:

Double-sided mirror
Moffitt probe
20F probe
#5 explorer
#2 Nabers probe
Cotton pliers
GIL 2/YG 15
Jacquette 34/35

McCalls 17/18
Columbia 13/14
Columbia 4R/4L
Gracey 3/4
Gracey 11/12
Gracey 13/14
#3 ceramic stone
2 x 2 gauze

Off-Tray Instruments and Supplies:

Disposable prophylaxis angle, brush, cup, and paste
Dental floss

Toothbrush and paste
Cotton tip applicators

5. Burs, Diamonds, and Stones

Fissure Burs:

56
57
169
169L
170
170L
171
556
557
558
330

Short Shank Burs:

2
4
56
330
557

Diamonds:

3/4 AL
012
1D
1/4 DL
1/2 DL
1/2 DTL
1 LCSF
8 BSF
WM2M
G-81
G-82
G-83
G-84

Inverted Cone Burs:

33-1/2
34
35
37

Round Burs:

1/4
1/2
1
2
4
6
8

12 Blade Composite Finishing Burs:

7006 round
7406 egg
7664 long taper
7902 needle

Stones:

Green point stones
White point stones
Dedeco points