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2002 DENTAL LICENSURE EXAMINATION SCHEDULE

DAY 1 MAY 20, 2002		DAY 2 MAY 21, 2002		DAY 3 MAY 22, 2002		DAY 4 MAY 23, 2001	
REGISTRATION, JURISPRUDENCE AND ORIENTATION		**ENDODONTICS AND TYPODONT EXERCISES**		**CLINICAL EXERCISES**		**CLINICAL EXERCISES**	
2:30 p.m. to 3:00 p.m.	REGISTRATION First Floor Room D-114	8:00 a.m. to 8:30 a.m.	LABORATORY SETUP Fifth Floor Preclinical Laboratories E, F, G, & H	8:00 a.m. to 8:30 a.m.	OPERATORY SETUP Fourth Floor Clinics B, C, and D	8:00 a.m. to 9:30 a.m.	OPERATORY SETUP Fourth Floor CLINICS: B--8:00 a.m. to 8:30 a.m. C--8:30 a.m. to 9:00 a.m. D--9:00 a.m. to 9:30 a.m.
3:00 p.m. to 3:30 p.m.	JURISPRUDENCE EXAMINATION First Floor Room D-114	8:30 a.m. to 9:00 a.m.	STARTING CHECKS	8:30 a.m. to 9:00 a.m.	STARTING CHECKS	8:30 a.m. to 10:00 a.m.	STARTING CHECKS CLINICS: B--8:30 a.m. to 9:00 a.m. C--9:00 a.m. to 9:30 a.m. D--9:30 a.m. to 10:00 a.m.
3:30 p.m. to 4:30 p.m.	ORIENTATION First Floor Room D-114	9:00 a.m. to 4:30 p.m.	LABORATORY PROCEDURES 1. Endodontics 2. Finished Amalgam MODL Tooth #14 3. Porcelain Fused to Metal Crown Preparation Tooth #9 4. Three Unit Bridge Abutment Preparations Teeth #3 - #5	9:00 a.m. to 4:30 p.m.	CLINICAL PROCEDURES 1. Class 2 Amalgam Restoration 2. Class 3 Composite Restoration 3. Removable Prosthetics A. Final Impressions B. Centric Jaw Relation C. Vertical Dimension	9:00 a.m. to 4:00 p.m.	CLINICAL PROCEDURE PERIODONTICS 6 Hour Completion Time CLINICS: B--9:00 a.m. to 3:00 p.m. C--9:30 a.m. to 3:30 p.m. D--10:00 a.m. to 4:00 p.m.
4:30 p.m.	CONCLUSION	4:30 p.m.	LABORATORY CLOSING	4:30 p.m.	CLINIC CLOSING	4:00 p.m.	CLINIC CLOSING

2002 DENTAL LICENSURE EXAMINATION LOCATIONS

GRADING AREA: Fourth Floor

PATIENT WAITING AREAS: First Floor - Student Faculty Lounge
Fourth Floor

LABORATORIES: Fourth Floor - Room D-408
Fifth Floor - Rooms D-513 through D-516

LOCKER ROOMS: Female Candidates: Fourth Floor - Room D-408
Male Candidates: First Floor - Room D-115

DENTAL CANDIDATE INFORMATION
MISSISSIPPI ANNUAL LICENSURE EXAMINATION
MAY 20 - 23, 2002

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 20-23, 2002, 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 Monday, May 20, 2002, Room D-114, First Floor, promptly at 2:30 p.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.

5. The Mississippi State Board of Dental Examiners reserves the right to terminate the clinical examination at any time should it become necessary to safeguard the health, safety, and comfort of the patient, or if the candidate or examiners are threatened in any manner.

APPLICATION REQUIREMENTS

1. A candidate for examination for dental licensure shall be of good moral character; have a high school education; and have attained the age of twenty-one (21) years. A candidate also must successfully complete Parts I and II of the National Board of Examinations of the Joint Commission on National Dental Examinations and 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 Executive Director 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 no later than Monday, April 22, 2002. Enclosed for the candidate's convenience is a pre-addressed label to the Board which is marked "CERTIFIED MAIL, RETURN RECEIPT REQUESTED." The Board's correct mailing address is:

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

   Attention: Licensure Examination Coordinator

   The Board will accept application packets mailed via the United States Postal Service, United Parcel Service, Federal Express, or by hand-delivery. Application packets received in the Board's office after Monday, April 22, 2002, **REGARDLESS OF POSTMARK DATE**, will not be accepted until the candidate remits a late penalty of One Hundred and No/100 Dollars ($100.00). However, no application will be accepted that is received in the Board's office after Monday, April 29, 2002.

3. Board fees and usage fees must be paid in two (2) separate amounts by certified check or money order. **PERSONAL CHECKS ARE NOT ACCEPTABLE AND WILL BE RETURNED WITH THE APPLICATION TO THE CANDIDATE**. Examination fees are returned to the candidate only if the candidate's application is not accepted by the Board. In the event of illness or an emergency, fees will be applied to the following year's regularly scheduled Mississippi examination for licensure, provided the Board office is notified within twenty-four (24) hours prior to the examination. It is the candidate's responsibility to ensure that written notification of cancellation is received in the Board's office by overnight mail, delivery service, or fax (601-944-9624). Telephone cancellations are not acceptable. Candidates who

fail to appear for the examination without prior notification to the Board forfeit the entire application fee. As noted, the Board does not refund application fees.

4. Candidates who are unsuccessful on the examination may apply for a future examination and will be considered as new candidates. However, candidates will be allowed to take the licensure examination only twice, and candidates who fail the second time must successfully complete 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 in which the condition is clearly stated from a qualified physician at the time of application. A decision regarding the candidate's suitability for the examination will be made based on the physician's statement, completion of application requirements, and the University of Mississippi Medical Center School of Dentistry's capabilities to accommodate the mental or physical condition of the candidate.

APPLICATION COMPLETION

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

2. Certified check or money order in the amount of 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 Four Hundred and No/100 Dollars ($400.00) made payable to the University of Mississippi Medical Center School of Dentistry to be mailed with the application. This amount covers the candidate's clinic fees for instruments and materials listed in the "University of Mississippi Medical Center School of Dentistry Information for Candidates for Dental Licensure" (see pages 111 and 112).

4. Notarized signatures of two (2) reputable citizens of the state in which the candidate is a resident (see application form, Item #23, for further information).

5. Self-Query from National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB). Candidates who have graduated from an accredited dental school prior to January 1, 2002 must make a self-query from the NPDB-HIPDB by contacting the NPDB-HIPDB at Post Office Box 10832, Chantilly, Virginia, 20153-0832, or at the NPDB-HIPDB web site (www.npdb-hipdb.com). The NPDB-HIPDB's telephone number is 800-767-6732, and the facsimile number is 703-802-4109. The NPDB-HIPDB provides the candidate with a form even though no reports have been filed. The **ORIGINAL** of this form must be submitted with the candidate's application.

6. Copy of National Board Examination Grade Card. Contact the Joint Commission on National Dental Examinations at telephone number 800-621-8099 or at its Internet address (http://www.ada.org/prof/prac/licensure/lic-natbd.html#Testing Transcript Request Forms) to request that a copy of the grade card be mailed to the Board's office. It is the Board's policy not to release National Board grades under any circumstances; therefore, do not contact the Board's 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, 2002.)

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 in the Board's office by the deadline, Monday, April 22, 2002. Final dental school transcripts must show the degree awarded. Although the candidate's dental school transcript may not be complete, any partial dental school transcripts must also be received by Monday, April 22, 2002 so that the application can be processed. **TRANSCRIPTS FROM FOREIGN COLLEGES AND DENTAL SCHOOLS MUST BE IN ENGLISH AND MAILED DIRECTLY FROM THE FOREIGN COLLEGE OR DENTAL SCHOOL TO THE BOARD; OTHERWISE, THESE TRANSCRIPTS WILL NOT BE ACCEPTED.** All costs associated with transcript preparation and/or translation will be incurred by the candidate.

8. Affidavit signed by the dental 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 a date of graduation prior to August 31, 2002 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, 2002.

9. Certified statement verifying license status and good standing from the Secretary of the Board of Dental Examiners in each state in which candidate is currently or has previously been licensed. In states where the candidate has previously been licensed, the Secretary of the Board must provide the Board with a certified statement as to the reason the candidate no longer is licensed and/or 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 signed certificate of insurance stating that the candidate is covered for the Mississippi dental licensure examination and will be current through May 23, 2002. Please make certain the effective dates are listed on the certificate of insurance and that it has been signed. A photocopy of an office malpractice insurance policy is not acceptable. A fully signed and executed certificate of insurance 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, if necessary, and for the conduct of his/her assistant during the examination. Assistants must complete and sign the enclosed

registration form and attach a recent photograph. This form must be returned with the candidate's examination application. Assistants will be given badges 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. **TYPED** Dental Licensure Candidate Address and License Information Form. All items on this form must be completed and will be used by the Board to style the candidate's Mississippi license upon successful completion of the licensure examination. The candidate must list the full mailing address with zip code. If the candidate is moving prior to issuance of his/her license, the candidate should indicate a parent's address or other address, as this is the address the Board will use to mail the candidate's Mississippi license. It is important that all information be given; please do not write "not applicable," as all the information is applicable. Verify the birth year to ensure that the current year has not been listed by mistake. A copy of this form will be provided to the candidate during orientation for final verification of this information.

14. Acknowledgment of Understanding. This form must be completed, signed by the candidate, and returned to the Board's office by the deadline date, along with the candidate's application and licensure examination fees. By signing the Acknowledgment, the candidate certifies that he/she has received the licensure examination manual and a copy of Board Regulation 27, which deals with licensure examination review procedures. Also, the candidate is certifying that he/she has reviewed the licensure examination manual and Board Regulation 27 and that he/she understands and agrees with the licensure examination criteria and the procedures to be administered before, during, and following the licensure examination.

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. Furthermore, the patient must be informed that this is an examination exercise and that additional treatment may be required to meet the patient's oral health needs. If, due to the course of the examination, additional treatment is necessary, the candidate must ensure that treatment options are available to his/her patient.

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

4. 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 operatory.

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

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. For those procedures not completed within the specified time frame, a grade of zero will be given. Board staff will announce the completion time for each exercise (e.g., 4:30 p.m. for Days 2 and 3, and six (6) hours for each clinic on Day 4). Any candidates still performing procedures either in the laboratory or the clinic who have not already taken their endodontic blocks, typodonts, or patients, as appropriate, to the grading area must immediately cease working and stand when time is called. Additionally, any dental assistant being utilized by the candidate must immediately stand, as well. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, BOARD STAFF WILL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND COMPLETE A STANDARDS OF CONDUCT VIOLATION FORM. THE CANDIDATE'S ENDODONTIC BLOCK, TYPODONT, OR PATIENT, AS APPROPRIATE, WILL NOT BE GRADED, AND THE CANDIDATE WILL FAIL THE PROCEDURE.**

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 without first consulting the clinical floor examiner for the assigned clinic.

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, and the candidate shall exhibit consideration for test site personnel, examiners, and other candidates.

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. Candidates whose equipment problems are not rectified within ten (10) minutes will either be relocated to another operatory in their clinic or to another clinic. In the event of an equipment failure which is not rectified within ten (10) minutes, candidates will be allowed an additional fifteen (15) minutes to complete the examination for that day. However, regardless of the number of equipment failures the candidate experiences during any one day, he/she will be granted, as appropriate, only one additional fifteen (15) minute time extension for the day. The clinical floor examiner will place his/her examiner number in the space for equipment failure on each grade sheet.

14. **Auxiliary Personnel**

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

15. **Removal of Typodont from Preclinical Laboratory**

Once the examination has begun, neither the teeth nor the typodont may be removed without specific permission from a clinical floor examiner. Typodonts are required to remain in mannequins at all times while working on the typodonts. Removal of a typodont for purposes of completing the required procedure will result in an automatic failure of **ALL** typodont procedures.

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–MONDAY, MAY 20, 2002

REGISTRATION, JURISPRUDENCE AND ORIENTATION	
2:30 p.m. to 3:00 p.m.	REGISTRATION First Floor Room D-114
3:00 p.m. to 3:30 p.m.	JURISPRUDENCE EXAMINATION First Floor Room D-114
3:30 p.m. to 4:30 p.m.	ORIENTATION First Floor Room D-114
4:30 p.m.	CONCLUSION

Registration

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

Registration for all dental licensure candidates will be conducted from 2:30 p.m. until 3:00 p.m. on Monday, May 20, 2002, 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 2:15 p.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 register with Board staff and present one form of picture identification. The candidate will be given a blue registration packet containing the following materials:

a. 2002 Dental Licensure Examination Candidate Address and License Information Form as completed and submitted by the candidate with his/her application packet (white paper)

b. Survey Questions for the 2002 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 numbers on the outside of the blue candidate packets. 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 Thursday, May 23, 2002. These items are the property of the Board, and any candidate who does not properly return all items will have his/her license withheld until such time as all items have been returned to the Board, or the candidate remits a penalty of Ten and No/100 Dollars ($10.00) for each item that is not returned to the Board.

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

Jurisprudence Examination

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

All candidates are required to successfully complete a written examination based on the Mississippi Dental Practice Act and the regulations of the Board. This examination will be conducted from 3:00 p.m. until 3:30 p.m. on Monday, May 20, 2002, 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 3:00 p.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. Contingent upon which jurisprudence examination the candidate has been given, the candidate must write either “TEST A,” “TEST B,” or “TEST C” in the upper right-hand corner of the answer sheet. Also, the candidate must darken the appropriate circle (i.e., “A,” “B,” or “C”) in the box labeled “Form” in the upper right-hand corner of the answer sheet.

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

A minimum passing score of 75% must be obtained to be successful on the jurisprudence examination. Candidates who initially fail the jurisprudence examination will have until the conclusion of the dental licensure examination (or until 4:00 p.m. on Thursday, May 23, 2002) to pass another jurisprudence examination. Candidates who fail the first jurisprudence examination will be notified by Board staff during the endodontics and typodont exercise. 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 3:30 p.m. until 4:30 p.m. on Monday, May 20, 2002, in Room D-114 of the University of Mississippi Medical Center School of Dentistry.

2. **Administrative Procedures**

All candidates will review a completed 2002 Dental Licensure Examination Candidate Address and License Information Form containing information that he/she provided with his/her application packet. Candidates should very carefully consider all information, as this information will be used in preparing licenses for those candidates who successfully complete the licensure examination. Once this information has been revised, if necessary, and verified by the candidate, the candidate will place his/her initials in the space provided on the form. Board personnel will collect the completed form and review it for completeness. The candidate is responsible for supplying the correct information on the form, and he/she will be held responsible for any incorrect information appearing on his/her license as a result of incorrectly submitted information. An additional fee will be charged to the candidate for preparation of a replacement license as a result of incorrect information supplied by the candidate.

Upon verification/completion of the 2002 Dental Licensure Examination Candidate Address and License Information Form by all candidates, the Board's examination committee chairman and Executive Director will make a presentation and conduct a brief question and answer session. Upon conclusion of orientation, candidates may depart the University of Mississippi Medical Center School of Dentistry. However, candidates are to report to the Preclinical Laboratories E, F, G, and H on the fifth floor of the University of Mississippi Medical Center School of Dentistry to begin the endodontics and typodont exercises promptly at 8:00 a.m., Tuesday, May 21, 2002.

DAY 2–TUESDAY, MAY 21, 2002

ENDODONTICS AND TYPODONT EXERCISES	
8:00 a.m. to 8:30 a.m.	LABORATORY SETUP Fifth Floor Preclinical Laboratories E, F, G, & H
8:30 a.m. to 9:00 a.m.	STARTING CHECKS
9:00 a.m. to 4:30 p.m.	LABORATORY PROCEDURES 1. Endodontics 2. Finished Amalgam MODL Tooth #14 3. Porcelain Fused to Metal Crown Preparation Tooth #9 4. Three Unit Bridge Abutment Preparations Teeth #3 - #5
4:30 p.m.	LABORATORY CLOSING

Endodontics Exercise

1. **Candidate Packets**

White candidate packets labeled with the candidate's number and "Day 2" 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 contain the following items:

a. Endodontic Exercise Grade Sheet (white paper)
b. Typodont Exercise Grade Sheet (gold paper)
c. Model Acceptability Form (gold paper)
d. One gallon-size plastic bag

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 endodontic model must be prepared prior to the examination with the tooth mounted 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 on page 19 indicates how to construct the endodontic block.

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 4 mm 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 4 mm 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 on page 19 is a properly sized and positioned tooth in an acrylic block.

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. Example 3 on page 20 demonstrates correct pre-operative views of the endodontic block – mesio-distal view and buccal-lingual view.

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 4 mm beyond the apex
e. Wax ball is not covered by at least 1 mm of solid acrylic
f. Wax is not clearly seen on the radiograph

7. **Time Restraints**

This procedure will be completed during Day 2 of the examination. The candidate may perform this procedure at any time during the 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 any working radiographs and all required post-operative radiographs. If the candidate fails to budget sufficient time, an extension

will **NOT** be allowed. Board staff will announce the 4:30 p.m. completion time for Day 2. Any candidates still performing procedures in the laboratory must immediately cease working and stand at their laboratory station when time is called. No candidate will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, BOARD STAFF WILL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET FROM THE CANDIDATE AND COMPLETE A STANDARDS OF CONDUCT VIOLATION FORM. THE CANDIDATE'S ENDODONTIC BLOCK OR TYPODONT, AS APPROPRIATE, WILL NOT BE GRADED, AND THE CANDIDATE WILL FAIL THE PROCEDURE.**

8. **Assistants**

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

9. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, 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. Example 4 on page 20 demonstrates correct post-operative radiographic views of the endodontic block.

After the candidate has completed the endodontic exercise, the candidate must write the block number in the space provided on the label affixed to the endodontics exercise plastic bag and place the endodontically treated tooth block, film mount, and Endodontic Exercise Grade Sheet in the plastic bag and deliver the bag 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.

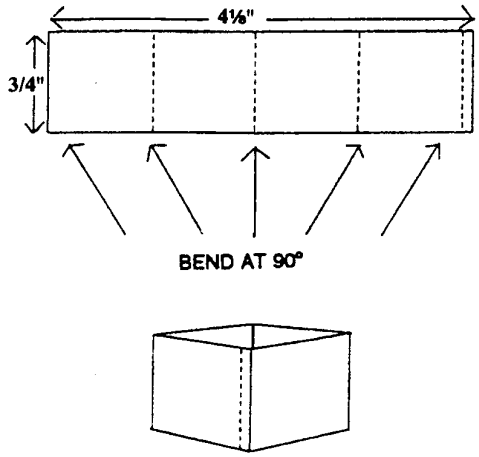
11. **Grading Criteria**

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

a. Access
b. Obturation

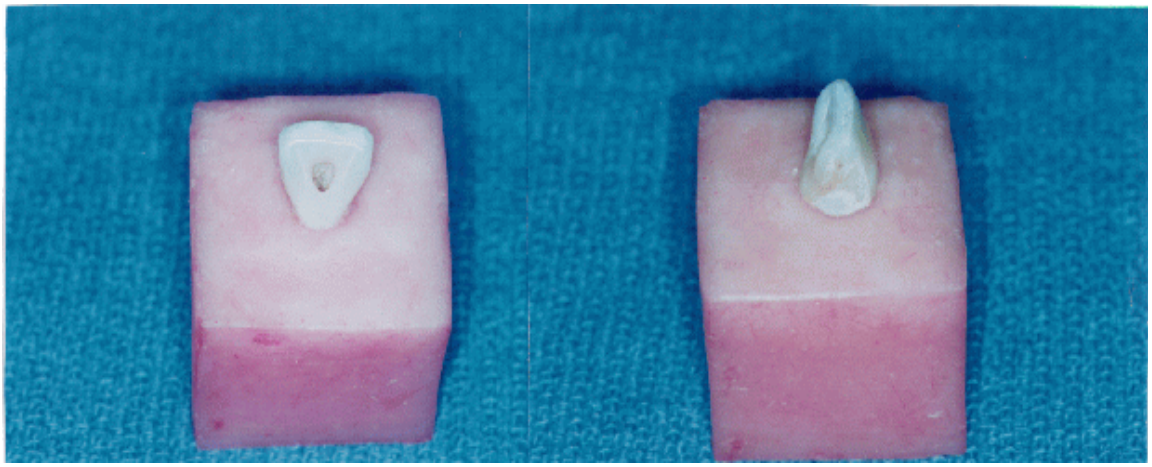
ENDODONTICS EXERCISE EXAMPLES

EXAMPLE 1–ENDODONTIC BLOCK FABRICATION

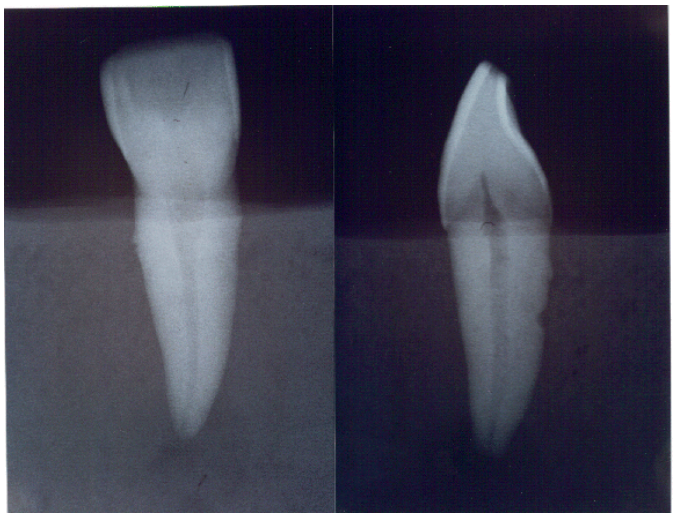


WAX - 4mm or more shown clearly on the radiograph

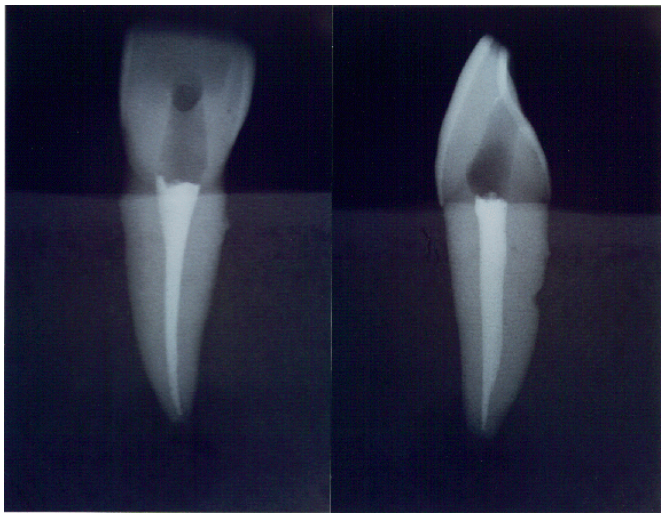
EXAMPLE 2–PROPERLY SIZED ENDODONTIC BLOCK



EXAMPLE 3–PRE-OPERATIVE RADIOGRAPHIC VIEWS



EXAMPLE 4–POST-OPERATIVE RADIOGRAPHIC VIEWS



Typodont Exercise

1. Candidate Packets

White candidate packets labeled with the candidate's number and "Day 2" 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
d. One gallon-size plastic bag

2. Examination Requirements

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

a. The preparation of a maxillary anterior central incisor (tooth #9) for a porcelain fused to metal restoration;

b. The preparation of a maxillary bicuspid (tooth #5) and a maxillary molar (tooth #3) which will serve as abutments for a three unit porcelain fused to metal bridge restoration; and

c. A finished MODL carved amalgam restoration on a maxillary molar (tooth #14) which replaces the distolingual cusp.

3. Typodonts Used for the Examination

The Board utilizes typodonts manufactured by Kilgore International, Inc., and the model number of the above-referenced teeth for these typodonts is A20A-500. Should a candidate wish to order these teeth for study and/or practice prior to the examination, he/she may contact Kilgore International, Inc. via telephone at 517-279-9123 or 800-892-9999; facsimile at 517-278-2956; or mail at 36 West Pearl Street, Coldwater, Michigan, 49036.

4. Assistants

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

5. Textbooks

Written materials/textbooks/drawings, excluding the candidate’s examination manual, may not be used for this procedure.

6. **Assigned Teeth**

The candidate may not remove either the typodont from the mannequin or teeth from the typodont without permission from the clinical floor examiner. Removal of a typodont for purposes of completing the required procedure will result in an automatic failure of **ALL** typodont procedures. Once a procedure has been started, the procedure must be carried to completion on the assigned tooth with no substitutions permitted.

7. **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. Since the candidate must examine his/her typodont for acceptability, typodonts **WILL NOT** be in the mannequins when the candidate arrives at his/her laboratory station. However, once the candidate has examined the typodont for acceptability and has noted this acceptability on the Model Acceptability Form, the candidate must place the typodont in the mannequin prior to receiving a starting check. A candidate will not receive a starting check until his/her typodont has been placed in the mannequin.

A candidate also should check his/her typodont box to determine whether a Prior Model Damage Form has been placed in the typodont box. All typodonts have been pre-evaluated by the Board for prior damage, and noticeable damage has been noted on the Prior Model Damage Form. **IF A PRIOR MODEL DAMAGE FORM HAS NOT BEEN COMPLETED FOR A TYPODONT, THE BOARD HAS DETERMINED THAT NO DAMAGE EXISTS TO THE TYPODONT WHICH WOULD ADVERSELY AFFECT THE CANDIDATE'S GRADE; CONSEQUENTLY, A CANDIDATE IS NOT ALLOWED TO REQUEST THAT A PRIOR MODEL DAMAGE FORM BE COMPLETED FOR HIS/HER TYPODONT.** The Prior Model Damage Form must remain with the typodont throughout this exercise, and it is the candidate's responsibility to ensure that this form remains with the typodont during the exercise. The Board is not liable for a candidate's failure to maintain his/her Prior Model Damage Form and/or failure to send the form to grading with the typodont.

Candidates will not begin the exercises until **ALL CANDIDATES** have been given starting checks, and once a candidate has been given a starting check, he/she must exit the preclinical laboratory until all candidates have been given starting checks. In other words, the same starting time will be given to all candidates, and no candidate may begin the exercises until a starting time has been given to all candidates by the clinical floor examiner. 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.

8. **Preparation Design--Examination Guidelines for Preparation of Anterior Porcelain Fused to Metal Restoration, Tooth #9**

a. Incisal Edge Reduction

(1) 1.5 mm - 2.0 mm incisal edge reduction

(2) No sharp angles or edges remaining on reduced incisal edge

(3) Thickness of reduced edge is .8 mm - 1.0 mm facio-lingually

b. Facial Surface Reduction

(1) Approximately 1.2 mm over the incisal 3/4 of the facial surface

(2) Approximately 1.0 mm - 1.2 mm 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 1.2 mm axially with an approximately 1.0 mm reduction at the finish line

(2) Ninety degree (90°) shoulder should continue 1.0 mm 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) 1.0 mm reduction

(2) Lingual reduction of the concave surface should not extend so far that the vertical lingual wall is overshortened

(3) 2.0 mm - 3.0 mm of vertical wall should remain at the gingival portion of the preparation

(4) Reduction at the finish line of the lingual wall should be 1.0 mm

(5) No undercuts should exist in the preparation

e. Examples 5, 6, and 7 on page 27 are facial, incisal, and lingual views of the Anterior Porcelain Fused to Metal Restoration

9. **Preparation Design--Examination Guidelines for Preparation of Abutments for Three Unit Porcelain Fused to Metal Bridge Restoration, Teeth #3 - #5**

a. Occlusal Reduction

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

b. Facial Surface Reduction

(1) Approximately 1.2 mm reduction in occlusal 3/4 of the facial surface

(2) Facial reduction should occur in two (2) planes

(3) 1.0 mm - 1.2 mm 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 1.2 mm 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 1.0 mm

(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

e. Examples 8, 9, and 10 on page 28 are buccal, lingual, and occlusal views of the Abutments for a Three Unit Porcelain Fused to Metal Bridge

10. **Anatomical Design–Examination Guidelines for Finished Carved Amalgam, Tooth #14**

a. Adequate reproduction of anatomical features

b. Correct interproximal contact and contour allowing floss to pass through with resistance

c. Smooth transition from tooth structure to restoration without "ditching" or "flash"

d. Smooth surface free of voids, pitting, or scratches

e. Examples 11 and 12 on page 29 are occlusal and lingual views of the Finished Carved Amalgam

11. **Time Restraints**

The typodont procedure will be performed during Day 2 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. Board staff will announce the 4:30 p.m. completion time for Day 2. Any candidates still performing procedures in the laboratory must immediately cease working and stand at their laboratory station when time is called. No candidate will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, BOARD STAFF WILL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET FROM THE CANDIDATE AND COMPLETE A STANDARDS OF CONDUCT VIOLATION FORM. THE CANDIDATE'S ENDODONTIC BLOCK OR TYPODONT, AS APPROPRIATE, WILL NOT BE GRADED, AND THE CANDIDATE WILL FAIL THE PROCEDURE.**

12. **Typodont Grading Procedure**

When the candidate has completed all of the typodont exercises, the candidate should remove the typodont from the mannequin, and protective wrapping should be 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. If a Prior Model Damage Form was originally included in the candidate's typodont box, the candidate must ensure that (a) this form is placed in the typodont box prior to submitting the typodont for grading; and (b) the Prior Model Damage Form section on the Model Acceptability Form has been completed. 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 Model Acceptability Form is placed in the white candidate packet.

The white candidate packet, including the Model Acceptability Form, should be returned to a Board staff member at the conclusion of the typodont exercise.

13. **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

TYPODONT EXERCISE EXAMPLES

EXAMPLE 5 -- FACIAL VIEW

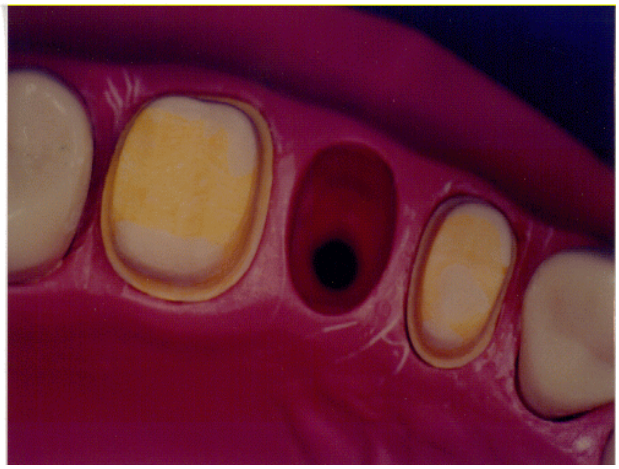
EXAMPLE 6 – INCISAL VIEW

EXAMPLE 7 – LINGUAL VIEW

EXAMPLE 8 – BUCCAL VIEW

EXAMPLE 9 – LINGUAL VIEW

EXAMPLE 10 – OCCLUSAL VIEW



EXAMPLE 11 – OCCLUSAL VIEW

EXAMPLE 12 – LINGUAL VIEW

DAY 3-- WEDNESDAY, MAY 22, 2002

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

Class 2 Amalgam Restoration

If a candidate has the same patient for both the Class 2 Amalgam Restoration and Class 3 Composite Restoration procedures, he/she may receive a starting check for both procedures at the same time; however, the candidate must fulfill all requirements for both procedures' starting checks. (For further information regarding starting checks for the Class 2 Amalgam Restoration and the Class 3 Composite Restoration procedures, see pages 34 and 45.)

1. **Candidate Packets**

Green 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. Class 2 Amalgam Preparation Grade Sheet (blue paper)
b. Class 2 Amalgam Restoration Grade Sheet (blue paper)
c. Class 3 Composite Preparation Grade Sheet (green paper)
d. Class 3 Composite Restoration Grade Sheet (green paper)
e. Removable Prosthetics Grade Sheet (yellow paper)
f. Two (2) Dental Candidate Patient Follow-Up Care Forms (buff paper)
g. One (1) randomly assigned patient number to be used for all procedures

h. Four (4) quart-size plastic bags (for impressions and/or casts)
i. One (1) gallon-size plastic bag (for removable prosthetics)
j. Three (3) quart-size plastic bags (for sending instruments to grading)

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 a virgin interproximal carious lesion. 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, full denture, or removable partial denture. Mandibular first premolars are acceptable for this restoration. An existing buccal or lingual pit restoration may be present; however, the interproximal caries must not extend into this restoration. A tooth with an existing occlusal restoration exhibiting interproximal caries is acceptable. The adjacent tooth may not have a stainless steel crown, temporary plastic crown, or caries apical to the gingival floor of the restoration. However, the adjacent tooth may have an incipient lesion which does not extend into the dentin or compromise the integrity of the marginal ridge. The proximal surface of the tooth adjacent to the proposed interproximal restoration must be either a non-restored enamel surface or a permanent restoration so that a contact is restored. A maxillary molar with caries on one proximal surface with the other proximal surface previously restored may be used for this procedure; however, if the existing restoration or caries crosses the oblique ridge, a three-surface restoration will be necessary. **ANY PREPARATION THAT OBVIOUSLY WILL NOT CONFORM TO A CONSERVATIVE RESTORATION MUST BE DOCUMENTED ON A DEVIATION FORM TO BE COMPLETED BY THE CANDIDATE DURING OPERATORY SETUP AND/OR PRIOR TO RECEIVING A STARTING CHECK**.

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 double-film pre-operative periapical radiograph of the tooth to be restored clearly demonstrating caries to the dentoenamel junction and double-film bitewings of both sides of the mouth are to be placed in the first three (3) openings of two four-film radiographic mounts. The mounts are to be labeled only with the patient number

and the words “pre-op.” The patient’s condition as indicated on the pre-operative radiographs must be identical to the patient’s condition when he/she presents for a starting check during the examination; otherwise, the patient will be rejected.

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 instructions on page 114. Medical Health History Forms are not signed by the candidate until the day of the procedure. 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. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. 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, excluding the candidate’s examination manual, 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. Example 13 on page 41 illustrates appropriate rubber dam isolation.

11. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for operatory setup promptly at 8:00 a.m. Any candidate whose patient is not available to enter with him/her for the 8:00 a.m. operatory setup will be given an initial starting check once the initial starting checks have been given to all other candidates in that clinic. In other words, if a candidate's patient arrives late, the candidate will not receive his/her initial starting check with the other candidates in the clinic. No additional time will be granted to the candidate for completion of the assigned procedures during this portion of the examination.

Prior to vacating the clinic, the candidate should indicate on the Class 2 Amalgam Preparation Grade Sheet and the Class 2 Amalgam Restoration Grade Sheet the tooth number and tooth surface he/she intends to prepare/restore. Also, the candidate should indicate these same items on his/her Candidate Check Card. The patient number should already have been placed on the Candidate Check Card and both grade sheets by Board staff. Furthermore, the candidate must complete the top portion of the Dental Candidate Patient Follow-Up Care Form by noting the tooth number, circling the appropriate procedure, and having the patient sign and date the form indicating that the possibility of follow-up care has been discussed with the patient. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. Only the following should be available for the Class 2 Amalgam starting check:

a. One four-film radiographic mount containing one pre-operative periapical of the tooth to be treated and bitewings of both sides of the mouth in the first three (3) openings (noting patient number and the words "pre-op")

b. Front surface mirror

c. Explorer

d. Pre-operative cast

e. Medical Health History Form (without noting candidate number)

f. Patient Disclaimer, Consent, and Release Form (without noting candidate number)

g. Dental Candidate Patient Follow-Up Care Form (noting patient number, tooth number, procedure, patient signature, and date)

h. Deviation Form only if the Class 2 Amalgam is not expected to conform to a conservative restoration and pursuant to the instructions in the “Tooth Selection” section on page 32 (noting patient number and tooth number)

i. Class 2 Amalgam Preparation Grade Sheet (noting patient number, tooth number, and tooth surface)

j. Class 2 Amalgam Restoration Grade Sheet (noting patient number, tooth number, and tooth surface)

k. Candidate Check Card (noting patient number, tooth number, and tooth surface)

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 assigned to the candidate’s clinic.

12. **Preparation Design–Examination Guidelines for Class 2 Amalgam Restoration**

a. Outline Form

(1) Margins must be extended to include all carious and decalcified tooth structure

(2) Margins should be extended to areas which enable the patient to institute successful oral hygiene practices

(3) Margins should be placed in areas which enable proper insertion, finishing, and inspection of the restoration

b. Convenience Form

(1) All attempts must be made for conservation of tooth structure

(2) Extension for convenience should allow for proper development of internal cavity design

(3) Proper access to the extent of caries must be accomplished

c. Resistance Form

(1) Attempts must be made for conservation of tooth structure

(2) All undermined enamel must be removed

(3) Unnecessary occlusal convergence of facial, lingual, and proximal walls should be avoided

(4) Internal line angles must be slightly rounded

(5) Pulpal and axial walls should be placed in dentin

(6) Pulpal and gingival walls are designed flat and perpendicular to axial walls

d. Retention Form

(1) All attempts must be made for conservation of tooth structure

(2) Independent surface retention must be present in all components of the preparation such as occlusal interlocks (dovetails) when indicated

(3) Facial, lingual, and proximal walls should be converged occlusally

e. Finish of Enamel Walls

(1) Best possible cavosurface margin is necessary for adaptation of restorative material

(2) Enamel walls should be free of sharp curves, resulting in a smooth continuous design

f. Removal of Deep Caries

(1) All carious material should be removed

(2) Pulp should be properly protected by a liner and base if indicated after removal of deep caries

g. Toilet of the Cavity

(1) All debris should be removed

(2) Cleansing agents and medicaments that have been shown to be irritating to the pulp should not be utilized

13. **Deviation of Preparation Outline**

Should the preparation obviously not conform to a conservative restoration, or the need arise to make a major modification of the preparation, the candidate is required to complete a deviation form with written justification for such deviation and the proposed treatment. A major deviation is defined as a fractured cusp during the preparation necessitating replacement of the cusp, caries undermining an existing cusp necessitating replacement of the cusp, or caries extending into the other interproximal area requiring inclusion of that proximal surface into the restoration. Deviation forms may be obtained from Board staff. 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.

14. **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.

15. **Time Restraints**

This procedure will be completed on Day 3 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, a time extension will **NOT** be allowed. The candidate then must place a temporary restoration and advise the patient of such actions. Board staff will announce the 4:30 p.m. completion time for Day 3. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, BOARD STAFF WILL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND COMPLETE A STANDARDS OF CONDUCT VIOLATION FORM. THE CANDIDATE'S PATIENT WILL NOT BE GRADED, AND THE CANDIDATE WILL FAIL THE PROCEDURE.**

16. **Amalgam Preparation Grading Procedure**

An impression of the preparation, made from stable crown and bridge quality impression material, and **NOT** alginate or compound material, will be made by the candidate and placed in the appropriate quart-size plastic bag, and labeled with the

patient number, tooth number, tooth surface, and candidate number. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, and tooth surface. Both plastic bags will be taken 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 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. One properly labeled four-film radiographic mount containing one pre-operative periapical of the tooth to be treated and bitewings of both sides of the mouth in the first three (3) openings (noting patient number and the words “pre-op”)

b. Class 2 Amalgam Preparation Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)

c. Candidate Check Card (noting patient number, tooth number, tooth surface, and clinical floor examiner number)

d. Pre-operative cast

e. Properly labeled quart-size plastic bag containing the impression of the preparation

f. Properly labeled quart-size plastic bag containing the following instruments:

(1) Mouth mirror
(2) Explorer
(3) Articulating paper and holder

17. **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. The clinical floor examiner must verify the decision; however, he/she may overrule the candidate’s decision. **FAILURE TO OBTAIN A BASE/LINER CHECK WILL REDUCE THE CANDIDATE’S TREATMENT MANAGEMENT GRADE FOR THIS PORTION OF THE PROCEDURE TO A MAXIMUM OF THREE (3) ON THE FIVE (5) POINT SCALE.** 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

18. **Anatomical Design–Examination Guidelines for Amalgam Finished Carved Restoration**

a. Correct occlusion

b. Adequate reproduction of anatomical features

c. Correct interproximal contact and contour allowing floss to pass through with resistance

d. Smooth transition from tooth structure to restoration without “ditching” or “flash”

e. Smooth surface free of voids, pitting, or scratches

19. **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.

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

An impression of the restoration, made from stable crown and bridge quality impression material, and **NOT** alginate or compound material, will be made by the candidate and, along with the pre-operative cast, placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, tooth surface, and candidate number. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, which previously has been labeled with the patient number, tooth number, and tooth surface. Both plastic bags will be taken to the grading clinic receptionist at the time the patient is presented to the grading area. A double-film post-operative bitewing, labeled with only the patient number and the words “post-op,” 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. One properly labeled four-film radiographic mount containing one pre-operative periapical of the tooth to be treated and bitewings of both sides of the mouth in the first three (3) openings (noting patient number and the words “pre-op”); and one properly labeled four-film radiographic mount containing one post-operative bitewing of the tooth which has been treated in the first opening (noting patient number and the words “post-op”)

b. Class 2 Amalgam Restoration Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)

c. Candidate Check Card (noting all appropriate numbers for the preparation and the clinical floor examiner number indicating that a base/liner check has been received)

d. Properly labeled quart-size plastic bag containing the impression of the finished restoration and the pre-operative cast

e. Properly labeled quart-size plastic bag containing the following instruments:

(1) Mouth mirror
(2) Explorer
(3) Articulating paper and holder

21. **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 and Tooth Polishing

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 and Base/Liner Check

RUBBER DAM ISOLATION EXAMPLE

EXAMPLE 13–RUBBER DAM ISOLATION

Class 3 Composite Restoration

1. **Candidate Packets**

Green candidate packets labeled with the candidate's number and "Day 3" will be placed in each candidate's operatory. The candidate packets will contain the following items:

a. Class 2 Amalgam Preparation Grade Sheet
b. Class 2 Amalgam Restoration Grade Sheet
c. Class 3 Composite Preparation Grade Sheet
d. Class 3 Composite Restoration Grade Sheet
e. Removable Prosthetics Grade Sheet
f. Two (2) Dental Candidate Patient Follow-Up Care Forms
g. One (1) randomly assigned patient number to be used for all procedures
h. Four (4) quart-size plastic bags (for impressions and/or casts)
i. One (1) gallon-size plastic bag (for removable prosthetics)
j. Three (3) quart-size plastic bags (for sending instruments to grading)

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 should be made in a conservative manner that preserves the maximum amount of sound tooth structure (i.e., facial or lingual access governed by the extent of the lesion). Upon being given a starting check, the clinical floor examiner will observe and check the candidate's access and will, at his/her discretion, change the direction of the access (i.e., facial or 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. Cuspids with caries on the distal are acceptable 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 double-film pre-operative periapical of the tooth to be restored clearly demonstrating caries to the dentoenamel junction is to be placed in the first opening of two (2) two-film radiographic mounts. The mounts are to be labeled only with the patient number and the words “pre-op.” The patient’s condition as indicated on the pre-operative radiograph must be identical to the patient’s condition when he/she presents for a starting check during the examination; otherwise, the patient will be rejected.

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 instructions on page 114. Medical Health History Forms are not signed by the candidate until the day of the procedure. 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. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. 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, excluding the candidate’s examination manual, 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. Example 13 on page 41 illustrates proper rubber dam isolation at a minimum.

11. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for operatory setup promptly at 8:00 a.m. Any candidate whose patient is not available to enter with him/her for the 8:00 a.m. operatory setup will be given an initial starting check once the initial starting checks have been given to all other candidates in that clinic. In other words, if a candidate's patient arrives late, the candidate will not receive his/her initial starting check with the other candidates in the clinic. No additional time will be granted to the candidate for completion of the assigned procedures during this portion of the examination.

Prior to vacating the clinic, the candidate should indicate on the Class 3 Composite Preparation Grade Sheet and the Class 3 Composite Restoration Grade Sheet the tooth number and tooth surface he/she intends to prepare/restore. Also, the candidate should indicate these same items on his/her Candidate Check Card. The patient number should already have been placed on the Candidate Check Card and both grade sheets by Board staff. Furthermore, the candidate must complete the top portion of the Dental Candidate Patient Follow-Up Care Form by noting the tooth number, circling the appropriate procedure, and having the patient sign and date the form indicating that the possibility of follow-up care has been discussed with the patient. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. Only the following should be available for the Class 3 Composite starting check:

a. One two-film radiographic mount containing one pre-operative periapical of the tooth to be treated in the first opening (noting patient number and the words "pre-op")

b. Front surface mirror

c. Explorer

d. Pre-operative cast

e. Medical Health History Form (without noting candidate number)

f. Patient Disclaimer, Consent, and Release Form (without noting candidate number)

g. Dental Candidate Patient Follow-Up Care Form (noting patient number, tooth number, procedure, patient signature, and date)

h. Class 3 Composite Preparation Grade Sheet (noting patient number, tooth number, and tooth surface)

i. Class 3 Composite Restoration Grade Sheet (noting patient number, tooth number, and tooth surface)

j. Candidate Check Card (noting patient number, tooth number, and tooth surface)

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. Also, during the starting check, the clinical floor examiner will observe and check the candidate's access and will, at his/her discretion, change the direction of the access (i.e., facial or lingual).

12. **Preparation Design–Examination Guidelines for Class 3 Composite Restoration**

a. Outline Form and Extension

(1) Outline form is "C" or "D" shaped with the incisal wall located in the proximal contact area for minimal caries

(2) Outline form provides enough access for complete carious removal with margins extended to include all carious and decalcified tooth structure and allows room for proper material insertion

(3) Margins terminate on sound tooth structure

(4) Gingival floor location must break contact by at least .2 mm from the adjacent tooth if caries is in the contact point

(5) Facial wall is approximately 90° to the axial wall and parallels the facial surface

(6) Incisal and gingival walls should be almost parallel to each other and should not be rough or irregular

(7) All margins should be placed in areas that enable proper insertion, finishing, and inspection of the restoration

(8) Enamel cavosurface bevels should be distinct, 0.5 mm in width, and placed on all accessible cavosurface margins–does not include the facial cavosurface margin

(9) The facial cavosurface margin is usually visible from the facial proximal aspect

b. Internal Form

(1) Axial wall should be deep enough to allow the removal of all carious or decalcified tooth structure

(2) Axial wall should usually extend slightly into the dentin

(3) Axial wall is flat or has a slight convexity corresponding to the external tooth surfaces

(4) Cavity walls should be definite, smooth, and not jagged or irregular

13. **Deviation of Preparation Outline**

Should the need arise to make a major modification of the preparation, the candidate is required to complete a deviation form with written justification for such deviation and the proposed treatment. A major deviation is defined as a fractured incisal edge during the preparation necessitating replacement of the incisal edge or caries undermining an existing incisal edge necessitating replacement of the incisal edge. Deviation forms may be obtained from Board staff. 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.

14. **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.

15. **Time Restraints**

This procedure will be completed on Day 3 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, a time extension will **NOT** be allowed. The candidate

then must place a temporary restoration and advise the patient of such actions. Board staff will announce the 4:30 p.m. completion time for Day 3. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, BOARD STAFF WILL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND COMPLETE A STANDARDS OF CONDUCT VIOLATION FORM. THE CANDIDATE'S PATIENT WILL NOT BE GRADED, AND THE CANDIDATE WILL FAIL THE PROCEDURE.**

16. **Composite Preparation Grading Procedure**

An impression of the preparation, made from stable crown and bridge quality impression material, and **NOT** alginate or compound material, will be made by the candidate and placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, tooth surface, and candidate number. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, and tooth surface. Both plastic bags will be taken 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 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. One properly labeled two-film radiographic mount containing one pre-operative periapical of the tooth to be treated in the first opening (noting patient number and the words "pre-op")

b. Class 3 Composite Preparation Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)

c. Candidate Check Card (noting patient number, tooth number, tooth surface, and clinical floor examiner number)

d. Pre-operative cast

e. Properly labeled quart-size plastic bag containing the impression of the preparation

f. Properly labeled quart-size plastic bag containing the following instruments:

(1) Mouth mirror
(2) Explorer
(3) Articulating paper and holder

17. **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. The clinical floor examiner must verify the decision; however, the clinical floor examiner may overrule the candidate's decision. **FAILURE TO OBTAIN A BASE/LINER CHECK WILL REDUCE THE CANDIDATE'S TREATMENT MANAGEMENT GRADE FOR THIS PORTION OF THE PROCEDURE TO A MAXIMUM OF THREE (3) ON THE FIVE (5) POINT SCALE.** 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

18. **Composite Finished Restoration–Examination Guidelines for Class 3 Composite Restoration**

a. Proximal Contour and Contact

(1) Axial contours are continuous with existing natural tooth form and restores proper shape and position

(2) Proximal embrasures and proximal contact are restored to ideal

(3) Proximal contact should not be too open or too tight such that floss will not pass through

(4) Marginal ridge in the affected area is adequately restored to existing natural tooth form and function

(5) Centric and excursive contacts are restored such that no promaturities exist, and the contacts are consistent with the occlusion on the other existing natural teeth in proximity

b. Margins and Integrity

(1) Tooth restoration junction is such that it cannot be detected or is scarcely detected with an explorer

(2) Shade of restoration matches or blends harmoniously with the surrounding natural tooth–should be no staining or discoloration of the tooth restoration surface

(3) Tooth restoration interface should not be such that an explorer will penetrate with moderate force

(4) Gingival margin should be flush with the tooth such that there is no overhang of composite detectable with floss or an explorer

(5) There should not be an excess of composite beyond the tooth restoration interface, i.e., flash

c. Surface Finish

(1) Surface of the restoration should be uniformly smooth without voids or pits in the restoration or at the tooth restoration interface

(2) Adjacent tooth structure should not be marred or nicked during the finishing of the restoration

19. **Composite Finished Restoration Grading Procedure**

An impression of the restoration, made from stable crown and bridge quality impression material, and **NOT** alginate or compound material, will be made by the candidate and, along with the pre-operative cast, placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, tooth surface, and candidate number. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number, tooth number, and tooth surface. Both plastic bags will be taken to the grading clinic receptionist at the time the patient is presented to the grading area. A double-film post-operative periapical radiograph, labeled with only the patient number and the words “post-op,” will be made of the finished 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 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. One properly labeled two-film radiographic mount containing one pre-operative periapical of the tooth to be treated and one post-operative periapical of the tooth which has been treated (noting the patient number on both radiographs and the words “pre-op” for the pre-operative periapical and “post-op” for the post-operative periapical)

b. Class 3 Composite Restoration Grade Sheet (noting patient number, tooth number, tooth surface, and clinical floor examiner number)

c. Candidate Check Card (noting all appropriate numbers for the preparation and the clinical floor examiner number indicating that a base/liner check has been received)

d. Properly labeled quart-size plastic bag containing the impression of the finished restoration and the pre-operative cast

e. Properly labeled quart-size plastic bag containing the following instruments:

(1) Mouth mirror
(2) Explorer
(3) Articulating paper and holder

20. **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 and Tooth Polishing

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 and Base/Liner Check

Removable Prosthetics

1. **Candidate Packets**

Green candidate packets labeled with the candidate's number and "Day 3" will be placed in each candidate's operatory. The candidate packets will contain the following items:

a. Class 2 Amalgam Preparation Grade Sheet
b. Class 2 Amalgam Restoration Grade Sheet
c. Class 3 Composite Preparation Grade Sheet
d. Class 3 Composite Restoration Grade Sheet
e. Removable Prosthetics Grade Sheet
f. Two (2) Dental Candidate Patient Follow-Up Care Forms
g. One (1) randomly assigned patient number to be used for all procedures
h. Four (4) quart-size plastic bags (for impressions and/or casts)
i. One (1) gallon-size plastic bag (for removable prosthetics)
j. Three (3) quart-size plastic bags (for sending instruments to grading)

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 22 mm 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 18 mm below the edge of the peripheral border of the baseplate. Example 14 on page 57 illustrates the dimensions of a pre-made bite rim.

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

(6) Examples 15 and 16 on page 57 illustrate acceptable maxillary and mandibular final impressions

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

(4) Example 17 on page 58 demonstrates an acceptable centric jaw relation

c. Vertical Dimension

(1) 2 mm - 3 mm of freeway space

(2) Bite rims contact evenly

(3) Examples 18 and 19 on page 58 demonstrate acceptable vertical dimension

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 instructions on page 114. Medical Health History Forms are not signed by the candidate until the day of the procedure. 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. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. 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, excluding the candidate's examination manual, may not be used for this procedure.

11. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for operatory setup promptly at 8:00 a.m. Any candidate whose patient is not available to enter with him/her for the 8:00 a.m. operatory setup will be given an initial starting check once the initial starting checks have been given to all other candidates in that clinic. In other words, if a candidate's patient arrives late, the candidate will not receive his/her initial starting check with the other candidates in the clinic. No additional time will be granted to the candidate for completion of the assigned procedures during this portion of the examination.

Prior to vacating the clinic, the candidate should ensure that the patient number has been properly noted by Board staff on the Removable Prosthetics Grade Sheet. Also, the candidate should ensure this same patient number has been noted on his/her Candidate Check Card. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel. After receiving the initial starting check, all other starting checks will be given by the clinical floor examiner. Only the following should be available for the Removable Prosthetics starting check:

a. Front surface mirror

b. Pre-operative casts

c. Pre-made bite rims

d. Medical Health History Form (without noting candidate number)

e. Patient Disclaimer, Consent, and Release Form (without noting candidate number)

f. Removable Prosthetics Grade Sheet (noting patient number)

g. Candidate Check Card (noting patient number)

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 3 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 may perform the centric jaw relation prior to performing the final impressions if he/she so desires. The candidate should allow sufficient time to perform the procedure. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed. Board staff will announce the 4:30 p.m. completion time for Day 3. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, BOARD STAFF WILL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND COMPLETE A STANDARDS OF CONDUCT VIOLATION FORM. THE CANDIDATE'S PATIENT WILL NOT BE GRADED, AND THE CANDIDATE WILL FAIL THE PROCEDURE.**

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 the appropriate gallon-size plastic bag, and labeled with the patient number. Neither the final impressions nor the base plates with bite rims are to be in the patient's mouth. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number. Both plastic bags will be taken 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 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. Removable Prosthetics Grade Sheet (noting patient number and clinical floor examiner number)

b. Candidate Check Card (noting patient number and clinical floor examiner number)

c. Properly labeled gallon-size plastic bag containing pre-operative casts, final denture impressions, and base plates with bite rims

d. Properly labeled quart-size plastic bag containing the following instruments:

(1) Mouth mirror
(2) Explorer

The green candidate packet containing the randomly assigned patient number should be returned to Board staff at the conclusion of the exercises on Day 3.

14. **Grading Criteria**

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

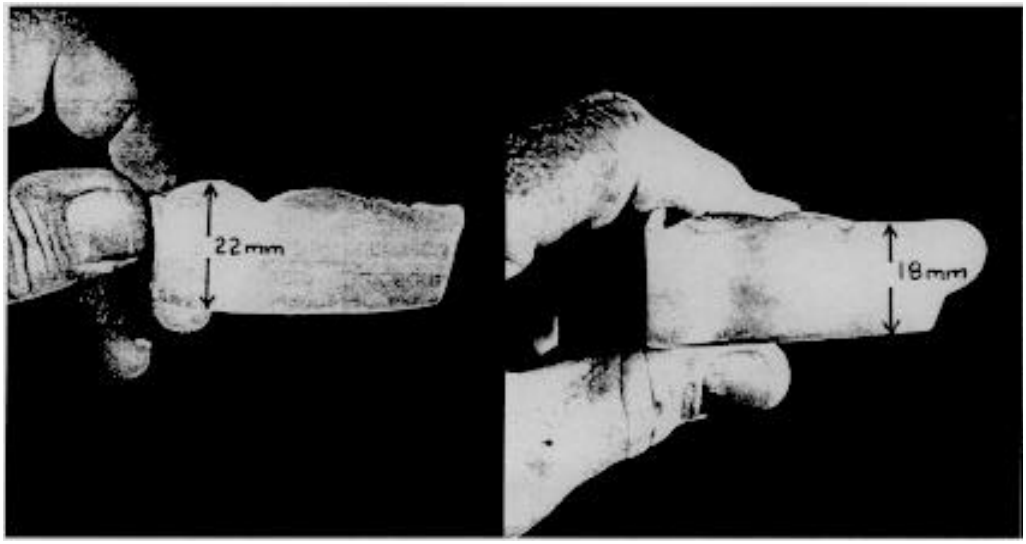
a. Surface Detail/Accuracy
b. Extensions
c. Retention

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

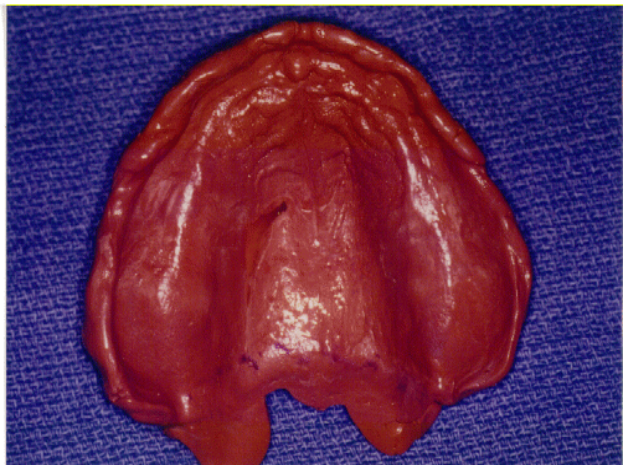
a. Accurate Recording of Centric Jaw Relation
b. Freeway Space

REMOVABLE PROSTHETICS EXERCISE EXAMPLES

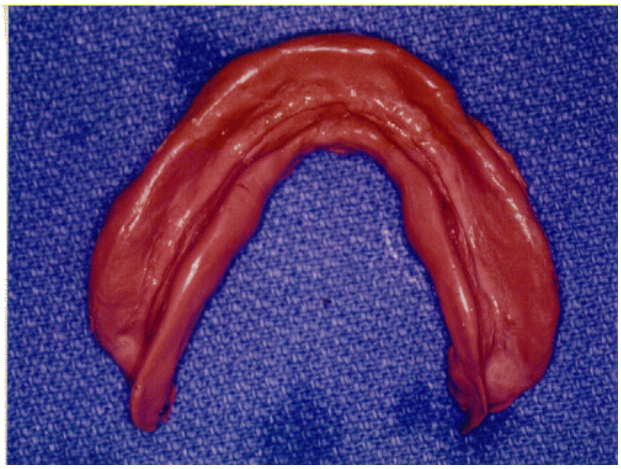
EXAMPLE 14–PRE-MADE BITE RIMS



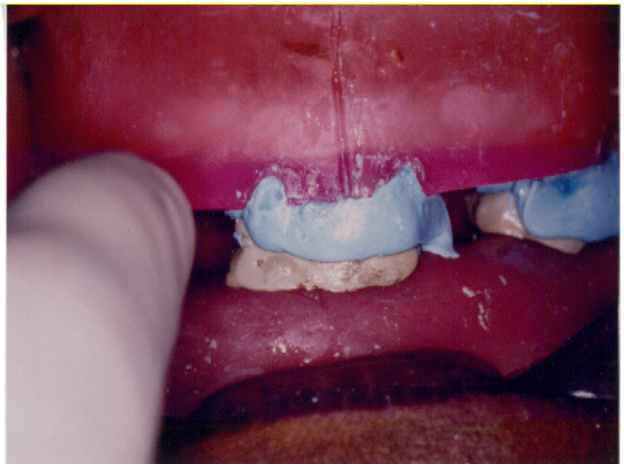
EXAMPLE 15 – FINAL MAXILLARY



EXAMPLE 16 – FINAL MANDIBULAR

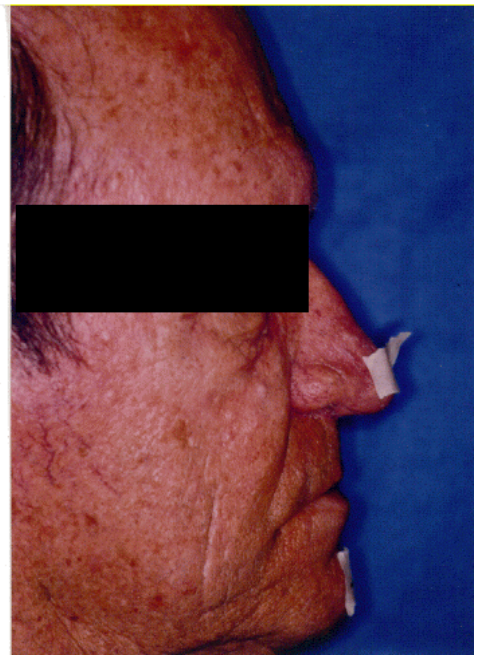


EXAMPLE 17–CENTRIC JAW RELATION



EXAMPLE 18–
VERTICAL DIMENSION

EXAMPLE 19–
VERTICAL DIMENSION



DAY 4–THURSDAY, MAY 23, 2002

CLINICAL EXERCISE CLINIC B	
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 6 Hour Completion Time
3:00 p.m.	CLINIC CLOSING

CLINICAL EXERCISE CLINIC C	
8:30 a.m. to 9:00 a.m.	OPERATORY SETUP Fourth Floor
9:00 a.m. to 9:30 a.m.	STARTING CHECKS
9:30 a.m.	PERIODONTICS 6 Hour Completion Time
3:30 p.m.	CLINIC CLOSING

CLINICAL EXERCISE CLINIC D	
9:00 a.m. to 9:30 a.m.	OPERATORY SETUP Fourth Floor
9:30 a.m. to 10:00 a.m.	STARTING CHECKS
10:00 a.m.	PERIODONTICS 6 Hour Completion Time
4:00 p.m.	CLINIC CLOSING

Periodontics

1. **Candidate Packets**

Red candidate packets labeled with the candidate's number and "Day 4" 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 (1) Dental Candidate Patient Follow-Up Care Form (buff paper)
e. Red periodontal binder containing red and blue pencils
f. One (1) randomly assigned patient number
g. One (1) quart-size plastic bag (for sending instruments to grading)

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; pocket depths; mobility; and recession levels. The candidate will provide a written diagnosis and treatment plan of the full mouth (complete rehabilitation), scale six (6) assigned teeth (at least three (3) of which will be posterior), and polish those assigned 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 and sonic scalers may be used and must be compatible with the University of Mississippi Medical Center School of Dentistry's specifications. Cavi-Jets® or air polishing instruments/units may not be utilized for the final polishing. Each candidate must provide his/her own ultrasonic or sonic 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. Patient must have a minimum of twenty (20) natural teeth, at least ten (10) of which are posterior teeth

b. Patient must have at least one quadrant with the following: 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)

c. 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 that sixty (60) days prior to the examination, and they should be labeled only with the patient number and the words “pre-op.” Only original radiographs are acceptable, and all radiographs will be retained by the Board. The patient’s condition as indicated on the pre-operative radiographs must be identical to the patient’s condition when he/she presents for a starting check during the examination; otherwise, the patient will be rejected.

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 instructions on page 114. Medical Health History Forms are not signed by the candidate until the day of the procedure. 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. However, for the initial starting check only, the candidate must not put his/her candidate number on the form until after an initial starting check has been given. 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, excluding the candidate's examination manual, 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. **Operatory Setup and Initial Starting Check**

Inasmuch as the Board has access to the facilities of the University of Mississippi Medical Center School of Dentistry only between the hours of 8:00 a.m. and 5:00 p.m., all candidates must have their patients ready to enter the clinics for operatory setup promptly at the assigned time for that candidate's clinic. Any candidate whose patient is not available to enter with him/her for the assigned operatory setup time will be given an initial starting check once the initial starting checks have been given to all other candidates in that clinic. In other words, each clinic has six (6) hours to complete this procedure, once the initial starting check has been given. If a candidate's patient arrives late, the candidate will receive his/her initial starting check after the other candidates in the clinic, and the candidate will not be granted any additional time, i.e., the full six (6) hours, to complete the procedure. For example, if the starting time for Clinic B is 9:00 a.m., and the candidate's patient arrives sometime after the starting time for that clinic, then the candidate still must complete all procedures by the end of the six (6) hours for that clinic, or 3:00 p.m. The same also applies to candidates whose patients have been rejected and who must obtain backup patients.

Starting times for each clinic will be in 30-minute increments. Operatory setup for Clinic B will begin at 8:00 a.m., for Clinic C at 8:30 a.m., and for Clinic D at 9:00 a.m. However, all patients must arrive at the University of Mississippi Medical Center School of Dentistry no later than 7:45 a.m. and be prepared to stay, at a minimum, until 4:00 p.m. or until dismissed by the candidate after grading.

Prior to vacating the clinic, the candidate should ensure that the patient number and binder number have been placed by Board staff in all appropriate places on the Periodontal Diagnostic Exercise Grade Sheet, Periodontal Treatment Exercise Grade Sheet, the Periodontal Treatment Selection Worksheet, Candidate Check Card, red periodontal binder, and all forms inside the red periodontal binder. Furthermore, the candidate must complete the top portion of the Dental Candidate Patient Follow-Up Care Form by circling the "Periodontics" procedure and having the patient sign and date the form indicating that the possibility of follow-up care has been discussed with the patient. Additionally, candidates will remove the operatory numbers from their units and ensure all operatory lights are turned on and pointed toward the ceiling. All candidates will vacate their assigned clinic when notified by Board personnel.

Board examiners will enter the clinic and make assignments of the six (6) teeth, at least three (3) of which must be posterior, that are to have the pocket depths and detectable calculus recorded on the Periodontal Treatment Selection Worksheet; however, candidates must remember that they are to record the pocket depths, etc., as noted earlier, for **ALL** teeth on the tooth chart in the red periodontal binder. 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 with red and blue pencils (noting patient number and binder number on the cover and all appropriate pages inside the binder)

b. Pre-operative radiographs (noting patient number and the words "pre-op")

c. Front surface mirror

d. #5 explorer

e. Moffitt probe

f. Color-coded periodontal probe

g. Periodontal Treatment Selection Worksheet (noting patient number and binder number)

h. Periodontal Diagnostic Exercise Grade Sheet (noting patient number and binder number)

i. Periodontal Treatment Exercise Grade Sheet (noting patient number and binder number)

j. Candidate Check Card (noting patient number and binder number)

k. Medical Health History Form (without noting candidate number)

l. Patient Disclaimer, Consent, and Release Form (without noting candidate number)

m. Dental Candidate Patient Follow-Up Care Form (noting patient number, “Periodontics” procedure, patient signature, and date)

If the patient is acceptable, a starting check will be indicated on the Candidate Check Card, Periodontal Treatment Selection Worksheet, all appropriate pages in the red periodontal binder, and 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. If a candidate has to obtain a backup patient, he/she will be expected to finish the procedure at the same time as the other candidates in his/her clinic; no additional time will be granted to a candidate who must obtain a backup patient.

When the candidate returns to the assigned operatory, he/she should review the Periodontal Treatment Selection Worksheet to see which six (6) teeth have been assigned for pocket depth measurements and calculus detection. Again, the candidate must remember that he/she will record the pocket depth measurements on **ALL** teeth on the tooth chart in the red periodontal binder; however, he/she will transfer these recordings on only the six (6) assigned teeth to the Periodontal Treatment Selection Worksheet. Six (6) recordings will be made for each tooth. If the candidate has a question concerning this assignment, he/she should immediately contact the clinical floor examiner for clarification prior to beginning the exercise.

Next, record **ALL** areas of detectable calculus for the six (6) assigned teeth on the Periodontal Treatment Selection Worksheet. A minimum of one area of detectable calculus must be indicated on each of the six (6) 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 20 on page 69 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.

After completion of the measurements on the six (6) assigned teeth and the transfer of this information from the Periodontal Treatment Selection Worksheet to the Periodontal Diagnostic Exercise Grade Sheet, the candidate should proceed with the recording of **ALL**, i.e., full mouth, periodontal pocket depths, mobility, recession levels, and charting of the oral conditions/restorations and pathology on the periodontal tooth chart which is located in the candidate-issued red periodontal binder.

The candidate, at all times, should ensure that the periodontal tooth chart has not been contaminated (e.g., removing gloves prior to making notations on the chart and ensuring that the periodontal tooth chart and pencils are kept away from contaminated areas). A diagnosis and treatment plan for the full mouth (complete rehabilitation) for this patient should be recorded in the candidate-issued red periodontal binder. Red and blue pencils are to be used only for charting the pre-existing conditions. The location of pocket depth measurements around the circumference of the tooth is illustrated by Example 21 on page 69, and Example 22 on page 69 illustrates proper periodontal probe placement. Example 23 on page 70 is a sample of symbols and their appropriate color (red or blue) for the periodontal exercise, and Example 24 on page 71 illustrates a completed periodontal tooth chart.

12. **Time Restraints**

This procedure will be completed on Day 4 of the examination. After the clinic receives a starting check, all candidates in that clinic will be allowed six (6) hours from the designated starting time 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. Furthermore, if a candidate's patient does not arrive by the designated time for that clinic's operatory setup, or if the candidate's first patient is rejected and the candidate has to obtain a backup patient, the candidate still must complete the procedure by the same completion time as has been established for the remainder of the clinic during the initial starting checks. Board staff will announce the completion time for each clinic at the conclusion of six (6) hours. Any candidates and/or dental assistants still performing procedures on patients must immediately cease working and stand in their operatory when time is called. Afterwards, the candidate must take the Periodontal Treatment Exercise Grade Sheet to the clinical floor examiner to have the completion time noted in the appropriate space. No candidate or dental assistant will be allowed to continue the examination after the completion time has been announced by Board staff, unless the candidate has a previously documented equipment failure requiring an additional fifteen (15) minutes. **THERE WILL BE NO EXCEPTIONS. IF A CANDIDATE, INCLUDING HIS/HER DENTAL ASSISTANT, WHO DOES NOT HAVE A PREVIOUSLY DOCUMENTED EQUIPMENT FAILURE CONTINUES TO WORK AFTER TIME HAS BEEN CALLED, BOARD STAFF WILL IMMEDIATELY RETRIEVE THE APPROPRIATE GRADE SHEET(S) FROM THE CANDIDATE AND COMPLETE A STANDARDS OF CONDUCT VIOLATION FORM. THE CANDIDATE'S PATIENT WILL NOT BE GRADED, AND THE CANDIDATE WILL FAIL THE PROCEDURE.**

13. **Periodontal Diagnostic Exercise Grading Procedure**

When the candidate has completed recording periodontal pocket and bone level measurements, charting existing restorations, charting pathological conditions and missing teeth, formulating a diagnosis and treatment plan, and entering 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/sonic unit until the patient returns from the grading area. Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, and labeled with the patient number. 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. Properly labeled and mounted pre-operative radiographs (noting patient number and the words “pre-op”)

b. Periodontal Treatment Selection Worksheet (noting patient number, binder number, and clinical floor examiner number)

c. Periodontal Diagnostic Exercise Grade Sheet (noting patient number, binder number, and clinical floor examiner number)

d. Candidate-Issued red periodontal binder with red and blue pencils (noting patient number and binder number on the cover; and patient number, binder number, and clinical floor examiner number on all appropriate pages inside the binder)

e. Candidate Check Card (noting patient number, binder number, and clinical floor examiner number)

f. Properly labeled quart-size plastic bag containing the following instruments:

(1) Front surface mirror
(2) #5 explorer
(3) Moffitt probe
(4) Color-coded periodontal probe

14. **Periodontal Treatment Exercise Grading Procedure**

After completion of scaling and polishing of the six (6) assigned teeth, the candidate will take a double-film bitewing radiographic series of the assigned teeth. These films will be mounted in two (2) two-film radiographic mounts and labeled only with the patient number and the words “post-op.” Additionally, the instruments listed below will be placed in the appropriate quart-size plastic bag, which previously has been labeled with the patient number. 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. Properly labeled and mounted pre-operative radiographs and post-operative bitewing radiographs (noting patient number on all radiographs and the words “pre-op” or “post-op,” as appropriate)

b. Periodontal Treatment Exercise Grade Sheet (noting binder number, patient number, starting time, and clinical floor examiner number)

c. Candidate Check Card (noting all appropriate numbers for the diagnostic exercise)

d. Properly labeled quart-size plastic bag containing the following instruments:

(1) Front surface mirror
(2) #5 explorer
(3) Moffitt probe
(4) Color-coded periodontal probe

As previously noted, if the candidate is working on his/her patient when time is called by Board staff for the clinic, the candidate and his/her dental assistant will immediately stand, and the candidate will take the Periodontal Treatment Exercise Grade Sheet to the clinical floor examiner to have the completion time noted in the appropriate section prior to escorting his/her patient to the grading area.

The red candidate packet containing the randomly assigned 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. Periodontal Pocket Depths
b. Calculus Detection
c. Radiographic Interpretation
d. Full-Mouth Diagnosis and Treatment Plan

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

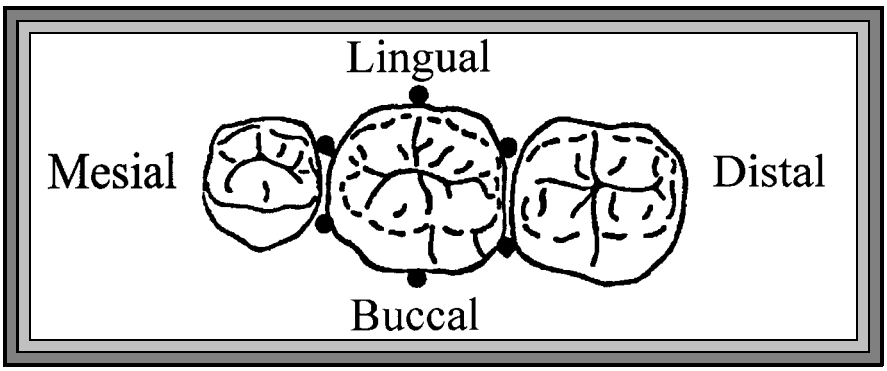
a. Calculus Removal
b. Stain, Plaque Removal, and Tooth Polishing
c. Patient Management

PERIODONTICS EXERCISE EXAMPLES

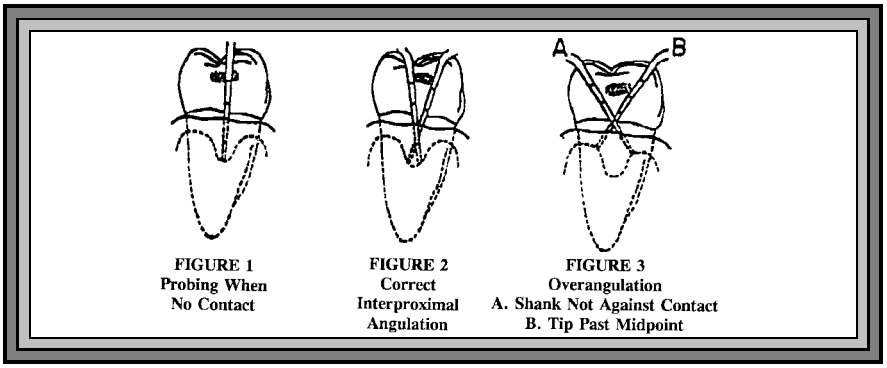
EXAMPLE 20–TREATMENT SELECTION WORKSHEET

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

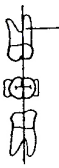
EXAMPLE 21–POCKET DEPTH LOCATIONS



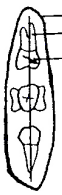
EXAMPLE 22–PERIODONTAL PROBE PLACEMENT



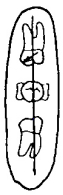
EXAMPLE 23–CHARTING SYMBOLS



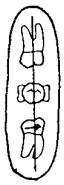
RED
To Be Extracted



BLUE
RED
BLUE
Mesioangular Impaction
To Be Extracted

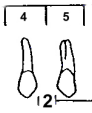


Distoangular Impaction
To Be Extracted



Horizontal Impaction
To Be Extracted

BLUE
Missing Teeth



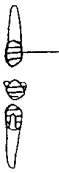
Open Contact (2mm)
BLUE

BLUE
Root Canal Filling

RED
Periapical Pathosis

Extrusion
BLUE

Drifting
BLUE



BLUE
3/4 Crown

BLUE
Mo Amalgam (Class 2)

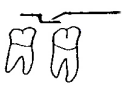
RED
Mesial Caries

BLUE
Full Gold Crown

BLUE
Porcelain Fused to
Metal Crown

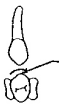
WHITE Outlined in BLUE

BLUE
Gold Onlay

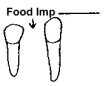


BLUE
Marginal Ridge Discrepancy

Crown Fracture
RED



BLUE
Rotation



BLUE
Food Impaction

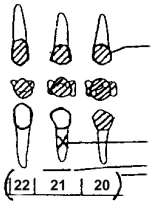
RED
Mod Caries (Class 2)

RED
Facial Caries

BLUE
Amalgam Restoration (Occlusal)

BLUE Outlined in RED
Recurrent Decay/Defective
Amalgam Restoration

Esthetic Restoration
(Porcelain, Composite,
Adaptic, Etc.) (Class 3)
WHITE Outlined in BLUE



BLUE
Missing Tooth Replaced
by Fixed Bridge
BLUE
BLUE

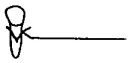
WHITE Outlined in RED
Temporary Filling

RED
Class I Furcation
Involvement

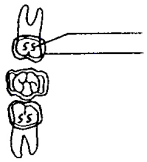
RED
Class II Furcation
Involvement

RED
Class III Furcation
Involvement

Gingival Recession
BLUE



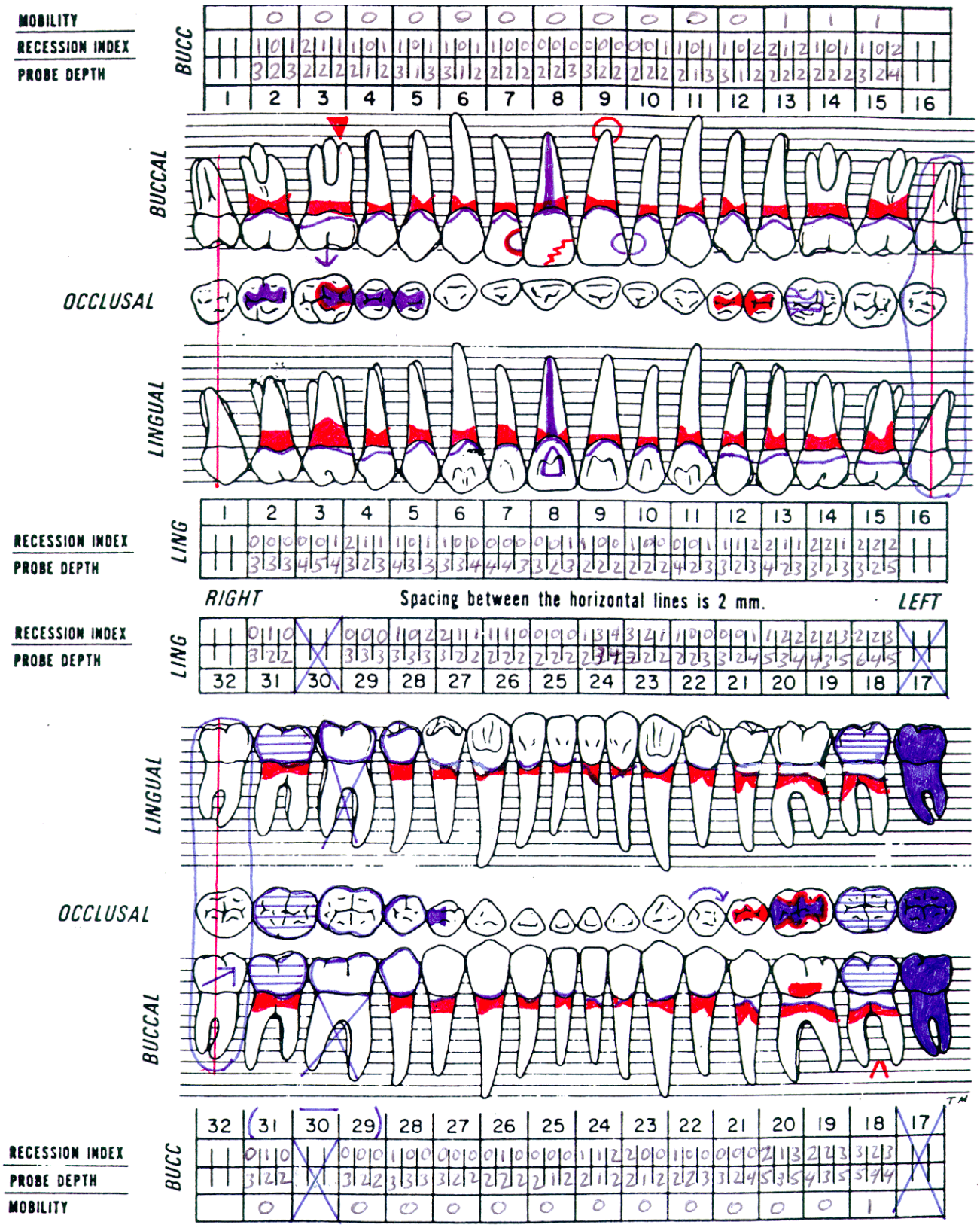
Bone Level
RED



BLUE Letters
BLUE Outline
Stainless Steel
Crown

Root Tips
Need Extraction
RED

EXAMPLE 24–COMPLETED PERIODONTAL CHART



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 by the following table:

EXAMINATION EXERCISE & GRADING CRITERIA	CRITERIA PERCENTAGE WEIGHT	OVERALL POINT VALUE
1. Endodontics (10.00 Overall Points)		
Criterion: Access	50.00%	5.00
Criterion: Obturation	50.00%	5.00
Procedure Totals	**100.00%**	**10.00**
2. Finished Amalgam Restoration, Tooth #14		
Criterion: Anatomy	45.00%	
Criterion: Finish Lines & Surface Finish	45.00%	
Criterion: Treatment Management	10.00%	
Procedure Totals	**100.00%**	**5.00**
3. Porcelain Fused to Metal Crown Preparation, Tooth #9		
Criterion: Margins & Path of Insertion	45.00%	
Criterion: Retention & Resistance Form	45.00%	
Criterion: Treatment Management	10.00%	
Procedure Totals	**100.00%**	**5.00**

EXAMINATION EXERCISE & GRADING CRITERIA	CRITERIA PERCENTAGE WEIGHT	OVERALL POINT VALUE
4. Three Unit Porcelain Fused to Metal Bridge Abutment Preparations, Teeth #3 - #5		
Criterion: Margins & Path of Insertion	45.00%	
Criterion: Retention & Resistance Form	45.00%	
Criterion: Treatment Management	10.00%	
Procedure Totals	**100.00%**	**5.00**
5. Class 2 Amalgam Restoration (25.00 Overall Points)		
Procedure: Preparation		
Criterion: Outline & Extension	45.00%	
Criterion: Internal Form	45.00%	
Criterion: Operative Environment & Polishing	10.00%	
Procedure Totals	**100.00%**	**12.50**
Procedure: Finished Carved Restoration		
Criterion: Anatomy & Occlusion	45.00%	
Criterion: Margins & Surface Finish	45.00%	
Criterion: Treatment Management & Base-Liner	10.00%	
Procedure Totals	**100.00%**	**12.50**
6. Class 3 Composite Restoration (25.00 Overall Points)		
Procedure: Preparation		
Criterion: Outline & Extension	45.00%	
Criterion: Internal Form	45.00%	
Criterion: Operative Environment & Polishing	10.00%	
Procedure Totals	**100.00%**	**12.50**
Procedure: Finished Restoration		
Criterion: Contour, Contact & Occlusion	45.00%	
Criterion: Margins & Surface Finish	45.00%	
Criterion: Treatment Management & Base-Liner	10.00%	
Procedure Totals	**100.00%**	**12.50**
7. Removable Prosthetics (10.00 Overall Points)		
Procedure: Final Impressions		
Criterion: Surface Detail & Accuracy	33.34%	
Criterion: Extensions	33.33%	
Criterion: Retention	33.33%	
Procedure Totals	**100.00%**	**3.34**
Procedure: Centric Jaw Relation & Vertical Dimension		
Criterion: Recording Centric Jaw Relation	50.00%	
Criterion: Freeway Space	50.00%	
Procedure Totals	**100.00%**	**6.66**

EXAMINATION EXERCISE & GRADING CRITERIA	CRITERIA PERCENTAGE WEIGHT	OVERALL POINT VALUE
8. Periodontics (15.00 Overall Points)		
Procedure: Diagnosis & Treatment Planning		
Criterion: Periodontal Pocket Depths	25.00%	
Criterion: Calculus Detection	25.00%	
Criterion: Radiographic Interpretation	25.00%	
Criterion: Full-Mouth Diagnosis/Treatment Plan	25.00%	
Procedure Totals	**100.00%**	**7.50**
Procedure: Treatment		
Criterion: Calculus Removal	60.00%	
Criterion: Stain, Plaque Removal, & Polishing	30.00%	
Criterion: Patient Management	10.00%	
Procedure Totals	**100.00%**	**7.50**
TOTAL EXAMINATION POINTS		**100.00**

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 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. **CANDIDATES WILL BE REQUIRED TO ATTAIN A MINIMUM SCORE OF THREE (3), OR SEVENTY-FIVE (75), ON ALL PROCEDURES TO BE CONSIDERED AS SUCCESSFULLY COMPLETING THE LICENSURE EXAMINATION AND PRIOR TO BEING ISSUED A MISSISSIPPI LICENSE.** In other words, even if a candidate's overall score is three (3), or seventy-five (75), the candidate will not be considered as passing the Mississippi licensure examination until he/she has attained a score of three (3), or seventy-five (75), on each of the eight (8) tested procedures. If a candidate fails to attain a minimum score of three (3), or seventy-five (75), on any one or more of the procedures, that candidate must successfully complete all **FAILED** procedures during the re-take examination. (See page 84 for further information regarding re-take examination requirements.)

2. **Grade Sheets and Candidate Check Card**

Candidates will be given four (4) colored packets for (a) Registration, (b) Day 2, (c) Day 3, and (d) Day 4. 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 instructional material on pages 111 and 112. Each candidate must provide his/her own ultrasonic or sonic 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 on days 3 and 4 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 enter with the candidates at the designated time for operatory setup for each clinic, and the patients should be seated and ready for a starting check at the candidate's assigned operatory by the designated time for starting checks for that clinic. No additional time will be granted to a candidate for a patient who arrives late or for the candidate having to obtain a backup patient.

Two starting checks may be given on the same patient for the Class 2 Amalgam and Class 3 Composite procedures. 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.

On day 4, incremental starting checks will be given. Clinic B will be given starting checks at 8:30 a.m.; Clinic C will be given starting checks at 9:00 a.m.; and Clinic D will be given starting checks at 9:30 a.m. However, candidates should advise their patients to arrive at the University of Mississippi Medical Center School of Dentistry no later than 7:45 a.m. and be prepared to stay, at a minimum, until 4:00 p.m or until dismissed by the candidate after grading. No additional time will be granted to a candidate for a patient who arrives late or for the candidate having to obtain a backup patient. For example, if the candidate is in Clinic B, and his/her patient does not arrive until 9:00 a.m. or he/she has to obtain a backup patient, the candidate still must complete the assigned procedures within the six (6) hour time period previously established for that clinic, or by no later than 3:00 p.m. that day.

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**

A separate patient number is required for each day of the clinical procedures on days 3 and 4. A randomly selected patient number for that day will be in the packet given to the candidate at the beginning of each day, and the candidate will ensure that this number has been recorded on the appropriate forms and grade sheets by Board staff. This patient number must be worn by the patient while being treated or graded. At the completion of a that day's procedures, place the patient number badge in the folder for that day and return all appropriate materials to the clinical floor examiner or Board staff. A candidate who fails to return the patient badges, candidate badge, assistant badge, or any other requested items mentioned in this manual, will be assessed a Ten and No/100 Dollar ($10.00) penalty for each item not returned to the Board. Further, the candidate's Mississippi license will be held until full restitution is made with the Board.

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. The clinical floor examiner then 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. **FAILURE TO OBTAIN APPROVAL FROM THE CLINICAL FLOOR EXAMINER PRIOR TO POLISHING AN ADJACENT TOOTH WILL REDUCE THE CANDIDATE'S TREATMENT MANAGEMENT GRADE FOR THIS PORTION OF THE PROCEDURE TO A MAXIMUM OF THREE (3) ON THE FIVE (5) POINT SCALE.**

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 (four-film mount)

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

b. Class 2 Amalgam Restoration (four-film mount)

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

c. Class 3 Composite Restoration (two-film mount)

(1) Pre-operative: Periapical **(DOUBLE-FILM)**
(2) Post-operative: Periapical **(DOUBLE-FILM)**

d. Periodontics (post-operative bitewings on two-film mount)

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

With the exception of the full mouth series for the periodontics procedure and unless as otherwise specified above, all radiographs are to be mounted in four-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 pre-operative radiographs shall have been prepared no more than sixty (60) days prior to the examination. In other words, the patient's condition as indicated on any pre-operative radiographs must be identical to the patient's condition when he/she presents for a starting check during the examination; otherwise, the patient will be rejected. Only the patient number and either "pre-op" or "post-op" should be written on the radiographic mounts. No patient names, candidate names, or candidate numbers should be written on radiographic mounts. **ONE SET OF ALL DOUBLE-FILM RADIOGRAPHS AND THE PRE-OPERATIVE PERIODONTICS RADIOGRAPHS ARE TO BE PLACED IN THE PATIENT RECORD AT THE COMPLETION OF EACH PROCEDURE OR AT THE COMPLETION OF THE EXAMINATION; THE REMAINING SET OF ALL DOUBLE-FILM RADIOGRAPHS AND THE ENDODONTICS RADIOGRAPHS WILL BE RETAINED BY THE BOARD.**

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:	Preparation
		Finished Restoration

c. Removable Prosthetics

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

All impressions are to made from stable crown and bridge quality impression material, and **NOT** alginate or compound material. Pre-operative casts must be made by the candidate in dental laboratory stone and may be made prior to the examination.

12. **Summary of Items to Be Submitted to the Grading Area**

a. **Endodontics Procedure**

(1) Candidate Check Card
(2) Properly labeled plastic bag containing the following:
  i) Endodontically treated tooth block
  ii) Properly labeled/mounted pre-operative and post-operative radiographs
  iii) Endodontic Exercise Grade Sheet

b. **Typodont Procedure**

(1) Typodont with protective wrapping placed between the upper and lower models and affixed together with a rubber band
(2) Prior Model Damage Form (if originally included in the typodont box)
(3) Typodont Exercise Grade Sheet
(4) Candidate Check Card
(5) White candidate packet containing the Model Acceptability Form

c. **Class 2 Amalgam Preparation**

(1) Properly labeled/mounted pre-operative radiographs
(2) Class 2 Amalgam Preparation Grade Sheet
(3) Candidate Check Card
(4) Pre-operative cast
(5) Properly labeled plastic bag containing the impression
(6) Properly labeled plastic bag containing the following instruments:
    i) Mouth mirror
    ii) Explorer
    iii) Articulating paper and holder

d. **Class 2 Amalgam Finished Carved Restoration**

(1) Properly labeled/mounted pre-operative and post-operative radiographs
(2) Class 2 Amalgam Restoration Grade Sheet
(3) Candidate Check Card
(4) Properly labeled plastic bag containing the following:
    i) Impression
    ii) Pre-operative cast
(5) Properly labeled plastic bag containing the following instruments:
    i) Mouth mirror
    ii) Explorer
    iii) Articulating paper and holder

e. **Class 3 Composite Preparation**

(1) Properly labeled/mounted pre-operative radiograph
(2) Class 3 Composite Preparation Grade Sheet
(3) Candidate Check Card
(4) Pre-operative cast
(5) Properly labeled plastic bag containing the impression
(6) Properly labeled plastic bag containing the following instruments:
    i) Mouth mirror
    ii) Explorer
    iii) Articulating paper and holder

f. **Class 3 Composite Finished Restoration**

(1) Properly labeled/mounted pre-operative and post-operative radiographs
(2) Class 3 Composite Restoration Grade Sheet
(3) Candidate Check Card
(4) Properly labeled plastic bag containing the following:
    i) Impression
    ii) Pre-operative cast
(5) Properly labeled plastic bag containing the following instruments:

i) Mouth mirror
ii) Explorer
iii) Articulating paper and holder

g. **Removable Prosthetics Procedure**

(1) Removable Prosthetics Grade Sheet
(2) Candidate Check Card
(3) Properly labeled plastic bag containing the following:
  i) Pre-operative casts
  ii) Final impressions
  iii) Base plates with bite rims
(4) Properly labeled plastic bag containing the following instruments:
  i) Mouth mirror
  ii) Explorer

h. **Periodontal Diagnostic Exercise**

(1) Properly labeled/mounted pre-operative radiographs
(2) Periodontal Treatment Selection Worksheet
(3) Periodontal Diagnostic Exercise Grade Sheet
(4) Candidate-issued red periodontal binder with red and blue pencils
(5) Candidate Check Card
(6) Properly labeled plastic bag containing the following instruments:
  i) Front surface mirror
  ii) #5 explorer
  iii) Moffitt probe
  iv) Color-coded periodontal probe

i. **Periodontal Treatment Exercise**

(1) Properly labeled/mounted pre-operative and post-operative radiographs
(2) Periodontal Treatment Exercise Grade Sheet
(3) Candidate Check Card
(4) Properly labeled plastic bag containing the following instruments:
  i) Front surface mirror
  ii) #5 explorer
  iii) Moffitt probe
  iv) Color-coded periodontal probe

13. **<u>Time Constraints</u>**

The beginning and ending times for each day's exercises will be determined by the time indicated on the wall clock in each clinic of the University of Mississippi Medical Center School of Dentistry. No additional time will be granted to a candidate due to the untimely arrival of his/her patients or due to the candidate having to obtain

backup patients. Board personnel will make periodic announcements regarding the amount of time remaining in each examination exercise.

14. **Clean-Up**

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

15. **Follow-Up Care for Patients**

On Days 3 and 4 for the Class 2 Amalgam, Class 3 Composite, and Periodontics procedures, the candidate packets will contain a Dental Candidate Patient Follow-Up Care Form (buff paper). The top portion of this form will be completed by the candidate and patient during operatory setup and/or prior to receiving a starting check for the above-referenced procedures. The bottom portion of the form is completed only if either the grading examiners or the clinical floor examiner feel that follow-up care for the patient is needed. The clinical floor examiner will discuss the required follow-up care with the candidate and witness the candidate discussing the proposed follow-up care with the patient. The candidate will write instructions concerning this follow-up care in the space provided on the bottom portion of the Dental Candidate Patient Follow-Up Care Form, note his/her candidate number, and date the form. Afterwards, the candidate will tear off the bottom portion of this form and give it to the patient. The top portion of the form will become a part of the patient's file maintained by the University of Mississippi Medical Center School of Dentistry.

16. **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 placed in the candidate's blue registration packet, along with the completed answer sheet for the examination survey, candidate badge, and dental assistant badge on the last day of the examination after completion of the periodontics procedure. The blue registration packet containing all of the above-noted items will be delivered to the clinical floor examiner.

c. Candidates will be assessed a minimum of Ten and No/100 Dollars ($10.00) for each item which is not returned to the Board by the conclusion of the examination (e.g., patient badges, candidate badges, assistant badges, daily packets, pencils, pens, etc.). Furthermore, the candidate's Mississippi license will be held until full restitution is made with the Board.

d. 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.

CONCLUSION

1. **Examination Results**

The candidate will be notified by mail of the examination results within five (5) 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. Recording of the candidate's license 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. Please do not call the Board office concerning application requirements for a DEA registration number.

2. **Re-Take Examination Procedures**

A re-take examination will be administered to those candidates who fail to successfully complete **ALL PROCEDURES** and attain a passing score of seventy-five (75) on the initial overall examination. However, candidates who fail more than three (3) procedures, regardless of overall score on the initial examination, will be unable to participate in the re-take examination. In other words, if a candidate fails three (3) or fewer procedures and attains a passing score of seventy-five (75) or above on the initial examination, he/she will be able to participate in the re-take examination. Further, if a candidate fails three (3) or fewer procedures and fails to attain a passing score of seventy-five (75) on the overall initial examination, he/she will be able to participate in the re-take examination.

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

a. Completed application

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

c. Proof of certification in Cardiopulmonary Resuscitation

d. Proof of liability insurance coverage

e. Chairside assistant registration form

f. Acknowledgment of understanding form

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

h. Self-Query from the NPDB and HIPDB, if applicable

To successfully complete the re-take examination, candidates must make a minimum score of seventy-five (75) on all procedures. In other words, the candidate must pass each procedure of the re-take examination before he/she will be issued a Mississippi license. Qualifying failing candidates may appeal their initial examination results and also apply for the re-take examination. However, candidates who fail the re-take examination may not appeal the results of the re-take examination. Those candidates who fail the re-take examination may apply for the next regularly scheduled Board examination.

3. **Procedures and Policies Regarding Appeals**

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

a. Appeals are reviewed on the basis of facts surrounding the decision during the examination. Any other information such as past experience, school performance, character references, testimonials, radiographs, photographs, or models taken by the candidate of a patient after completion of the examination cannot be considered in the appeals process. Consideration can be given only to documents, radiographs, etc., submitted to the grading examiners during the examination.

b. Group, second-party, or verbal appeals will not be honored.

c. The Board is not responsible for any expenses incurred by candidates filing an appeal.

d. Appeals based upon patient behavior, tardiness, or failure to appear will not be considered. Problems requiring follow-up care are the responsibility of the candidate and are approved by the patient and candidate prior to the examination.

e. The appeals process includes a review of all documentation of examination results and candidate performance during the examination. The review also may include such additional investigation as determined, or deemed warranted, by the circumstances of the appeal. It will not include records obtained by the candidate after he/she is dismissed at the conclusion of the examination.

f. It is neither consistent nor reasonable to suppose that grading examiners can accurately and objectively better judge matters after an examination has concluded than the examiners did during the examination. The grades of the grading examiners cannot be reversed by any member of the Board unless it is determined to be a technical error, not a perceived judgment error. The Board is obligated to base its judgment of technical errors upon its knowledge of the examination, the validation and calibration process used by the Board, and systematic, consistent, reliable, and rational evidence presented by the candidate in his/her appeal.

g. The Board will make every effort to complete the appeals review within a reasonable period of time following receipt of the candidate's appeal.

h. The candidate's appeal will become a part of the candidate's file maintained in the Board's office. As noted previously, the decision of the Board regarding the appeal will be final.

4. **Annual Registration**

Annual registration notices covering the period **SEPTEMBER 1, 2002 - AUGUST 31, 2003** will be mailed the last week in June. The candidate will be required to complete the registration sheet and pay the annual fee for the upcoming year. Unless the Board is notified of a change of address, the annual registration notice will be mailed to the same address as appears on the candidate address and license information form.

5. **Documentation Checklist**

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

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

(1) Completed application

(2) Application and clinic fees

(3) Proof of certification in Cardiopulmonary Resuscitation

(4) Proof of liability insurance coverage

(5) Chairside assistant registration form

(6) Candidate license information form

(7) Acknowledgment of understanding form

(8) Self-query from the NPDB and HIPDB, if applicable

(9) 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); **FOREIGN TRANSCRIPTS MUST BE IN ENGLISH AND MUST BE MAILED DIRECTLY FROM THE COLLEGE/UNIVERSITY TO THE BOARD**

(2) Dental school transcript(s) (complete or partial for all dental schools attended); **FOREIGN TRANSCRIPTS MUST BE IN ENGLISH AND MUST BE MAILED DIRECTLY FROM THE DENTAL SCHOOL TO THE BOARD**

(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

FREQUENTLY ASKED QUESTIONS

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

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

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

Q. When can I begin practicing?

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

Q. If I am not going to be practicing in Mississippi, do I need to file my dental 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. 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 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 scrub gowns for the dental examination?

A. Yes. Please refer to the School's instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

Q. What instruments are required for the dental examination?

A. Refer to the information provided by the University of Mississippi Medical Center School of Dentistry in your examination manuals for a list of all instruments required and those provided by the School.

Q. 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. 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. Can I receive two (2) starting checks at one time?

A. Yes. This may be done on Day 3 of the examination and only for the Class 2 Amalgam and Class 3 Composite procedures, if you plan on using the same patient for both procedures. However, only one procedure at a time may be submitted for grading.

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 instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

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

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

Q. What is the deadline for screening patients at the University of Mississippi Medical Center School of Dentistry?

A. The deadline for screening patients at the University of Mississippi Medical Center School of Dentistry is Thursday, May 17, 2001. Please refer to the School's instructions in this manual for additional information.

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. 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 instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

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

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

Q. May I remove the typodont from the mannequin during the typodont exercise?

A. No. You are allowed to remove the typodont from the mannequin only when you are ready to take it to the grading area; otherwise, you must ensure that you first have obtained the permission of the clinical floor examiner. Failure to abide by this policy will result in failure of **ALL** typodont procedures.

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

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

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

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

Q. If my Periodontics starting time is 9:30 a.m., what time does my patient need to be at the University of Mississippi Medical Center School of Dentistry?

A. All patients must be at the University of Mississippi Medical Center School of Dentistry at 7:45 a.m., and each clinic will be given six (6) hours to complete the Periodontics examination. Starting times will be staggered in thirty (30) minute increments. You should advise your patient to bring reading material for use during waiting periods.

Q. If my Periodontics patient is late arriving or if I must obtain a backup patient, do I still receive six (6) hours from the time I receive a starting check to complete the procedure?

A. No. If your patient arrives late, or if you have to obtain a backup patient, you will be required to com-

plete the procedure by the same deadline as has been established for your entire clinic.

Q. What if I am still working on my patient either at 4:30 p.m. on Days 2 and 3 or after six (6) hours on Day 4?

A. Board staff will announce the completion time for the examination. Candidates, including their dental assistants, who do not have a previously documented equipment failure and who are still working on patients at that time will be required to immediately stand up, obtain their completion time from the clinical floor examiner (only on Day 4), and follow all procedures for escorting their patients to the grading area. If a candidate and/ or dental assistant continues to work after time has been called, Board staff will retrieve the appropriate grade sheet(s), and the candidate will fail the procedure.

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

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

Q. When do I receive my candidate number, and do I receive a number for my 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. Patient numbers are randomly assigned.

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

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

Q. What is the Dental Candidate Patient Follow-Up Care Form?

A. This form will be in your candidate packets on Days 3 and 4 of the examination. Prior to the licensure examination, you should have informed your patient that the dental work is being performed as part of a clinical licensure examination and that additional follow-up care may be warranted. This agreement with your patient is documented on this form prior to receiving a starting check for the Class 2 Amalgam, Class 3 Composite, and Periodontics procedures. Should follow-up care be

mandated by either the grading examiners or the clinical floor examiner, the candidate will be notified, and the clinical floor examiner will witness the candidate's discussion of such care with his/her patient. Afterwards, the candidate will note follow-up care instructions on the bottom of the Dental Candidate Patient Follow-Up Care Form and give the bottom of the form to his/her patient.

Q. What does the Board consider as "identifying information" which may not be left in the clinics during the initial 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. Some of my equipment has my dental school name on it. Can I use it?

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

Q. What happens if I pass the overall examination but fail one or more procedures?

A. You must successfully complete **ALL** procedures on the examination and attain a passing score of seventy-five (75) or above to be considered as successfully completing the licensure examination. However, if you qualify, you may take and successfully complete only those procedures you failed at the re-take examination.

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

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

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

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

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

refund my fees for the re-take examination?

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

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

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

Q. How many times may I take the dental 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. If my unit breaks down, what should I do?

A. You must 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 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. Board members are appointed to four-year terms by the Governor.

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

A. Between 1993 and 2001, the pass rate is 96% of the approximately 360 candidates who have taken the dental examination.

Q. Do I need malpractice insurance?

A. Yes. If you wish, you may select an insurance carrier from the brochure(s) 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. Do I have time to finish all the procedures?

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

Q. Why do I have to complete the survey?

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

MSBDE Rev. 3/26/02

ENDODONTICS EXERCISE GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
ACCESS	Size and placement of access opening reflects the position of the pulpal chamber in the middle third of the lingual surface. Internal form tapers to the canal opening with no shoulders.	Size and placement of access opening varies slightly from the middle third of the lingual surface. Internal form is tapered to the canal opening but is slightly irregular.	Placement of the access opening is in the middle third of the lingual surface, but opening is too small or too large. Internal form is tapered to the canal opening but slightly irregular.	Placement of the access opening is not in the middle third of the lingual surface and is too small or too large. Internal form lacks proper taper to the canal orifice.	Placement of the access opening does not provide acceptable entry into the pulpal chamber. Internal form lacks proper taper with shoulders, ledges, or gouges present.	Placement of the access opening does not provide acceptable entry into the pulpal chamber. Internal form exhibits excessive shoulders; perforation exists. External outline form grossly deviates from the shape of the pulp chamber and/or exhibits gross destruction of tooth structure.
OBTURATION	Root canal is obturated with gutta percha to within 1.0mm of the anatomical apex of the tooth. Gutta percha is well-adapted to the canal walls. No gutta percha is in the coronal pulp chamber.	Root canal is obturated with gutta percha to the anatomical apex of the tooth or obturated more than 1.0mm from the anatomical apex of the tooth. Gutta percha is moderately adapted to the canal walls. No gutta percha is in the coronal pulp chamber.	Root canal is obturated with gutta percha greater than 2.0mm from the anatomical apex of the tooth. Gutta percha is moderately adapted to the canal walls. Slight amount of gutta percha in the coronal pulp chamber.	Root canal is obturated with gutta percha greater than 3.0mm from the anatomical apex of the tooth or is overfilled more than 0.5mm beyond the anatomical apex opening. Minor voids are present in the obturation of the root canal. Moderate amount of gutta percha in the coronal pulp chamber.	Root canal is obturated with gutta percha material greater than 4.0mm from the anatomical apex of the tooth or is overfilled more than 1.0mm beyond the anatomical apex opening. Significant voids are present in the obturation of the root canal. Significant portion but less than one-half of the coronal pulp chamber is filled with gutta percha.	Gutta percha extends significantly beyond the anatomical apex of the tooth or is grossly short of the desired length. Obturation of the root canal is grossly inadequate and/or poor adaptation to the prepared canal walls. More than one-half of the coronal pulp chamber is filled with gutta percha.

CARVED MODL AMALGAM RESTORATION GRADING CRITERIA–TOOTH #14

MSBDE Rev. 3/26/02

CRITERIA	5	4	3	2	1	0
ANATOMY	Restores harmonious form of existing tooth, normal anatomy, and proper marginal ridges.	Slight variation of normal occlusal anatomy.	Moderate variation of normal occlusal anatomy.	Improper restoration of marginal ridge.	Improper restoration of marginal ridge; improper occlusal anatomy.	Gross lack of normal anatomy.
	Proximal contour returns proper shape and position.	Slight abnormal variation of proximal contour, shape, and position of contact area.	Moderate variation of proximal contour, shape, and position or contact area.	Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.	Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.	Grossly inadequate marginal ridge position, proximal contour, or contac position.
	Optimal contact--will allow waxed floss to pass with proper resistance.	Near optimal contact--will allow waxed floss to pass with near proper resistance.	Barely adequate contact--will allow waxed floss to pass with near proper resistance.	Improper contact--too open or too tight.	Improper contact--too open with no resistance, or cannot get floss through.	Grossly improper contact.
FINISH LINES AND SURFACE FINISH	On margin.	Slight excess or deficient margins.	Moderate excess or deficient margins.	Open margin anywhere on restoration.	Deep open margin anywhere on restoration.	Multiple open margins.
	Smooth, free of voids, polished or unpolished. No pitting.	Slight surface irregularities.	Moderate surface irregularities.	Severe surface irregularities (pitting or voids).	Critical surface irregularities (pitting or voids).	Gross surface defects and/or fracture of restoration.
TREATMENT MANAGEMENT	Adjacent contact is not damaged.	Minor damage to adjacent tooth (can be preserved without damaging the contact).	Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).	Adjacent tooth damaged; difficult to polish.	Adjacent tooth damaged; almost impossible to polish out.	Adjacent contact needs to be restored.
			Minor damage to the gingivae.	Moderate damage to the gingivae.	Excessive damage to the gingivae.	Gingivae is damaged beyond repair.

PORCELAIN FUSED TO METAL ANTERIOR CROWN PREPARATION GRADING CRITERIA–TOOTH #9

MSBDE Rev. 3/26/02

CRITERIA	5	4	3	2	1	0
MARGINS AND PATH OF INSERTION	Margins placed in acceptable manner, smooth and well-defined.	Margins slightly shallow, deep, rough, or irregular.	Margins moderately over or under-extended, shallow, deep, rough, or irregular.	Areas of margins not discernable, or excessively shallow, deep, rough, or irregular.	Majority of margin not discernable, i.e., critically deep, rough, or inadequate.	Margins completely lack definition.
	No undercuts present.	No undercuts present.	Path of insertion is compromised by slight undercut.	Excessive undercuts which would cause significant problems with restoration fabrication.	Critically excessive undercut.	Gross undercuts.
RETENTION AND RESISTANCE FORM	Preparation appropriately conserves tooth structure.	Preparation appropriately conserves tooth structure.	Preparation slightly compromises appropriate conservation of tooth structure.	Preparation moderately compromises appropriate conservation of tooth structure.	Excessive removal of tooth structure.	Grossly inappropriate removal of tooth structure.
	Walls are smooth and clearly defined.	Walls are not all clearly defined.	Walls are moderately rough.	Walls are inadequate.	Walls are not defined.	Complete lack of preparation design.
	Preparation is designed to resist restoration displacement in all directions; preparation will retain crown.	Retention is adequate; preparation will retain crown.	Retention is minimal.	Inadequate preparation length and/or retentive features; retention not adequate.	Inadequate preparation length and/or retentive features; retention barely present.	Complete lack of retentive features; grossly inadequate retention.
	3°-6° axial wall taper.	Greater than 6° but less than 10° axial wall taper.	10° axial wall taper.	Greater than 10° axial wall taper.	Gross over-taper of axial walls.	Critical over-taper of axial walls.
	Optimal incisal edge, facial, lingual, occlusal, and interproximal reduction.	Near optimal incisal edge, facial, lingual, occlusal, and interproximal reduction.	Barely adequate incisal edge, facial, lingual, occlusal, and interproximal reduction.	Inadequate incisal edge, facial, lingual, occlusal, or interproximal reduction.	Critical lack of incisal edge, facial, lingual, occlusal, or interproximal reduction.	Gross over/under incisal edge, facial, lingual, or interproximal reduction.
TREATMENT MANAGEMENT	Adjacent contact is not damaged.	Minor damage to adjacent tooth (can be preserved without damaging the contact).	Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).	Adjacent tooth damaged; difficult to polish.	Adjacent tooth damaged; almost impossible to polish out.	Adjacent contact needs to be restored.
			Minor damage to the gingivae.	Moderate damage to the gingivae.	Excessive damage to the gingivae.	Gingivae is damaged beyond repair.

THREE UNIT PORCELAIN FUSED TO METAL BRIDGE ABUTMENT PREPARATIONS
GRADING CRITERIA–TEETH #3 - #5

MSBDE Rev. 3/26/02

CRITERIA	5	4	3	2	1	0
MARGINS AND PATH OF INSERTION	Margins placed in acceptable manner, smooth and well-defined.	Margins slightly shallow, deep, rough, or irregular.	Margins moderately over or under-extended, shallow, deep, rough, or irregular.	Areas of margins not discernable, or excessively shallow, deep, rough, or irregular.	Majority of margin not discernable, i.e., critically deep, rough, or inadequate.	Margins completely lack definition.
	No undercuts present.	No undercuts present.	Path of insertion is compromised by slight undercut.	Excessive undercuts which would cause significant problems with restoration fabrication.	Critically excessive undercut.	Gross undercuts.
RETENTION AND RESISTANCE FORM	Preparation appropriately conserves tooth structure.	Preparation appropriately conserves tooth structure.	Preparation slightly compromises appropriate conservation of tooth structure.	Preparation moderately compromises appropriate conservation of tooth structure.	Excessive removal of tooth structure.	Grossly inappropriate removal of tooth structure.
	Walls are smooth and clearly defined.	Walls are not all clearly defined.	Walls are moderately rough.	Walls are inadequate.	Walls are not defined.	Complete lack of preparation design.
	Preparation is designed to resist restoration displacement in all directions; preparation will retain crown.	Retention is adequate; preparation will retain crown.	Retention is minimal.	Inadequate preparation length and/or retentive features; retention not adequate.	Inadequate preparation length and/or retentive features; retention barely present.	Complete lack of retentive features; grossly inadequate retention.
	3°-6° axial wall taper.	Greater than 6° but less than 10° axial wall taper.	10° axial wall taper.	Greater than 10° axial wall taper.	Gross over-taper of axial walls.	Critical over-taper of axial walls.
	Optimal facial, lingual, occlusal, and interproximal reduction.	Near optimal facial, lingual, occlusal, and interproximal reduction.	Barely adequate facial, lingual, occlusal, and interproximal reduction.	Inadequate facial, lingual, occlusal, or interproximal reduction.	Critical lack of facial, lingual, occlusal, or interproximal reduction.	Gross over/under facial, lingual, or interproximal reduction.
TREATMENT MANAGEMENT	Adjacent contact is not damaged.	Minor damage to adjacent tooth (can be preserved without damaging the contact).	Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).	Adjacent tooth damaged; difficult to polish.	Adjacent tooth damaged; almost impossible to polish out.	Adjacent contact needs to be restored.
			Minor damage to the gingivae.	Moderate damage to the gingivae.	Excessive damage to the gingivae.	Gingivae is damaged beyond repair.

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AMALGAM PREPARATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
OUTLINE AND EXTENSION	Outline and extension is optimal.	Outline and extension near optimal.	Outline and extension not optimal--the integrity of the tooth is not compromised.	Outline and extension proximal contact is not broken or preparation extended beyond that dictated by tooth morphology, rotation, decalcification, or caries.	Outline and extension compromises tooth or restoration.	Outline and extension grossly extreme.
	Optimal removal of decalcification and optimal extension into fissures.	Optimal removal of decalcification and near optimal extension into fissures.	Optimal removal of decalcification but not optimal removal of fissures--the integrity of the tooth is not compromised.	Decalcification and/or fissures remain--the tooth and/or restoration is possibly compromised.	Failure to remove fissures, or decalcification compromises tooth and/or restoration.	Decalcification or lack of extension into fissures seriously compromises tooth
	Proximal cavosurface angles at 90°.	Proximal cavosurface angles no more than 5° over or under 90°.	Proximal cavosurface angles no more than 10° over or under 90°.	Proximal cavosurface angles no more than 15° over or under 90°.	Proximal form may lead to enamel fracture. Restoration may fracture due to extreme cavosurface angles.	Gross cavosurface angles.
INTERNAL FORM	Proximal retention is optimal.	Proximal retention near optimal.	Proximal retention not optimal, but is present.	Proximal retention inadequate or excessive.	Proximal retention near nonexistent.	Proximal retention does not exist.
	Walls are convergent occlusally.	Walls are barely convergent occlusally.	Walls are parallel.	Walls are divergent occlusally.	Walls are excessively divergent occlusally.	Gross divergence or undermining of cavity walls.
	Pulpal floor of optimal depth (normally greater than 1.5 mm). The axial wall is neither too shallow nor too deep pulpally.	Axial and/or pulpal walls too shallow or deeper than required for bulk, but near optimal.	Axial and/or pulpal floor and gingival floor moderately more shallow or deeper than required for bulk.	Excessively deep or shallow axial and/or pulpal walls.	Critically shallow or deep axial and/or pulpal walls.	Grossly shallow or deep axia and/or pulpal walls, pulpal exposure.
	All caries removed.	All caries removed.	All caries removed.	Questionable residual caries.	Very slight amount of possible caries present.	Obvious caries present.
OPERATIVE ENVIRONMENT AND TOOTH POLISHING	Rubber dam isolation is optimal. Field is dry.	Rubber dam isolation is adequate. Field is dry.	Rubber dam isolation is barely adequate.	Rubber dam isolation is inadequate with a bloody or wet field.	Rubber dam isolates improper teeth with a bloody or wet field.	Rubber dam grossly sloppy and torn.
	The preparation is completely free of debris.	The preparation is completely free of debris.	The preparation is completely free of debris.	Small amount of debris in preparation.	Significant debris in the preparation which requires correction before placement of restoration.	Gross debris in the preparation which requires remova before it can be evaluated.
	Adjacent contact is not damaged.	Minor damage to adjacent tooth (can be polished without changing the contact).	Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).	Adjacent tooth damaged; difficult to polish out.	Adjacent tooth damaged; almost impossible to polish out.	Adjacent tooth damaged; requires restoration.
	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.

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AMALGAM FINISHED RESTORATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
ANATOMY AND OCCLUSION	Restores harmonious form of existing tooth, normal anatomy, and proper marginal ridges.	Slight variation of normal occlusal anatomy.	Moderate variation of normal occlusal anatomy.	Improper restoration of marginal ridge.	Improper restoration of marginal ridge; improper occlusal anatomy.	Gross lack of normal anatomy.
	Proximal contour returns proper shape and position.	Slight abnormal variation of proximal contour, shape, and position of contact area.	Moderate variation of proximal contour, shape, and position or contact area.	Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.	Improper restoration of proximal contour--places contact in wrong position or shape. A gingival overhang.	Grossly inadequate marginal ridge position, proximal contour, or contact position.
	Optimal contact--will allow waxed floss to pass with proper resistance.	Near optimal contact--will allow waxed floss to pass with near proper resistance.	Barely adequate contact--will allow waxed floss to pass with near proper resistance.	Improper contact--too open or too tight.	Improper contact--too open with no resistance, or cannot get floss through.	Grossly improper contact.
	Occlusion has been restored to proper centric. Optimum occlusion.	Occlusion has been restored to proper centric. Near optimal occlusion.	Occlusion has been restored to proper centric.	Occlusion is barely too high or subocclusal.	Occlusion is too high or subocclusal.	Grossly inadequate occlusion.
MARGINS AND SURFACE FINISH	On margin.	Slight excess or deficient margins.	Moderate excess or deficient margins.	Open margin anywhere on restoration.	Deep open margin anywhere on restoration.	Multiple open margins.
	Smooth, free of voids, polished or unpolished. No pitting.	Slight surface irregularities.	Moderate surface irregularities.	Severe surface irregularities (pitting or voids).	Critical surface irregularities (pitting or voids).	Gross surface defects and/or fracture of restoration.
TREATMENT MANAGEMENT AND BASE/LINER CHECK	Patient is comfortable with no evidence of distress.	Patient is comfortable with no evidence of distress.	Patient exhibits slight discomfort.	Patient exhibits moderate discomfort.	Patient is obviously uncomfortable and visibly distressed.	Patient is in acute distress and serious discomfort.
	No damage to hard or soft tissue.	Slight damage to hard or soft tissue.	Moderate damage to hard or soft tissue.	Severe damage to hard or soft tissue.	Severe damage to hard or soft tissue.	Gross mutilation of hard or soft tissue.
	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.

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COMPOSITE PREPARATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
OUTLINE AND EXTENSION	Outline form provides optimal access for complete caries removal and material insertion.	Outline form provides near optimal access for complete caries removal and material insertion.	Outline form is extended slightly more than necessary for convenience.	Outline form is extended beyond that dictated by tooth morphology, rotation, decalcification, or caries.	Outline form is excessively over-extended/under-extended with unnecessary/ lack of removal of tooth structure.	Outline form is excessively over/under-extended with gross removal of sound tooth structure.
	Cavosurface margins are a smooth continuous curve with no sharp angles.	Cavosurface margins are a nearly smooth continuous curve with no sharp angles.	Cavosurface margins exhibit a slightly smooth continuous curve with no sharp angles.	Cavosurface margin is not an entirely smooth, continuous curve.	Cavosurface margin is not a continuous curve and has sharp angles.	Cavosurface margins are rough and jagged.
	Preparation margins terminate in sound tooth structure with all unsupported enamel removed unless it compromises labial aesthetics.	Preparation margins terminate in sound tooth structure with most unsupported enamel removed unless it compromises labial aesthetics.	Preparation margins exhibit slight irregularities with a minimum of unsound enamel unless preserved for aesthetic reasons.	Preparation margins are irregular and exhibit unsound enamel.	Preparation margins are irregular and exhibit unsound enamel.	Preparation margins are rough and jagged.
	Enamel cavosurface margins are beveled.	Enamel cavosurface margins are beveled.	Enamel cavosurface margins are beveled.	Enamel cavosurface margins are slightly beveled.	Enamel cavosurface margin is indistinct or slightly over-beveled.	Enamel cavosurface margins lack beveling or excessively over-beveled.
INTERNAL FORM	Axial wall is neither too shallow nor too deep; optimal depth for material bulk.	Axial wall not too shallow or deeper than required for bulk, but near optimal.	Axial wall moderately more shallow or deeper than required for material bulk.	Axial wall excessively deep or shallow.	Axial wall significantly over/ under-extended pulpally.	Axial wall grossly over-extended, encroaching on pulp or pulp was exposed, or axial wall is grossly under-extended with no retention.
	All caries removed.	All caries removed.	All caries removed.	Questionable residual caries.	Very slight amount of possible caries present.	Obvious caries present.
	Prepared surfaces are smooth and well-defined.	Prepared surfaces are smooth and well-defined.	Prepared surfaces are slightly rough.	Prepared surfaces are moderately rough.	Prepared surfaces are significantly rough.	Gross irregularity of prepared surfaces.
OPERATIVE ENVIRONMENT AND TOOTH POLISHING	Rubber dam isolation is optimal. Field is dry.	Rubber dam isolation is adequate. Field is dry.	Rubber dam isolation is barely adequate.	Rubber dam isolation is inadequate with a bloody or wet field.	Rubber dam isolates improper teeth with a bloody or wet field.	Rubber dam grossly sloppy and torn.
	The preparation is completely free of debris.	The preparation is completely free of debris.	The preparation is completely free of debris.	Small amount of debris in preparation.	Significant debris in the preparation which requires correction before placement of restoration.	Gross debris in the preparation which requires removal before it can be evaluated.
	Adjacent contact is not damaged.	Minor damage to adjacent tooth (can be polished without changing the contact).	Minor damage to adjacent tooth but can be removed by polishing (will change the shape of the contact).	Adjacent tooth damaged; difficult to polish out.	Adjacent tooth damaged; almost impossible to polish out.	Adjacent tooth damaged; requires restoration.
	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.	If permission to polish adjacent tooth was not received, begin scoring with a 3; grade may be lower.

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COMPOSITE FINISHED RESTORATION GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
CONTOUR, CONTACT, AND OCCLUSION	Proximal contour returns proper shape and position. Normal contours of the tooth are restored.	Slight abnormal variation of proximal contour, shape, and position of contact area. Restoration reproduces the normal contours of the tooth with only slight variations.	Moderate variation of proximal contour, shape, and position of contact area.	Improper restoration of proximal contour which places contact in wrong position or shape. A gingival overhang may be present.	Improper restoration of proximal contour which places contact in wrong position or shape. A gingival overhang may be present.	Contour does not resemble the normal tooth and will interfere with the maintenance of gingival health.
	Optimal contact that will allow dental floss to pass with proper resistance.	Near optimal contact that will allow floss to pass with near proper resistance.	Barely adequate contact that will allow floss to pass with near proper resistance.	Improper contact which is open or too tight.	Improper contact which is open with no resistance, or cannot get floss through.	Grossly improper contact.
	All centric and excursive contacts on the restoration, when appropriate, are consistent in size, shape, and intensity with such contacts on other teeth.	All centric and excursive contacts on the restoration, when appropriate, are nearly consistent in size, shape, and intensity with such contacts on other teeth.	All centric and excursive contacts on the restoration, when appropriate, are slightly consistent in size, shape, and intensity with such contacts on other teeth.	Occlusion is barely too high or subocclusal.	Restoration is in significant supra-occlusion or sub-occlusion.	Restoration is in supra-occlusion and will cause damage to the supporting structures or failure to the restoration.
MARGINS AND SURFACE FINISH	On margin.	Slight excess or deficiency at tooth-restoration junction. No open margins.	Moderate excess or deficiency at tooth-restoration junction. Slight open margins.	Restoration/tooth interface is sealed, but one or more areas of significant marginal excess or deficiency are detectable.	Deep, open margin anywhere on restoration.	Severe marginal excess or deficiency, roughness, voids, and/or open margins present.
	Restoration is uniformly smooth and free of pits and voids.	Restoration is smooth with a minimum of small pits.	Restoration has moderate surface irregularities.	Restoration exhibits significant irregularities, including pits and voids.	Restoration is rough, pitted and/or porous.	Restoration surface is rough, pitted, and/or porous.
	Shade of restoration blends harmoniously with the surrounding tooth structure.	Shade of restoration blends with the surrounding tooth structure.	Shade of restoration is acceptable but varies slightly from the surrounding tooth structure.	Shade of restoration is acceptable but varies significantly from surrounding tooth structure.	Shade of restoration varies significantly from surrounding tooth structure.	Unacceptable error in shade when compared to surrounding tooth structure.
TREATMENT MANAGEMENT AND BASE/LINER CHECK	Patient is comfortable with no evidence of distress.	Patient is comfortable with no evidence of distress.	Patient exhibits slight discomfort.	Patient exhibits moderate discomfort.	Patient is obviously uncomfortable and visibly distressed.	Patient is in acute distress and serious discomfort.
	No damage to hard or soft tissue.	Slight damage to hard or soft tissue.	Moderate trauma of hard or soft tissue.	Severe damage to hard or soft tissue.	Severe damage to hard or soft tissue.	Gross mutilation of hard or soft tissue.
	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.	If no base/liner check received, begin scoring with a 3; grade may be lower.

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REMOVABLE PROSTHETICS GRADING CRITERIA

Final Impressions

CRITERIA	5	4	3	2	1	0
SURFACE DETAIL AND ACCURACY	All anatomical structures accurately recorded. No voids or pressure areas present.	All anatomical structures near optimal recorded. Slight voids or pressure areas present.	Most anatomical structures recorded. Moderate number of voids or pressure areas present.	Minimal recording of anatomical structures. Severe voids or pressure areas present.	Anatomical structures lack accuracy. Voids or pressure areas present in critical areas.	Complete inaccuracy of impression. Gross voids or pressure areas present in critical areas.
EXTENSIONS	Optimal extension and contouring of border areas. Posterior palatal seal accurately marked on impression.	Near optimal extension and contouring of border areas. Posterior palatal seal accurately marked on impression.	Border areas not properly extended and contoured in all areas. Posterior palatal seal marked slightly over/under extended.	Border areas and contours slightly over/under extended. Posterior palatal seal marked slightly over/under extended.	Border areas and contours moderately over/under extended. Posterior palatal seal marked slightly over/under extended.	Gross over/under extension of borders and inaccurate contours. No evidence of marking of posterior palatal seal.
RETENTION	Impression has optimal retention and stability in mouth.	Impression has near optimal retention and stability in mouth.	Impression has moderate retention and stability in mouth.	Impression has minimal retention and stability in mouth.	Impression lacks adequate retention and stability in mouth.	No retention or stability in mouth.

Centric Jaw Relation and Vertical Dimension

CRITERIA	5	4	3	2	1	0
RECORDING OF CENTRIC JAW RELATION	Bite rims interlock precisely, and can be separated for evaluation. Centric Jaw Relation has been properly recorded.	Bite rims interlock adequately, and can be separated for evaluation. Centric Jaw Relation has been properly recorded.	Bite rims interlock, and can be separated for evaluation. Centric Jaw Relation is registered slightly anterior of most retruded position.	Bite rims interlock, and can be separated for evaluation. Centric Jaw Relation not registered correctly.	Bite rims do not interlock, but can be separated for evaluation. Centric Jaw Relation is inadequately registered.	Bite rims do not interlock, and cannot be separated for evaluation. Centric Jaw Relation is not registered.
FREEWAY SPACE	2mm - 3mm of Freeway Space. Bite rims contact evenly.	2mm - 3mm of Freeway Space. Bite rims contact.	3mm - 5mm of Freeway Space. Bite rims contact.	5mm or more of Freeway Space. Bite rims contact slightly.	5 mm or more or less than 1mm of Freeway Space. Bite rims do not contact.	No Freeway Space. Bite rims do not contact.

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PERIODONTAL DIAGNOSTIC EXERCISE GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
PERIODONTAL POCKET DEPTHS	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but one tooth surface.	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but two (2) or three (3) tooth surfaces.	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but four (4) or five (5) tooth surfaces.	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but six (6) or seven (7) tooth surfaces.	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but eight (8) or nine (9) tooth surfaces.	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but ten (10) or more tooth surfaces.
CALCULUS DETECTION	Calculus is readily detected with an explorer on all surfaces selected.	Calculus is readily detected with an explorer on all but one (1) of the surfaces selected.	Calculus is readily detected with an explorer on all but two (2) of the surfaces selected.	Calculus is readily detected with an explorer on all but three (3) of the surfaces selected.	Calculus is readily detected with an explorer on all but four (4) of the surfaces selected.	Calculus is readily detectec with an explorer on all but five (5) or more of the surfaces selected.
RADIOGRAPHIC INTERPRETATION	Radiographs are current within the published guidelines, are of good diagnostic quality, properly mounted, and identified.	Radiographs are current within the published guidelines, are of acceptable diagnostic quality, properly mounted, and identified.	Radiographs are current within the published guidelines, are of acceptable diagnostic quality, improperly mounted, and/or incorrectly identified.	Radiographs are current within the published guidelines, are of poor diagnostic quality, improperly mounted, and/or incorrectly identified.	Radiographs are not current within the published guidelines, are of poor diagnostic quality, improperly mounted, and/or incorrectly identified.	Radiographs are not current within the published guidelines, are not of diagnostic quality, not properly mounted, and not properly identified.
FULL-MOUTH DIAGNOSIS AND TREATMENT PLAN	Accurate diagnosis of existing periodontal disease is documented; existing restorations and missing teeth charted; carious and pathological lesions noted; pocket depths and bone level charted; and sequential treatment plan formulated.	Accurate diagnosis of existing periodontal disease is documented; most existing restorations and missing teeth charted; most carious and pathological lesions noted; pocket depths and bone level charted; and sequential treatment plan formulated.	Diagnosis of existing periodontal disease is documented but possible error in diagnosis; most existing restorations and missing teeth charted; some carious and pathological lesions not noted; some inaccuracies in pocket depth and bone level recordings; and treatment plan not sequential.	Diagnosis of existing periodontal disease is documented but error in diagnosis; most existing restorations and missing teeth charted; some carious and pathological lesions not noted; slight inaccuracies in pocket depth and bone level recordings; and treatment plan does not reflect periodontal findings.	Diagnosis of existing periodontal disease is documented but error in diagnosis; incorrect existing restorations and incorrect missing teeth charted; numerous carious and pathological lesions not noted; numerous inaccuracies in pocket depth and bone level recordings; and treatment plan does not correct existing problems.	No diagnosis of existing periodontal disease is documented; incorrect existing restorations and incorrect missing teeth charted; numerous carious and pathological lesions no noted; numerous inaccuracies in pocket depth and bone level recordings; and no treatment plan formulated.

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PERIODONTAL TREATMENT EXERCISE GRADING CRITERIA

CRITERIA	5	4	3	2	1	0
CALCULUS REMOVAL	No calculus is readily detected with an explorer on any of the surfaces selected.	Calculus is readily detected with an explorer on not more than one (1) of the surfaces selected.	Calculus is readily detected with an explorer on not more than two (2) of the surfaces selected.	Calculus is readily detected with an explorer on not more than three (3) of the surfaces selected.	Calculus is readily detected with an explorer on not more than four (4) of the surfaces selected.	Calculus is readily detectec with an explorer on five (5) or more of the surfaces selected.
STAIN, PLAQUE REMOVAL, AND TOOTH POLISHING	No stain and/or plaque remains on any of the six (6) teeth selected.	Stain and/or plaque remains on one (1) tooth of the six (6) teeth selected.	Stain and/or plaque remains on two (2) teeth of the six (6) teeth selected.	Stain and/or plaque remains on three (3) teeth of the six (6) teeth selected.	Stain and/or plaque remains on four (4) teeth of the six (6) teeth selected.	Stain and/or plaque remains on five (5) or more teeth of the six (6) teeth selected.
PATIENT MANAGEMENT	Patient is comfortable and demonstrates no evidence of distress or pain. No tissue damage due to routine instrumentation.	Patient is comfortable and demonstrates no evidence of distress or pain. Slight tissue damage to the gingival margins and/or interdental papillae involving not more than two (2) teeth.	Patient exhibits slight discomfort. Slight tissue damage to the gingival margins and/or interdental papillae involving not more than three (3) teeth.	Patient exhibits moderate discomfort. Moderate tissue damage to the gingival margins and/or interdental papillae involving not more than four (4) teeth.	Patient is obviously uncomfortable and visibly distressed. Significant tissue damage to the gingival margins and/or interdental papillae involving not more than five (5) teeth.	Patient is very uncomfortable and distressed Severe damage to the marginal gingiva and/or amputated papillae.

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

School of Dentistry
Associate Dean - Clinical Programs

Area Code 601
984-6025

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY INFORMATION FOR CANDIDATES FOR DENTAL 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 also may park in the Mississippi Veterans Memorial Stadium parking lot directly across North State Street from the Medical Center.

USAGE FEE:

The fee that is submitted by the candidate to the School of Dentistry pays for the direct costs of the school's hosting the examination. This fee includes the use of the facilities, staff, and the following 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. Arrangements to ensure compatibility for the use of sonic scalers supplied by the candidate must be made by contacting Clinical Services at (601) 984-6184 prior to the examination.

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 prior to the examination.

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, plaster, and other related expendable materials.

8. The School of Dentistry supplies gowns, 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 candidates are assigned. All requisitioned sterile clinical instruments are issued to candidates 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 professional liability insurance is required if patients are involved. Facilities are available through Thursday, May 16, 2002 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. A designated smoking area is located outside the first floor north entrance.

The fourth floor clinical laboratory is available for candidate use and will remain open until 9:00 p.m. on Tuesday, May 21, 2002. 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 clinical laboratory contains all usual laboratory equipment, such as bench lathes, high speed grinders, polishing machines, vibrators, and ultrasonic units.

No candidate may enter the clinical laboratory with protective gloves or masks used in the clinic. Candidates are requested to clean their benches before leaving the clinical 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 16, 2002. 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. 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 and Maxillofacial Radiology Clinic during times that the clinic is regularly scheduled. Radiographs needed during the examination may be made in the fifth floor pre-clinical laboratories for laboratory exercises, and in the fourth floor clinics and second floor radiology clinic 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 board record and are available from the second floor 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 in the second floor Record Room 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 any patient record is not completed and returned to the Record Room.

ATTACHMENT:

1. Endodontic Laboratory

Tray Set-Up:

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

2. Removable Prosthetics Clinic

Tray Set-Up:

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

3. Operative Clinic and Laboratory

Tray Set-Up:

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

Off-Tray Instruments and Supplies:

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

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 prophy 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
½ DL
½ 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
½
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

ALPHABETICAL LIST OF AREA HOTELS & MOTELS

Cabot Lodge-Millsaps
2375 North State Street
Jackson, MS 39202
Telephone: 601-948-8650
Facsimile: 601-948-8650
Internet: http://lodging.yahoo.com/lodging/Mississippi/Cities/jackson/hotel/4421425.html

Clarion Hotel
I-55 at High Street
400 Greymont Avenue
Jackson, MS 39202
Telephone: 800-252-7466
601-969-2141
Facsimile: 601-355-1704
Internet: http://www.choicehotels.com/ires/en-US/html/HotelList?sid=sDoT.2iQoUEmG0.1&name=Jackson&state=MS&country=US&units=M&radius=40.22&latitude=32.3001&longitude=-90.1881&chain=R&findhotel=full

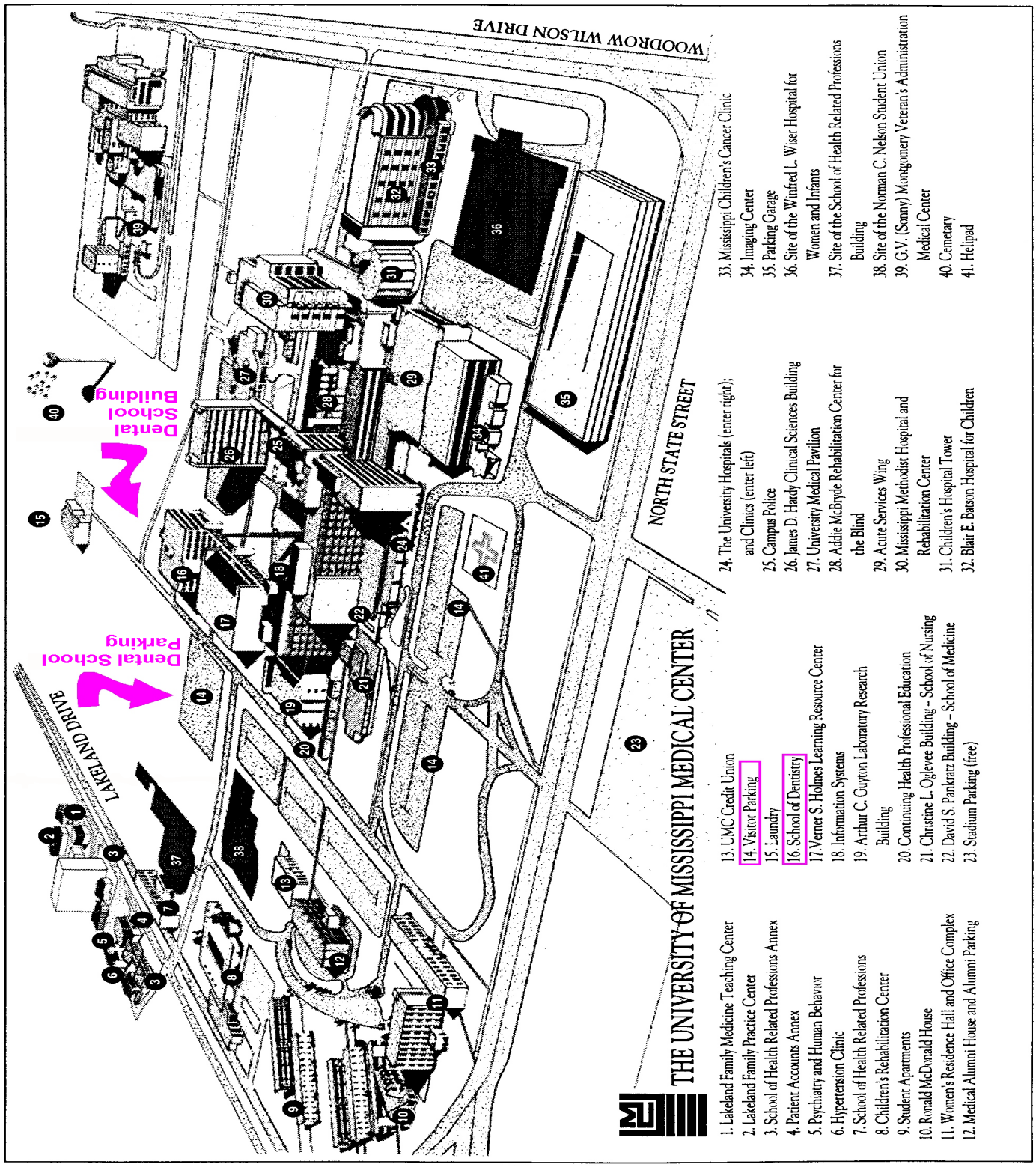
Crowne Plaza-Downtown
200 East Amite Street
Jackson, MS 39201
Telephone: 800-227-6963
601-969-5100
Facsimile: 601-969-9665
Internet: www.basshotels.com/crowneplaza?_franchisee=JANDT

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

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

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

Red Roof Inn-Coliseum
700 Larson Street
Jackson, MS 39202
Telephone: 800-733-7663
601-969-5006
Facsimile: 601-969-5159
Internet: http://www.redroof.com/inn_details.asp?innNumber=131

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

MAP TO UNIVERSITY OF MISSISSIPPI MEDICAL CENTER SCHOOL OF DENTISTRY