

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

P.O. Box 1960
CLINTON, MISSISSIPPI 39060-1960
601-924-9622

Important Information for Applicants for DENTAL HYGIENE Licensure

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

The examination will be held June 5-6, 1994, at the University of Mississippi School of Dentistry located on the campus of the University Medical Center, 2500 North State Street, Jackson, Mississippi. You will report to the Dental School Sunday, June 5th, Room D-113, First Floor at 3:30 pm for your Jurisprudence examination and orientation.

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

General Requirements for Application:

An applicant for examination for dental hygiene licensure shall be a citizen of the United States except as otherwise provided in Section 73-9-23, Mississippi Laws (copy enclosed), be of good moral character, be possessed of a high school education, and have attained the age of eighteen (18) years. An applicant must also hold a degree from an accredited dental hygiene program in the United States except as otherwise provided in Section 73-9-23, Mississippi Laws Pertaining to the State Board of Dental Examiners.

Application should be made to the Secretary of the Board by certified mail with return receipt requested. Application, fees, and all supporting documentation must be received by the Board at least thirty (30) days before the announced date of the examination (5/6/94).

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

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

General Information for Preparing for the Examination

Candidates must furnish their own patients and must be responsible for their appearance on schedule.

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

1. Radiographic film - Size #2, all double packets.
2. Gauze pads, cotton rolls, paper, plastic disposables, gloves, masks, disclosing solution, rubber cups and brushes (white and black), tooth-brushes, floss, pumice, saliva ejectors, fluoride (APF or neutral sodium) and trays.
3. Suction tips, napkins, napkin chains.

Candidates must furnish their own sterile instruments. Sterile prophylaxis handpieces will be provided by the School of Dentistry. **ULTRASONIC OR OTHER MECHANICAL SCALING DEVICES MAY NOT BE USED.**

All units in the School of Dentistry are ADEC Continental. These units may be adjusted for right or left-handed operators. Dental school personnel will be available to make necessary adjustments.

Candidates for licensure are required to wear scrub gowns, gloves, masks and protective eyewear. Gloves, masks and scrub gowns will be supplied. Candidates must provide their own protective eyewear.

No eating or drinking by candidates or patients is allowed in the clinics, labs, hallways or upstairs waiting rooms. These functions are permitted in the first floor lounge only. **No smoking is allowed anywhere in the School of Dentistry Building.** You may advise your patient to bring reading material, radio with earphones, sweater and a sack lunch to be eaten in the lounge only.

There is parking for patients only in the lot north of the School of Dentistry. You should advise your patients that this is a pay lot; the rate is \$.50 per hour or \$5.00 per day. Candidates should park in the Mississippi Veterans Memorial Stadium parking lot which is directly across North State Street from the Medical Center. A shuttle bus operates every 15 minutes from 6:30 - 9:30 a.m., 11:00 a.m. - 12:30 p.m. and 1:30 - 6:00 p.m. It is permissible for you to unload your equipment at the front entrance of the School of Dentistry. Parking is limited. If candidates use the patient parking lot, patients may not be able to find a parking space.

YOUR APPLICATION WILL BE COMPLETE UPON RECEIPT OF THE FOLLOWING:

1. TYPED application form filled out completely and properly signed and notarized.
2. Certified check or money order in the amount of \$100.00 made payable to the Mississippi State Board of Dental Examiners. This is your Board application fee.
3. Certified check or money order in the amount of \$35.00 made payable to the University of Mississippi School of Dentistry. This check is to be mailed with your application and covers your clinic fees such as disposable materials, x-ray film, etc.
4. Notarized signatures of two (2) reputable citizens of the state in which the applicant is a resident. (See application form for further information).
5. Copy of National Board Dental Hygiene Examination Grade Card. Contact the Joint Commission on National Dental Examinations, telephone number 1-800-621-8099, to have a copy of your grade card mailed to our office. It is our policy not to give out National Board grades under any circumstances; please do not contact the Dental Board office for your scores. Candidates will be required to have passed the National Board Dental Hygiene Examination prior to issuance of a Mississippi license. You may take the Mississippi State Boards without having passed the National Boards, but you will not be issued a Mississippi license until a copy of your National Board Dental Hygiene examination scores have been received by the Mississippi State Board of Dental Examiner's office. (For this purpose, passing scores on the Mississippi State Board Exam are valid through December 31, 1994.)
6. Copies of official transcripts for each college and dental hygiene school attended. These transcripts must be mailed directly to the Board office by the schools. Transcripts will not be accepted from the candidate. Have ALL TRANSCRIPTS IN BY THE DEADLINE--MAY 6th. Even though your dental hygiene transcript is not complete, PLEASE HAVE A PARTIAL MAILED BY MAY 6TH so your application can be processed.
7. Candidates who are still in dental hygiene school at the time their application is submitted must have Form A (enclosed) - Affidavit signed by dental hygiene dean - completed and returned with application. Candidates who have not graduated prior to the examination for licensure will not be allowed to take the Board.
8. Certified statement from the Secretary of the Board of Dental Examiners in each state in which applicant is currently licensed verifying license status and good standing. In states where applicant previously has been licensed, the Secretary of the Board must notify this office as to the reason for license expiration or revocation.

PATIENT SELECTION: Patient selection is probably the single most important factor in preparation for this examination. Since marginal patients may be rejected, it is advisable to bring a back-up patient. Unacceptable patients will be dismissed and another patient must be provided if the candidate is to continue the examination. The patient's acceptability will be evaluated on the basis of health condition, dentition requirements, radiograph requirements, charting requirements and adequate deposits. Refer to Sections B-E for patient requirements.

- A. Health Condition: The patient's health must be acceptable for prophylactic treatment. If conditions indicate an alteration in treatment procedures or a need to consult the patient's physician, the candidate must obtain the necessary written clearance from the patient's physician before the patient is accepted. There should be no soft tissue lesions which would contraindicate dental hygiene instrumentation.
- B. Radiographs: A full mouth series of radiographs exposed within the past three (3) years, two to four bitewings taken within the past thirty (30) days of the clinical board exam (if FMX has not been exposed within thirty (30) days). All radiographs (FMX and bitewing) must be mounted and brought for use on the day of the clinical exam.
- C. Dentition: The patient must have a minimum of 18 natural teeth with at least 10 posterior teeth. One or more of the following is recommended but not required: restorations, fixed prostheses, missing teeth, defective restorations, and caries.
- D. Dental Charting: Required dental charting will include a periodontal probe assignment, identifying and charting restorations, defects, missing teeth, caries, fixed prostheses, etc. The type dental chart used has a buccal, occlusal, mesial, distal, and lingual view of all teeth, a recession index and probe depth charting area.

THERE MUST BE CLINICAL EVIDENCE OF SUBGINGIVAL CALCULUS WHICH MAY OR MAY NOT BE EVIDENT ON RADIOGRAPHS.

- E. Light-UNACCEPTABLE: Moderate subgingival calculus not present on molars, bicuspid or anteriors in 2 quadrants--too light for testing.

Light: Isolated areas of calculus (spicules or small ledges of subgingival adequate for testing).

Moderate: General small interproximal ledges of moderately tenacious subgingival calculus.

Heavy: Generalized subgingival deposits which may continue through the interproximal and line angles. May also be tenacious sheets.

Heavy-UNACCEPTABLE: Pocket depth exceeding 6mm with calculus too heavy and tenacious, tissue condition is prohibitive.

Stain is not essential to qualify a patient as acceptable. However, a patient with minimally acceptable subgingival calculus and moderate to

heavy stain on the gingival third of most surfaces would provide an acceptable patient.

GRADING: A Pass or Fail grade will be given for charting, patient management, and patient education. This will count as 10% of your overall grade. Zero grades will be given for: (1) patient mismanagement or deceit; and (2) presenting patient not meeting requirements.

Prophylaxis: The patient will be rated according to the amount of calculus/stain evident. The rating consists of: light, moderate, or heavy. Points will be deducted for: (a) tissue trauma/tears; (b) stain; and (c) residual calculus.

Grading will be as follows:

1. Charting, patient management, patient education: 10% of the total grade;
2. Prophylaxis: 90% of the total grade.

A successful candidate must attain a grade of 70% or above as an overall average.

Radiographs will not be graded. Radiographs must be properly mounted by the candidate in the accepted ADA Method -- Raised portion of dimple toward examiner. Bring radiographs on the day of the clinical exam.

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

The Board examination will be given to protect anonymity. Orientation will begin Sunday, June 5, 1994, at 3:30 pm in Room D-113, First Floor, UMC School of Dentistry. At this time a written exam in jurisprudence based on the Mississippi Laws and regulations Pertaining to the State Board of Dental Examiners will be given. Questions will be answered regarding any other portion of the examination while the jurisprudence is being graded. You will then be dismissed until Monday, June 6th, at 7:45 am. Candidates who are unsuccessful on the Jurisprudence examination will not be allowed to proceed with the clinical portion on Monday.

Further orientation will be at 7:45 am, Monday, June 6, 1994 at the University of Mississippi School of Dentistry, Room D-113, First Floor. Bring your completed patient Health History Form (included in packet) for review and signature at this time as well as FMX and bitewings.

Patients should be at the dental school on Monday, June 6th, no later than 8:00 am. Patients should wait in the first floor lounge.

1. It is required that all patient care activities be with gloves, masks, protective eyewear, and scrub gowns. Gloves, masks and scrub gowns will be provided by the School of Dentistry. The School of Dentistry does not furnish protective eyewear. Each candidate will be assigned a candidate number. This number should be placed on the right lapel. No name tags or monograms denoting identity of candidate or schools attended are allowed.
2. Candidates should bring one properly mounted FMX of their board patient taken with 3 years of the clinical board exam and two to four pre-op bitewings taken within 30 days of the clinical board exam. You will be required to take post-op bitewings upon completion of your patient. You will not be graded on radiographs. Number 2 bitewing film and mounts will be provided. All film packs are double packets in order to provide your patient with a copy of post-op bitewings.
3. Enclosed in this packet is your patient Medical/Dental History Form that should be completed prior to the examination. On the day you complete the medical/dental history form, have your patient sign and date this form. Bring this completed, signed and dated form with you the morning of the clinical exam. You will review and update the form at this time; upon updating, have your patient initial and date the review. If for some reason you are unable to complete this form prior to the clinical exam, there will be forms available to you that morning with time to complete the histories. This form should be placed in the patient chart that will be provided the day of the examination.
4. When you are dismissed from orientation, take your patient to the waiting area nearest your assigned unit. A Floor Examiner will be available to assist you. A manila folder containing patient

consent form, assignment sheet, dental chart, and x-ray film packet and mount for post-op bitewings will be provided at your assigned unit. Insert your completed Health/Dental Histories in this folder.

Once your unit is set up, you may seat your patient. You will be provided with a patient number; pin this number on the patient's right lapel. Review the patient's medical/dental history at this time. IF YOUR PATIENT HAS MEDICAL PROBLEMS, CONSULT THE FLOOR EXAMINER. Upon review and update of histories, have your patient initial and date the review beside their original signature. Your patient must sign the patient consent form before a witness. Anyone except the candidate may witness the patient's signature.

Before your patient goes to grading for your prophylaxis and periodontal charting assignment, the Floor Examiner must:

- (1) Initial the Health/Dental History Section of your assignment sheet;
- (2) Check that the patient consent form has been completed and signed;
- (3) Write your patient number - not the candidate number - on the assignment sheet.

PLACE NAPKIN ON PATIENT PRIOR TO ESCORTING HIM/HER TO THE GRADING AREA.

5. When Step 4 is complete, you may escort your patient to the door of the grading area. Candidates are not allowed in the grading area but may wait for their patient in the fourth floor WAITING area. Board personnel will seat your patient in the GRADING area waiting room, and patients will be called to the grading booth in the order in which they arrive. **DO NOT SEND THE MANILA FOLDER TO THE GRADING AREA.** Send only the following with your patient:
 - (1) FMX AND pre-op bitewings with PATIENT NUMBER ONLY on mount. (No candidate names or numbers or patient names on mounts.)
 - (2) Assignment sheet with health history section checked and initialed by the Floor Examiner - **PATIENT NUMBER ONLY SHOULD BE ON ASSIGNMENT SHEET.**
6. Three examiners will rate the patient and make the candidate's assignment for completion. Your prophylaxis and periodontal charting assignment may consist of one, two, three, or four quadrants depending on the classification/difficulty of your patient. **ULTRASONIC OR OTHER MECHANICAL SCALING DEVICES MAY NOT BE USED.** Upon completion of patient rating and assignment you will be given a starting time which allows you to begin scaling, oral hygiene, etc.; this time will be written on your assignment sheet.
7. Post-op bitewings must be taken after completion of scaling. Upon review of post-op bitewings, you may return to your unit to scale if you have allowed yourself enough time for this. All

radiographic equipment will be pre-set with no adjustments necessary.

8. Each applicant will be expected to complete the assigned procedures within a (3) hour period. A Floor Examiner should review and initial your completed periodontal charting assignment and patient education. This may be done at any time during the 3-hour period. **YOU MAY SEND YOUR COMPLETED PATIENT TO THE GRADING AREA ANY TIME WITHIN THE THREE HOUR PERIOD.** When all assignments are complete, personally escort your patient to the grading area.

These are the items you will need to take with you to the grading area. The grading area door monitor will collect the following:

- (a) manila folder including patient consent form, perio/dental chart and health/dental histories;
- (b) assignment sheet -- the candidate number should be written in below the patient number;
- (c) pre-op bitewings and FMX (WRITE PATIENT NUMBER ON ALL MOUNTS AND PRE-OP ON BITEWINGS) No candidate names, numbers or patient names should be written on mounts.
- (d) post-op bitewing radiographs (WRITE PATIENT NUMBER AND POST-OP ON THE MOUNT) No candidate names, numbers or patient names should be written on mounts.

WAIT FOR THE DOOR MONITOR TO NOTE YOUR COMPLETION TIME ON THE ASSIGNMENT SHEET.

9. When the patient returns to the candidate, one set of post-op bitewings should be placed in a coin envelope and given to the patient. The candidate should instruct the patient as to any post operative care needed, dismiss the patient, and clean the unit. Please put the used dental hygiene patient number and candidate number in the box in the clinic marked "Used Patient Numbers". The candidate is then free to leave.

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

DO NOT, under any circumstances, call the Dental School, the Board office, or any of the Board members for your test results. You will be notified by mail as soon as possible. DO NOT MAKE PLANS TO WORK AS A DENTAL HYGIENIST UNTIL YOU HAVE RECEIVED YOUR LICENSE.

EXAMINATION SCHEDULE

Sunday, June 5, 1994

3:30 pm..... Orientation Session - Room D-113, First Floor, University of Mississippi School of Dentistry. Jurisprudence Examination will be given at this time.

Monday, June 6, 1994

7:45 am..... Orientation - Room D-113.

DENTAL HYGIENE CLINICS..... Third Floor - Dental School

GRADING AREA..... Fourth Floor - Dental School

PATIENT WAITING AREA..... Student Faculty Lounge - First Floor - Dental School. Be sure your patient is at the dental school by 8:00 am.

FORM A: AFFIDAVIT

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

(signature)

(typed name and title)

STATE OF
COUNTY OF

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

SWORN TO AND SUBSCRIBED BEFORE ME this the _____ day of _____, 1994

NOTARY PUBLIC

My commission expires:
