

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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IMPORTANT INFORMATION FOR CANDIDATES FOR DENTAL HYGIENE LICENSURE FOR THE JUNE 10, 1996 ANNUAL LICENSURE EXAMINATION

Please read the following instructions and requirements carefully. Most of the candidate's questions concerning the application and examination should be answered in these instructions. However, if the candidate has further questions, please contact the Mississippi Board office at the above address and telephone number. The candidate must keep these instructions in his/her possession during the examination.

The examination will be held Monday, June 10, 1996, at the University of Mississippi School of Dentistry located on the campus of the University Medical Center, 2500 North State Street, Jackson, Mississippi. Candidates will report to the UMC School of Dentistry Monday, June 10, 1996, Room D-113, First Floor, at 7:30 a.m. for the 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

A candidate for examination for dental hygiene licensure shall be a citizen of the United States except as otherwise provided in Miss. Code Ann. § 73-9-23 (copy enclosed), be of good moral character, be possessed of a high school education, and have attained the age of eighteen (18) years. A candidate also must hold a degree from an accredited dental hygiene program in the United States except as otherwise provided in Miss. Code Ann. § 73-9-23, 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**. The application, fees, and all supporting documentation must be received by the

Mississippi Board at least thirty (30) days before the announced date of the examination (May 10, 1996).

Board fees and clinic fees must be paid in two (2) 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 examination for licensure providing the Mississippi Board office is notified no later than three (3) days prior to the examination.

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

General Information for Preparing for the Examination

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

Candidates must furnish their own sterile instruments. The use of ultrasonic scalers is permitted; however, it is the candidate's responsibility to provide the equipment of choice.

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

Standards of Conduct of Dental Hygiene Candidates

The Mississippi State Board of Dental Examiners administers this examination following the highest ethical and moral standards of the profession of dentistry. Each candidate will be expected to conduct himself/herself in a professional manner.

Throughout the course of the examination, the candidate shall be responsible for:

- a. Maintaining a professional appearance at all times throughout the examination;
- b. Proper patient management;
- c. Showing the patient proper consideration and treatment;
- d. Showing consideration for test site personnel, examiners, and other candidates;
- e. Maintaining proper aseptic techniques; and
- f. Protecting and showing concern for tooth structure and supporting tissue during patient treatment.

Requirements for a Candidate's Application to Be Considered Complete

1. **TYPED** application form filled out completely and properly signed and notarized.
2. Certified check or money order in the amount of \$150.00 made payable to the Mississippi State Board of Dental Examiners. This is the Board application fee.
3. Certified check or money order in the amount of \$50.00 made payable to the University of Mississippi School of Dentistry. This check is to be mailed with the candidate's application and covers the clinic fees such as disposable materials, radiograph film, etc.
4. Notarized signatures of two (2) reputable citizens of the state in which the candidate is a resident. (See application form, Item #15, 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 the candidate's grade card mailed to the Mississippi Board office. It is the Mississippi Board's policy not to give out National Board grades under any circumstances; please do not contact the Mississippi Board office for scores. Candidates will be required to have passed the National Board Dental Hygiene Examination prior to issuance of a Mississippi license. Candidates may take the Mississippi State licensure examination without having passed the National Board, but candidates will not be issued Mississippi licenses until a copy of the National Board Dental Hygiene examination 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, 1996.)**
6. Copies of official transcripts for each college and dental hygiene school attended. These transcripts must be mailed directly to the Mississippi Board office by the schools. Transcripts will not be accepted from the candidate. **HAVE ALL TRANSCRIPTS AT THE MISSISSIPPI BOARD OFFICE BY THE DEADLINE--MAY 10, 1996.** Even though the candidate's dental hygiene transcript is not complete, **PLEASE HAVE A PARTIAL TRANSCRIPT MAILED BY MAY 10** so the 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) -- an Affidavit signed by dental hygiene dean -- **completed and returned with the application.** Candidates who have not graduated prior to the examination for licensure will not be allowed to take the Mississippi examination.
8. 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 licensed. In states where candidate previously has been licensed, the Secretary of the Board must notify the Mississippi Board office as to the reason for license expiration or revocation.
9. Proof of having liability insurance coverage while the clinical examination is in progress. (An insurance application form is enclosed for the candidate's convenience.) However, the candidate may use an insurance company of his/her choice. If a candidate is currently in practice and has malpractice insurance, the insurance company must submit a certificate of insurance stating the candidate is covered for the Mississippi Dental

Hygiene licensure examination and will be current through June 14, 1996. (Please make certain the effective dates are listed on the certificate of insurance.) A photocopy of the office malpractice insurance policy is NOT acceptable.

10. Proof of having completed the Cardiopulmonary Resuscitation Course (adult, one man). This CPR must be current at the time of the examination.

Patient Selection and Grading

1. **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 backup 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 1.a. through 1.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. **Dentition:** The patient must have a minimum of eighteen (18) natural teeth with at least ten (10) posterior teeth. One or more of the following is recommended, but not required: restorations, fixed prosthesis, missing teeth, defective restorations, and caries.
 - c. **Radiographs:** The patient must have a full mouth series of radiographs exposed within the past three (3) years and two (2) to four (4) bitewings taken within the past thirty (30) days of the clinical examination (if FMX has not been exposed within thirty (30) days). All radiographs (FMX and bitewings) must be mounted and brought for use on the day of the clinical examination. Radiographs taken prior to the Mississippi examination 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. If the patient needs the FMX for further dental treatment, make sure there is a duplicate set. **NO PRE-OPERATIVE RADIOGRAPHS WILL BE RETURNED TO THE CANDIDATE OR PATIENT.**
 - d. **Dental Charting:** Required dental charting will include a periodontal probe assignment, and identifying and charting restorations, defects, missing teeth, caries, fixed prosthesis, 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. All teeth will be numbered 1 through 32 starting with the upper right third molar and ending with the lower right third molar. See the enclosed sample of acceptable symbols to use for charting purposes.

- e. **THERE MUST BE CLINICAL AND RADIOGRAPHIC EVIDENCE OF SUBGINGIVAL CALCULUS. PATIENTS WITH GENERALIZED POCKET DEPTHS GREATER THAN 6 MM WILL BE UNACCEPTABLE.**

LIGHT--UNACCEPTABLE: Moderate subgingival calculus not present on molars, bicuspsids or anteriors in two (2) quadrants--too light for testing.

LIGHT: Isolated areas of calculus (spicules or small ledges of subgingival adequate for testing) and the presence of stain.

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: Calculus too heavy and tenacious; tissue condition is prohibitive.

2. **GRADING:** A Pass or Fail grade will be given for charting, patient management, patient education, post-operative bitewings, and maintaining standards of conduct. This will count as 10% of the candidate's overall grade. Zero (0) grades will be given for: (1) patient mismanagement or deceit; (2) presenting patient not meeting requirements; and (3) violations of standards of conduct.

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:

- a. Charting, patient management, patient education, post-operative bitewings, and maintaining standards of conduct: **10% of the Total Grade;**
- b. Prophylaxis: **90% of the Total Grade.**

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

**General Instructions for Completing the
Mississippi Dental Hygiene Examination
Please Bring These Instructions to the Examination**

1. The Board examination will be given to protect anonymity. Orientation will begin Monday, June 10, 1996, at 7:30 a.m. in Room D-113, First Floor, UMC School of Dentistry. At this time a written examination 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. Candidates who are unsuccessful on the Jurisprudence

examination will not be allowed to proceed with the clinical portion beginning at 10:00 a.m.

2. Candidates and patients should be at the Dental School on Monday, June 10, 1996, at 7:30 a.m. Patients who arrive before 7:30 a.m. may wait in the first floor lounge.
3. The Mississippi State Board of Dental Examiners mandates candidates to 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.
4. 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.
5. Enclosed with this application packet is a patient Medical/Dental History Form that should be completed prior to the examination. On the day the candidate completes the Medical/Dental History Form, have the patient sign and date this form. The candidate must bring the completed, signed, and dated form with him/her the morning of the clinical examination. The candidate will review and update the form at this time; upon updating, have the patient initial and date the review. This form should be placed in the folder chart that will be provided the day of the examination.
6. When the candidate arrives at the UMC School of Dentistry, the patient should be taken to the waiting area nearest the candidate's assigned unit. A floor examiner will be available to assist the candidate. A manila folder containing the patient consent form, assignment sheet, dental chart, and radiograph film packet and mount for post-operative bitewings will be provided at the candidate's assigned unit. Insert the completed Medical/Dental History Form in this folder.
7. Once the candidate's unit is set up, the patient may be seated. **Candidates will be provided with a patient number; pin this number on the patient's right lapel.** Review the patient's Medical/Dental History Form at this time. **IF THE PATIENT HAS MEDICAL PROBLEMS, CONSULT THE FLOOR EXAMINER.** Upon review and update of history, have the patient initial and date the review beside the patient's original signature. The patient must sign the patient consent form before a witness. Anyone except the candidate may witness the patient's signature.
8. Before leaving the patient at the assigned unit for the prophylaxis and periodontal charting assignment, the floor examiner must:
 - a. Initial the Health/Dental History section of the candidate's assignment sheet;
 - b. Check that the patient consent form has been completed and signed; and
 - c. Note in writing the patient number -- **Do not write the candidate number on the assignment sheet at this time.**
9. When Step 8 is complete, the candidate will leave the patient at the assigned unit and at this time remove the candidate number and any other identification from the assigned unit and take same with the candidate. **DO NOT LEAVE THE MANILA FOLDER AT**

THE ASSIGNED UNIT. LEAVE ONLY THE FOLLOWING WITH THE PATIENT:

- a. **FMX AND PRE-OPERATIVE BITEWINGS WITH PATIENT NUMBER ONLY ON MOUNT.** No candidate names, candidate numbers, or patient names should appear on mounts.
 - b. **ASSIGNMENT SHEET** with health history section checked and initialed by the floor examiner. **PATIENT NUMBER ONLY SHOULD BE ON ASSIGNMENT SHEET.**
10. Three (3) examiners will rate the patient and make the candidate's assignment for completion. The candidate's prophylaxis and periodontal charting assignment may consist of one, two, three, or four quadrants depending on the classification/difficulty of the patient. **ULTRASONIC SCALERS MAY BE USED** and must be compatible with UMC School of Dentistry specifications. Upon completion of patient rating and assignment the candidate will be given a starting time which allows him/her to begin scaling, oral hygiene, etc.; this time will be written on the assignment sheet.
 11. When the candidate returns to the assigned unit after periodontal charting and prophylaxis assignments have been made, the candidate must replace the candidate number on the assigned unit.
 12. Post-operative bitewings must be taken after completion of scaling. Upon review of post-operative bitewings, the candidate may return to his/her unit to scale if the candidate has allowed enough time for this. All radiographic equipment will be pre-set with no adjustments necessary.
 13. Each candidate will be expected to complete the assigned procedures within a three (3) hour period. A floor examiner should review and initial the completed periodontal charting assignment and patient education. This may be done at any time during the three (3) hour period. **THE CANDIDATE MAY SEND THE COMPLETED PATIENT TO THE GRADING AREA ANY TIME WITHIN THE THREE (3) HOUR PERIOD.** When all assignments are complete, personally escort the patient to the grading area; afterwards, the candidate may clean the unit.
 14. These are the items the candidate will need to take to the grading area. The grading area door monitor will collect the following:
 - a. manila folder including patient consent form, perio/dental chart and medical/dental history.
 - b. assignment sheet -- **the candidate number should be written in below the patient number.**
 - c. pre-operative bitewings and FMX (**WRITE PATIENT NUMBER ONLY ON ALL MOUNTS AND "PRE-OP" AND PATIENT NUMBER ONLY ON BITEWINGS**). **No candidate names, candidate numbers or patient names should be written on mounts.**
 - d. post-operative bitewing radiographs (**WRITE "POST-OP" AND PATIENT NUMBER ONLY ON THE MOUNT**). **No candidate names, candidate numbers or patient names should be written on mounts.**

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

15. When the patient returns to the candidate's operatory, one set of post-operative 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 and dismiss the patient. Please put the used dental hygiene patient number and candidate number in the box in the clinic marked "Used Patient Number." The candidate is then free to leave.
16. It is the candidate's responsibility to bring irregularities to the attention of the floor examiner. If the candidate feels that an error has been made in any aspect of the examination, the candidate should confer with the floor examiner immediately. The floor examiner will obtain a second Mississippi Board member to witness and document the conference.

General Information for Dental Hygiene Candidates

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

EXAMINATION RESULTS: The candidate will be notified by mail of the examination results within four (4) weeks. Results will not be released by telephone. Please do not call members of the Mississippi Board or the Mississippi Board office for examination results. A candidate must receive his/her license and record it in the Circuit Clerk's office before practicing dental hygiene in the State of Mississippi--this should be done in the county in which the candidate resides.

ANNUAL REGISTRATION NOTICE: Annual registration notices covering the period September 1, 1996 - August 31, 1997 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 Mississippi Board is notified of a change of address, the annual registration notice will be mailed to the same address as appears on the candidate information form.

Examination Schedule

Monday, June 10, 1996, 7:30 a.m. Orientation Session, Room D-113 - First Floor -
UMC School of Dentistry
Jurisprudence examination will be given at this time.

Monday, June 10, 1996, 10:00 a.m.

DENTAL HYGIENE CLINICS Fourth Floor - UMC School of Dentistry

GRADING AREA Fourth Floor - UMC School of Dentistry

PATIENT WAITING AREA Student Faculty Lounge - First Floor -
UMC School of Dentistry
Be sure patient is at the School by 7:30 a.m.

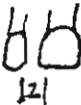
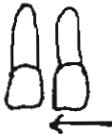
GENERAL/PERIODONTAL CHART

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

1. Draw a line in **RED PENCIL** indicating the location of the gingival margin.
2. Record missing teeth with a **BLUE X**.
3. Record pocket depths at six (6) points on each tooth indicating the depth in millimeters (mm) on the chart in **BLUE PENCIL**. Measure and record distofacial, facial, mesiofacial, mesiolingual, lingual, and distolingual.
4. Indicate teeth with pathological mobility by placing an asterisk (*) in the drawing of the crown.
5. Identify abnormal radiographic findings (e.g., carious lesions, non-serviceable restorations, overhangs, and periapical pathology) in **RED PENCIL**.
6. Identify endodontically treated teeth by writing **RC** on the crown of the tooth.
7. Indicate furcation involvement by a **RED TRIANGLE (▼)** in area of involvement.
8. Indicate present and serviceable restorations with **BLUE PENCIL**.

YOU ARE REQUIRED TO CHART THE COMPLETE MOUTH AND PROBE THE ASSIGNED QUADRANTS.

SYMBOLS FOR CHARTING

			
	Gingival Margin		Open Contact (2mm)
	Drifting		Missing Teeth
	Rotation		Mobility
	Marginal Ridge Discrepancy		Furcation