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2003 DENTAL HYGIENE LICENSURE EXAMINATION SCHEDULE

GROUP I REGISTRATION , JURISPRUDENCE, AND ORIENTATION MAY 19, 2003		GROUP I CLINICAL EXAMINATION MAY 19, 2003					
		CLINIC B		CLINIC C		CLINIC D	
7:30 a.m. to 8:00 a.m.	REGISTRATION First Floor Room D-113	9:15 a.m. to 9:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	10:15 a.m. to 10:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	11:15 a.m. to 11:45 a.m.	OPERATORY SETUP Fourth Floor Clinics
8:00 a.m. to 8:30 a.m.	JURISPRUDENCE EXAMINATION First Floor Room D-113	9:45 a.m. to 10:45 a.m.	STARTING CHECKS Fourth Floor Clinics	10:45 a.m. to 11:45 a.m.	STARTING CHECKS Fourth Floor Clinics	11:45 a.m. to 12:45 p.m.	STARTING CHECKS Fourth Floor Clinics
8:30 a.m. to 9:00 a.m.	ORIENTATION First Floor Room D-113	10:45 a.m. to 2:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	11:45 a.m. to 3:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	12:45 p.m. to 4:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics
9:00 a.m.	CONCLUSION	2:45 p.m.	CLINIC CLOSING	3:45 p.m.	CLINIC CLOSING	4:45 p.m.	CLINIC CLOSING

GROUP II REGISTRATION , JURISPRUDENCE, AND ORIENTATION MAY 20, 2003		GROUP II CLINICAL EXAMINATION MAY 20, 2003					
		CLINIC B		CLINIC C		CLINIC D	
7:30 a.m. to 8:00 a.m.	REGISTRATION First Floor Room D-113	9:15 a.m. to 9:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	10:15 a.m. to 10:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	11:15 a.m. to 11:45 a.m.	OPERATORY SETUP Fourth Floor Clinics
8:00 a.m. to 8:30 a.m.	JURISPRUDENCE EXAMINATION First Floor Room D-113	9:45 a.m. to 10:45 a.m.	STARTING CHECKS Fourth Floor Clinics	10:45 a.m. to 11:45 a.m.	STARTING CHECKS Fourth Floor Clinics	11:45 a.m. to 12:45 p.m.	STARTING CHECKS Fourth Floor Clinics
8:30 a.m. to 9:00 a.m.	ORIENTATION First Floor Room D-113	10:45 a.m. to 2:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	11:45 a.m. to 3:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	12:45 p.m. to 4:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics
9:00 a.m.	CONCLUSION	2:45 p.m.	CLINIC CLOSING	3:45 p.m.	CLINIC CLOSING	4:45 p.m.	CLINIC CLOSING

2003 DENTAL HYGIENE LICENSURE EXAMINATION LOCATIONS

DENTAL HYGIENE CLINICS: Fourth Floor - Clinics B, C, and D
GRADING AREA: Fourth Floor
PATIENT WAITING AREAS: First Floor - Student Faculty Lounge
Fourth Floor Waiting Area

RADIOGRAPHS: Second Floor Oral Radiology Clinic - Room D-208
Third Floor Endodontic Clinic - Room D-305A
LOCKER ROOMS: Female Candidates: Fourth Floor - Room D-408
Male Candidates: First Floor - Room D-115

DENTAL HYGIENE CANDIDATE INFORMATION
MISSISSIPPI ANNUAL LICENSURE EXAMINATION
MAY 19 - 20, 2003

INTRODUCTION

1. Please carefully read 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 19-20, 2003, 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 be divided into two groups: Group I and Group II.

   Group I will report to the University of Mississippi Medical Center School of Dentistry Monday, May 19, 2003, Room D-113, First Floor, promptly at 7:30 a.m., for registration, jurisprudence, and orientation. Group II will report to the same location Tuesday, May 20, 2003, promptly at 7:30 a.m., for registration, jurisprudence, and orientation. Notices will be mailed to candidates prior to the examination advising them of their group and clinic designations.

3. 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.

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 hygiene licensure shall be of good moral character; have a high school education; and have attained the age of eighteen (18) years. A candidate also must successfully complete all parts 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 hygiene 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 Monday, April 21, 2003. 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 21, 2003, **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 28, 2003.

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 six (6) months of clinical training in an accredited dental hygiene 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 Two Hundred and No/100 Dollars ($200.00) 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 One Hundred Twenty-Five and No/100 Dollars ($125.00) 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 Hygiene Licensure" (see pages 57 and 58).

4. Notarized signatures of two (2) reputable citizens of the state in which the candidate is a resident (see application form, Item #22, for further information).

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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 hygiene school prior to January 1, 2003 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/natboard/scoring.html) 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 Hygiene 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 Hygiene 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, 2003.)

7. Copies of official transcripts from 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. All transcripts must be received at the Board office by the deadline, Monday, April 21, 2003. Final dental hygiene school transcripts must show the degree awarded. Although the candidate's dental hygiene school transcript may not be complete, any partial dental hygiene school transcripts must also be received by Monday, April 21, 2003 so that the application can be processed. **TRANSCRIPTS FROM FOREIGN COLLEGES AND DENTAL HYGIENE SCHOOLS MUST BE IN ENGLISH AND MAILED DIRECTLY FROM THE FOREIGN COLLEGE OR DENTAL HYGIENE 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 hygiene school dean (see enclosed memorandum and Affidavit). Candidates who are still in dental hygiene 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 September 1, 2003 must be sent by the dental hygiene 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 through August 31, 2003.

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 information is 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 hygiene licensure examination and will be current through May 22, 2003. Please make certain the effective dates are listed on the certificate of insurance and the certificate 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 either with the candidate's application or received in the Board's office no later than 5:00 p.m., Thursday, May 15, 2003; otherwise, the candidate will not be allowed to participate in the licensure examination and will forfeit his/her Board application fee.

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 either with the candidate's application or received in the Board's office no later than

5:00 p.m., Thursday, May 15, 2003; otherwise, the candidate will not be allowed to participate in the licensure examination and will forfeit his/her Board application fee.

12. **TYPED** Dental Hygiene 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.

13. 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. **Patient Procurement**

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 AND DENTAL HYGIENE SCHOOL STUDENTS AND GRADUATES OR DENTAL AND DENTAL HYGIENE SCHOOL FACULTY MEMBERS MAY NOT SERVE AS PATIENTS.** All patient records, radiographs, 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 deemed necessary, the candidate must ensure that treatment needs are made known to his/her patient.

Additionally, neither candidates nor patients are allowed to use cell telephones or pagers in the clinical areas.

2. **Patient Selection**

PATIENT SELECTION IS PROBABLY THE SINGLE MOST IMPORTANT FACTOR IN PREPARING 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. Sharing of backup patients among candidates is recommended. It is the **CANDIDATE'S RESPONSIBILITY** to bring a backup patient. (See the section entitled "Patient Rejection and Subsequent Starting Check" on page 24 for procedures in the event a patient is rejected.) The patient's acceptability will be evaluated on the basis of health condition, dentition, pre-operative radiographs, and patient classification.

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:

(1) Restorations
(2) Fixed Prosthesis
(3) Missing Teeth
(4) Defective Restorations
(5) Caries

c. **Pre-Operative Radiographs**

The patient must have a full-mouth series of radiographs (FMX) exposed within the past three (3) years. If the FMX has been exposed more than thirty (30) days prior to the clinical examination, the patient also must have four (4) bitewing radiographs which have been taken within thirty (30) days prior to the clinical examination. Panoramic radiographs are **NOT** acceptable. The patient's dental hygiene/periodontal 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. All radiographs (FMX and/or bitewing radiographs) must be mounted and brought for use on the day of the clinical examination. Radiographs must be properly mounted by the candidate in the accepted American Dental Association (ADA) method, i.e., raised portion of dimple toward examiner. If the patient needs the FMX for further dental treatment, make sure there is a duplicate set. Pre-operative radiographs are not graded as part of the grading process.

Pre-operative and post-operative radiographs will be returned to the patient **ONLY IF** the candidate provides a self-addressed, stamped envelope for the patient; otherwise, all unclaimed radiographs will be destroyed. These radiographs will be mailed forty-five (45) days after conclusion of the examination to the patients of those candidates who have successfully completed the examination. (See page 18 for requirements concerning the return of radiographs to patients.) Candidates must not request the return of any radiographs following the conclusion of orientation.

d. **Patient Classification**

THERE MUST BE CLINICAL AND RADIOGRAPHIC EVIDENCE OF SUBGINGIVAL CALCULUS. Radiographic calculus must be evident in at least one (1) posterior area and be clinically detectable with an explorer. Patients with generalized pocket depths greater than six (6) millimeters (mm) will be **REJECTED**. Candidates will be required to scale the full mouth, and the following denotes criteria for patient unacceptability:

(1) Light -- Unacceptable: Light-to-moderate subgingival calculus not present on molars, bicuspids, or anteriors in two (2) quadrants -- too light for testing

(2) Heavy -- Unacceptable: Calculus too heavy and tenacious; tissue condition is prohibitive

On page 31, Example 1 illustrates moderate, acceptable stain, and Example 2 illustrates heavy, unacceptable calculus, in which case the patient will be rejected. On page 32, Example 3 illustrates acceptable radiographic evidence of calculus, and Example 4 illustrates generalized, severe periodontal disease which is unacceptable and in which case the patient will be rejected.

3. **Special Needs Patients**

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 patient's special needs can be accommodated during the examination.

4. **Patient Availability During the Examination**

Candidates must fully advise their patients of the duration of the entire examination, 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. No additional time will be granted to the candidate for the untimely arrival of his/her patient, having to obtain a backup patient, etc., and the candidate will be required to complete the clinical procedure within the same four (4) hour time period as has been established for the candidate's entire clinic. For additional information, the candidate should refer to the section concerning backup patients on page 7.

5. **Candidate Identity**

No name tags or monograms denoting the identity of the candidate or the dental hygiene 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.

STANDARDS OF CONDUCT AND CRITICAL ERRORS

Standards of Conduct

Should a candidate be deemed to have violated any of the following standards of conduct during the examination process, the clinical floor examiner shall complete a Standards of Conduct Violation Form, document the appropriate violation on this form, furnish a copy of the form to the candidate, and deliver the original of the form to the Board's Executive Director. A standards of conduct violation shall result in dismissal from and failure of the entire examination and/or constitute grounds for denial of licensure by examination for the present and all future examinations, as well as denial of licensure by credentials.

1. **Personal and Professional Conduct**

   The Mississippi State Board of Dental Examiners administers this examination following the highest ethical and moral standards of the professions of dentistry and dental hygiene. Each candidate will be expected to conduct himself/herself in an ethical, professional manner and to maintain a professional appearance at all times. 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 dismissal from and failure of the entire examination and forfeiture of all examination fees for the current examination. Furthermore, a standards of conduct violation for personal and professional conduct shall constitute grounds for denial of licensure by examination for the present and all future examinations, as well as denial of licensure by credentials. The following are examples of unprofessional and/or unethical conduct:

   a. Using unauthorized equipment at any time during the examination process.

   b. Altering patient records or radiographs.

   c. Performing required examination procedures outside the allotted examination time.

   d. Receiving assistance from another practitioner.

   e. Allowing an individual other than the candidate to complete the candidate's Patient Chart and clinical Observations Form prior to or during the examination.

   f. Exhibiting dishonesty.

g. Exhibiting any other behavior compromising the standards of professional behavior.

2. **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 shall be deemed to be a standards of conduct violation, and the candidate shall be dismissed from and fail the entire examination. Furthermore, an examination security violation shall constitute grounds for denial of licensure by examination for the present and all future examinations, as well as denial of licensure by credentials.

3. **Misappropriation of Equipment**

No equipment, instruments, or materials, other than those items which are the personal property of the candidate, shall be removed from the examination site without written permission of the owner. Willful or careless damage of equipment and instruments shall result in dismissal from and failure of the entire examination. Repair or replacement costs must be paid by the candidate.

4. **Examination Guidelines**

Failure to follow the published standards and guidelines, the use of electronic recording devices by the candidate or his/her patient during the examination, and/or the taking of photographs of examination or treatment procedures shall be deemed a violation of standards of conduct and shall result in dismissal from and failure of the entire examination. The candidate shall not bring into the examination area any previously recorded dental or dental hygiene clinical data, other than the Patient Chart and Clinical Observations Form (which must be completed solely by the candidate), and the candidate must successfully follow all rules of the examination process. Failure to do so shall be deemed to be a violation of standards of conduct and shall result in dismissal from and failure of the entire examination.

5. **Assigned Operatories**

The candidate shall work only in the assigned clinic or operatory spaces. Failure to follow this guideline shall be deemed to be a violation of standards of conduct and shall result in dismissal from and failure of the entire examination.

6. **Patient Management**

The candidate must behave in an ethical and proper manner, and patients shall be treated with proper concern for their safety and comfort. The candidate shall, at all times, demonstrate proper patient management, consideration, and treatment. Furthermore, the candidate shall exhibit consideration for test site personnel, examiners, and other candidates. Failure to follow this guideline shall be deemed

to be a violation of standards of conduct and shall result in dismissal from and failure of the entire examination.

Critical Errors

Should a candidate be deemed to have committed a critical error during the examination process, the clinical floor examiner or grading examiner, as appropriate, shall place his/her examiner number in the box marked "Critical Error" on the candidate's grade sheet, and the candidate either shall receive a grade of zero (0) for the entire procedure, have points deducted from his/her final examination score, or shall have his/her examination results withheld until he/she has complied with the examination guidelines. In cases of critical errors determined in the grading area, all three (3) grading examiners must concur as to the critical error for it to be documented against the candidate.

1. **Completion of the Examination**

All components of every exercise of the examination shall be completed within the specified time frame in order for the examination to be considered complete. For those exercises, or parts of exercises, not completed within the specified time frame, it will be considered a critical error, and a grade of zero (0) shall be given for that exercise. Board staff will announce the completion time for each clinic exactly four (4) hours from the noted starting time for that clinic. Any candidates remaining in the clinic who have not already escorted their patients to the grading area must immediately cease working and stand 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, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE GRADE SHEET FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE BOX MARKED "CRITICAL ERROR" ON THE GRADE SHEET. THE CANDIDATE'S PATIENT SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE EXAMINATION.**

2. **Equipment Failure**

In the 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. However, regardless of the number of equipment failures the candidate experiences during the clinical examination, 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 the grade sheet. Failure to cease working upon expiration of the fifteen (15) minutes shall be deemed to be a critical error and shall result in a grade of zero (0) for the entire procedure.

3. **Assigned Procedures**

The candidate may perform only the treatment and/or procedures designated by this manual. It shall be considered a critical error for the candidate to begin and/or complete any procedure other than those designated by this examination, and the candidate shall be given a grade of zero (0) for the entire procedure.

4. **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. Failure to follow this guideline shall be considered a critical error and shall result in a grade of zero (0) for the entire procedure.

5. **Tissue Management**

There shall be no unwarranted damage to either hard or soft tissue. The candidate shall protect and show concern for tooth structure and supporting tissue during patient treatment. Failure to follow this guideline shall be deemed to be a critical error and shall result in a grade of zero (0) for the entire procedure.

6. **Infection Control**

Throughout the course of the examination, the candidate shall be responsible for following and maintaining proper aseptic techniques. Failure to follow this guideline shall be deemed to be a critical error and shall result in a grade of zero (0) for the entire procedure.

7. **Submission of Examination Records**

All required records and required radiographs must be turned in before the examination is considered complete; otherwise, this will be deemed to be a critical error, and the candidate shall be given a grade of zero (0) for the procedure.

REGISTRATION, JURISPRUDENCE, AND ORIENTATION

GROUP I REGISTRATION , JURISPRUDENCE, AND ORIENTATION MAY 19, 2003	
7:30 a.m. to 8:00 a.m.	REGISTRATION First Floor Room D-113
8:00 a.m. to 8:30 a.m.	JURISPRUDENCE EXAMINATION First Floor Room D-113
8:30 a.m. to 9:00 a.m.	ORIENTATION First Floor Room D-113
9:00 a.m.	CONCLUSION
GROUP II REGISTRATION , JURISPRUDENCE, AND ORIENTATION MAY 20, 2003	
7:30 a.m. to 8:00 a.m.	REGISTRATION First Floor Room D-113
8:00 a.m. to 8:30 a.m.	JURISPRUDENCE EXAMINATION First Floor Room D-113
8:30 a.m. to 9:00 a.m.	ORIENTATION First Floor Room D-113
9:00 a.m.	CONCLUSION

Registration

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

Registration for all Group I dental hygiene licensure candidates will be conducted from 7:30 a.m. until 8:00 a.m. on Monday, May 19, 2003, in Room D-113 of the University of Mississippi Medical Center School of Dentistry. All candidates are strongly advised to arrive at the University of Mississippi Medical Center School of

Dentistry no later than 7:15 a.m. Candidates may wait in the first floor lounge until registration begins.

Registration for all Group II dental hygiene licensure candidates will be conducted from 7:30 a.m. until 8:00 a.m. on Tuesday, May 20, 2003, in Room D-113 of the University of Mississippi Medical Center School of Dentistry. All candidates are strongly advised to arrive at the University of Mississippi Medical Center School of Dentistry no later than 7:15 a.m. Candidates may wait in the first floor lounge until registration begins.

All candidates will be notified by mail of their group and clinic designations prior to the examination. Candidates are not allowed to contact the Board's office to ascertain these designations.

2. **Administrative Procedures**

Upon the candidate's arrival in Room D-113, the candidate should register with Board staff and present one form of picture identification. The candidate will be given a yellow registration packet containing the following materials:

a. 2003 Dental Hygiene Licensure Examination Candidate Address and License Information Form as completed and submitted by the candidate with his/her application packet (white paper)

b. Dental Hygiene Group and Clinic Assignment and Schedule (white paper)

c. Dental Hygiene Prophylaxis Exercise Grade Sheet (pink paper)

d. Survey Questions for the 2003 Mississippi Dental Hygiene Licensure Examination (buff paper)

e. Answer sheets (two) for the jurisprudence examination and Board survey

f. One quart-size plastic bag for sending instruments to grading

g. Candidate badge

h. Patient badge

i. 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 number on the candidate badge corresponds to the number on the outside of the yellow candidate packet. This packet must remain with the candidate during the entire examination. The candidate must return the yellow candidate packet containing the candidate badge, patient badge, survey questions, and completed answer sheet for the survey to Board personnel in the candidate's clinic at the conclusion of the examination, i.e.,

Group I candidates should return their packets on Monday, May 19, 2003, and Group II candidates should return their packets on Tuesday, May 20, 2003. 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. The jurisprudence examination for Group I will be conducted from 8:00 a.m. until 8:30 a.m. on Monday, May 19, 2003, in Room D-113 of the University of Mississippi Medical Center School of Dentistry. The jurisprudence examination for Group II will be conducted from 8:00 a.m. until 8:30 a.m. on Tuesday, May 20, 2003, in Room D-113 of the University of Mississippi Medical Center School of Dentistry.

2. Administrative Procedures

Candidates should be prepared to begin the examination promptly at 8:00 a.m., with only the answer sheet for the jurisprudence examination and the Board-provided pencil on the desks. All other materials should be carefully placed under the desks. Once all materials are properly placed, Board personnel will distribute the jurisprudence examinations. No handwritten marks should be made on the jurisprudence examination; only the answer sheet should be used to denote the candidate's numerical identity and examination responses.

The candidate should write his/her **CANDIDATE NUMBER** in the top right-hand box labeled "Identification Number," preceded by a series of the numeral "1." Candidates whose numbers range from 1DH through 9DH, should put 7 "1s", then put a zero ("0"), and then put the actual candidate number (e.g., 111111108). Candidates whose candidate numbers range from 10DH and above should put 7 "1s" and then put the actual candidate number (e.g., 111111121). 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 hygiene licensure examination (or until 4:45 p.m. on Tuesday, May 20, 2003) to pass another jurisprudence examination. Candidates who fail the first jurisprudence examination will be notified by Board staff either during or prior to their clinical 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 following the scheduled clinical exercise. No additional time will be granted to the candidate for completion of other examination requirements. Furthermore, no Mississippi dental hygiene license will be issued to candidates who do not pass the jurisprudence examination by the conclusion of the dental hygiene 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 for Group I will begin immediately following the jurisprudence examination and will be conducted from 8:30 a.m. until 9:00 a.m. on Monday, May 19, 2003, in Room D-113 of the University of Mississippi Medical Center School of Dentistry. Orientation for Group II will begin immediately following the jurisprudence examination and will be conducted from 8:30 a.m. until 9:00 a.m. on Tuesday, May 20, 2003, in Room D-113 of the University of Mississippi Medical Center School of Dentistry.

2. Administrative Procedures

All candidates will review a completed 2003 Dental Hygiene 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.

While the candidates are reviewing the 2003 Dental Hygiene Licensure Examination Candidate Address and License Information Forms, 9" x 12" self-addressed, stamped envelopes will be collected for the return of pre-operative and post-operative radiographs to the patients forty-five (45) days after conclusion of the examination. The envelopes must have a minimum postage of $.80, and no other size envelopes or less postage will be accepted. Furthermore, **NO ENVELOPES FOR RETURN OF RADIOGRAPHS WILL BE ACCEPTED BY BOARD STAFF AFTER THE ORIENTATION SESSION HAS CONCLUDED**.

After the envelopes for return of radiographs have been collected and upon verification/completion of the 2003 Dental Hygiene Licensure Examination Candidate Address and License Information Form by all candidates, the Board's dental hygiene member and Executive Director will make a presentation and conduct a brief question and answer session. Upon conclusion of orientation, Group I and Group II candidates will report to their assigned clinics pursuant to the group and clinic assignment information provided in their yellow orientation packets. (See the schedules for each clinic on page 19.) To fully prepare patients for the length of the examination, candidates also will be notified of their group and clinic designations prior to the examination. Candidates should ensure that they take the yellow candidate packet containing the grade sheet, survey questions, survey answer sheet, candidate badge, patient badge, and clinic assignment sheet to their assigned clinic.

CLINICAL EXAMINATION

GROUP I CLINICAL EXAMINATION MONDAY, MAY 19, 2003					
CLINIC B		**CLINIC C**		**CLINIC D**	
9:15 a.m. to 9:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	10:15 a.m. to 10:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	11:15 a.m. to 11:45 a.m.	OPERATORY SETUP Fourth Floor Clinics
9:45 a.m. to 10:45 a.m.	STARTING CHECKS Fourth Floor Clinics	10:45 a.m. to 11:45 a.m.	STARTING CHECKS Fourth Floor Clinics	11:45 a.m. to 12:45 p.m.	STARTING CHECKS Fourth Floor Clinics
10:45 a.m. to 2:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	11:45 a.m. to 3:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	12:45 p.m. to 4:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics
2:45 p.m.	CLINIC CLOSING	3:45 p.m.	CLINIC CLOSING	4:45 p.m.	CLINIC CLOSING
GROUP II CLINICAL EXAMINATION TUESDAY, MAY 20, 2003					
CLINIC B		**CLINIC C**		**CLINIC D**	
9:15 a.m. to 9:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	10:15 a.m. to 10:45 a.m.	OPERATORY SETUP Fourth Floor Clinics	11:15 a.m. to 11:45 a.m.	OPERATORY SETUP Fourth Floor Clinics
9:45 a.m. to 10:45 a.m.	STARTING CHECKS Fourth Floor Clinics	10:45 a.m. to 11:45 a.m.	STARTING CHECKS Fourth Floor Clinics	11:45 a.m. to 12:45 p.m.	STARTING CHECKS Fourth Floor Clinics
10:45 a.m. to 2:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	11:45 a.m. to 3:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics	12:45 p.m. to 4:45 p.m.	CLINICAL EXAMINATION Fourth Floor Clinics
2:45 p.m.	CLINIC CLOSING	3:45 p.m.	CLINIC CLOSING	4:45 p.m.	CLINIC CLOSING

Operatory Setup

1. **Arrival in Operatory and Operatory Setup**

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 designated times for operatory setup. Any candidate whose patient is not available to enter with him/her for the 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, and no additional time will be granted to the candidate for completion of the clinical examination.

Operatory setup will take place in each clinic according to the above schedules on the fourth floor of the University of Mississippi Medical Center School of Dentistry. Immediately upon conclusion of orientation and/or pursuant to the candidate's assigned group and clinic schedule, the candidate must meet the patient in the first floor lounge and escort him/her to the candidate's assigned operatory where the patient may be seated. Assigned operatory numbers correlate to assigned candidate numbers. Board personnel will be available to assist the candidate. At this time, however, no clinical floor examiners will be allowed in the clinics, and candidates will refer any questions to Board staff. A manila folder containing the radiographic film packet and mount for the periapical and post-operative bitewing radiographs will be at the candidate's assigned operatory.

2. **Forms and Procedures**

a. **Medical Health History Form**. A buff-colored Medical Health History Form is included with the candidate's examination manual and should be completed prior to the examination. On the day the candidate completes the Medical Health History Form, the patient must sign and date the form. The candidate must bring the completed, signed, and dated Medical Health History Form with him/her the morning of the clinical examination. The candidate will review and update the form at this time; upon updating, the patient must sign and date the Medical History Update section of the Medical Health History Form. The candidate **MUST NOT** initial the form with his/her **CANDIDATE NUMBER (NOT SIGNATURE)** until after the candidate has received a starting check (see page 24). This form should be placed in the manila folder discussed above that will be provided in the candidate's operatory. **IF THE PATIENT HAS MEDICAL PROBLEMS, CONSULT BOARD STAFF MEMBERS**. 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.

b. **Patient Disclaimer, Consent and Release Form**. A Patient Disclaimer, Consent and Release Form (white paper) is included with the candidate's examination manual and should be partially completed prior to the examination. The patient must sign this form before a witness, and anyone except the candidate may witness the patient's signature. Also, the candidate will be unable to note his/her candidate number on the form until the day of the examination and only after the candidate has received a starting check. Once the Patient Disclaimer, Consent, and Release Form has been fully completed, signed by the patient, and witnessed, it should be placed in the manila folder discussed in section 1 that will be provided in the candidate's operatory. Again, the candidate **MUST NOT** place his/her candi-

date number on the form until after the candidate has received a starting check (see page 24).

c. **Patient Chart and Clinical Observations Form**. A buff-colored Patient Chart and Clinical Observations Form (with instructions on the reverse of the form) is included with the candidate's examination manual and should be completed **ONLY BY THE CANDIDATE** prior to the examination. The candidate must complete a full-mouth restorative and periodontal chart and note his/her clinical observations. During operatory setup, the candidate will place his/her assigned patient number on the fully completed, buff-colored Patient Chart and Clinical Observations Form and place the form in the manila folder discussed in section 1 that will be provided in the candidate's operatory. Charting instructions and sample symbols are on pages 33 and 34, and Example 6 on page 35 is a sample of a completed patient chart. Please note that the candidate may make a copy of his/her fully completed Patient Chart and Clinical Observations Form prior to the examination and bring this copy with him/her to use during the prophylaxis procedure. **HOWEVER, THE BOARD WILL ACCEPT ONLY THE BUFF-COLORED PATIENT CHART AND CLINICAL OBSERVATIONS FORM FOR REVIEW BY THE CLINICAL FLOOR EXAMINERS,** and no other copies of the candidate's completed Patient Chart and Clinical Observations Form will be made during the examination. The candidate's buff-colored Patient Chart and Clinical Observations Form will be retained by Board staff after it has been reviewed for acceptability by the clinical floor examiner during starting checks.

d. **Patient Number**. The patient number provided during registration in the yellow candidate packet should be fastened on the patient's right lapel.

e. **Grade Sheet**. The candidate should remove the Dental Hygiene Prophylaxis Exercise Grade Sheet from the yellow candidate packet and ensure that the correct patient number and examination date have been properly entered by Board staff. The grade sheet is a four-part self-carbonating form, and anyone writing on this form must press firmly when writing on the grade sheet. No candidate number should be noted on this grade sheet. The candidate will place this grade sheet in the manila folder discussed in section 1 that will be provided in the candidate's operatory.

f. **Pre-Operative Radiographs**. The candidate should note his/her patient number and the words "pre-op" on the FMX and/or pre-operative bitewing radiographs, place them on the radiographic view box, and turn on the light. No candidate names, candidate numbers, or patient names should be noted on any radiographs. The patient's dental hygiene/periodontal 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.

3. **Vacating the Operatory**

Once each of the above procedures has been completed, the candidate will leave the patient at the assigned operatory. However, prior to leaving the candidate will do the following:

a. Remove the candidate number and any other identification from the assigned operatory and take all items with the candidate to the respective clinic waiting area.

b. Leave the manila folder containing the following items:

(1) Medical Health History Form; **CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME ON THE MEDICAL HEALTH HISTORY FORM**

(2) Patient Disclaimer, Consent, and Release Form; **CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME ON THE PATIENT DISCLAIMER, CONSENT, AND RELEASE FORM**

(3) Patient Chart and Clinical Observations Form (fully completed, buff-colored Patient Chart and Clinical Observations Form; noting patient number)

(4) Dental Hygiene Prophylaxis Exercise Grade Sheet (noting patient number and examination date)

c. Leave the FMX and/or pre-operative bitewing radiographs noting the **PATIENT NUMBER AND THE WORDS "PRE-OP"** on the radiographs on the radiographic view box with the light turned on. No candidate names, candidate numbers, or patient names should appear on the radiographs.

d. Leave the following instruments on the operatory tray to be used during starting checks:

(1) Mouth Mirror
(2) ODU 11/12 Explorer
(3) Color-Coded Periodontal Probe

e. Leave the operatory light on, and turn it toward the ceiling to indicate that the patient is ready for a starting check.

Candidates will be advised by Board staff to immediately vacate their assigned clinic at the scheduled conclusion of the time allotted for operatory setup (see clinic schedules on page 19).

4. **Incomplete Operatory Setup**

Any candidate who has not fully completed his/her operatory setup in the time allotted for this portion of the examination will be advised to vacate the clinic. Furthermore, a candidate who has either left identifying information in the clinic or failed to leave the required forms with the patient before vacating the clinic, will not receive a starting check. Board staff will turn off the candidate's operatory light so that a starting check will not be given. In this case, the candidate will need to escort his/her patient to the grading area for a starting check upon returning to the clinic. (Also refer to the section entitled "Patient Rejection and Subsequent Starting Check" on page 24.)

Starting Checks

1. **Initial Starting Check**

The initial starting check will take place in each clinic according to the aforementioned schedules on the fourth floor of the University of Mississippi Medical Center School of Dentistry (see the clinic schedules on page 19). Once all candidates have vacated the clinic and Board staff have released the clinic for the initial starting check, one or more clinical floor examiners will enter the clinic and begin giving starting checks. The clinical floor examiner will do the following:

a. Review the Medical Health History Form and write his/her clinical floor examiner number on the reverse of the patient's Medical Health History Form in the space provided.

b. Review the Patient Disclaimer, Consent, and Release Form, and ensure it has been completed, signed with the patient's signature, and properly witnessed.

c. Rate the patient as either acceptable or unacceptable and note his/her clinical floor examiner number on the Dental Hygiene Prophylaxis Exercise Grade Sheet. Prior to rating a patient as unacceptable, the clinical floor examiner will consult with two (2) additional clinical floor examiners to determine patient acceptability. If a majority of the three (3) clinical floor examiners agrees that the patient is unacceptable, the patient will be rejected.

d. If the patient has been rated as acceptable, review the Patient Chart and Clinical Observations Form for acceptability. If the chart and/or observations are acceptable, the clinical floor examiner will place his/her examiner number in the "Acceptable" box on the form. Prior to rating the chart and/or observations as unacceptable, the clinical floor examiner will consult with two (2) additional clinical floor examiners to determine acceptability of the chart and/or observations. If a majority of the three (3) clinical floor examiners agrees that the chart and/or observations are unacceptable, the clinical floor

examiner will note his/her clinical floor examiner number in the "Unacceptable" box on the form and the reasons for unacceptability.

e. **TEN (10) POINTS WILL BE DEDUCTED FROM THE CANDIDATE'S OVERALL FINAL EXAMINATION SCORE FOR AN UNACCEPTABLE PATIENT CHART.**

f. **FIVE (5) POINTS WILL BE DEDUCTED FROM THE CANDIDATE'S OVERALL FINAL EXAMINATION SCORE FOR UNACCEPTABLE CLINICAL OBSERVATIONS.**

g. **FIFTEEN (15) POINTS WILL BE DEDUCTED FROM THE CANDIDATE'S OVERALL FINAL SCORE FOR AN UNACCEPTABLE PATIENT CHART AND CLINICAL OBSERVATIONS.**

2. **Returning to the Operatory**

Once all patients and Patient Chart and Clinical Observations Forms have been reviewed for all candidates, the candidates may return to their assigned operatories. Immediately upon returning to their assigned operatories, candidates whose patients and/or Patient Chart and Clinical Observations Forms have been accepted must do the following:

a. Replace the candidate number on the assigned operatory.

b. Ensure that the clinical floor examiner has placed his/her examiner number on the following forms:

   (1) Medical Health History Form
   (2) Dental Hygiene Prophylaxis Exercise Grade Sheet

c. Write his/her candidate number on the Medical Health History Form, and place it in his/her manila folder.

d. Write his/her candidate number on the Patient Disclaimer, Consent, and Release Form, and place it in his/her manila folder.

3. **Patient Rejection and Subsequent Starting Check**

In the event the clinical floor examiner rates the patient as unacceptable, the patient will be rejected. Prior to rating a patient as unacceptable, the clinical floor examiner will consult with two (2) additional clinical floor examiners to determine patient acceptability. If a majority of the three (3) clinical floor examiners agrees that the patient is unacceptable, the patient will be rejected. The patient will be informed of this rejection, and a pink rejection slip will be placed in the candidate's operatory. Immediately after the candidate is allowed to return to his/her operatory, the candidate must do the following:

a. Remove the patient badge from the rejected patient, as this same badge will be used for the candidate's subsequent patient.

b. Secure another (backup) patient, and place the patient number badge on the new patient.

c. Complete a new Medical Health History Form which may be obtained from Board staff. The candidate number must not be placed on the form at this time.

d. Complete a new Patient Disclaimer, Consent, and Release Form which may be obtained from Board staff. The candidate number must not be placed on the form at this time.

e. Retrieve the fully completed, buff-colored Patient Chart and Clinical Observations Form the candidate completed prior to the examination for his/her backup patient and note the patient number on the form. If the candidate did not bring a backup patient to the examination, he/she will be unable to continue with the examination until he/she has obtained a backup patient and completed a buff-colored Patient Chart and Clinical Observations Form for this patient. Also, **NO ADDITIONAL TIME** will be granted to the candidate for obtaining a backup patient and completing a new Patient Chart and Clinical Observations Form. In other words, the candidate will have the same starting and completion times as the other candidates in his/her clinic.

f. If the clinical floor examiner made notations on the grade sheet, contact a Board staff person to obtain a new Dental Hygiene Prophylaxis Exercise Grade Sheet, and note the patient number and examination date on the grade sheet.

g. Write the patient number and the words "pre-op" on the FMX and/or pre-operative bitewing radiographs for the new patient. No candidate names, candidate numbers, or patient names should be noted on any radiographs.

h. Escort the patient to the grading area to receive a starting check with the following items:

(1) Manila folder containing the following items:

a) Properly completed Medical Health History Form; **THE CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME ON THE MEDICAL HEALTH HISTORY FORM**

b) Properly completed Patient Disclaimer, Consent, and Release Form; **THE CANDIDATE MUST NOT HAVE PLACED HIS/HER CANDIDATE NUMBER OR CANDIDATE NAME ON THE PATIENT DISCLAIMER, CONSENT, AND RELEASE FORM**

c) Properly completed buff-colored Patient Chart and Clinical Observations Form; the patient number must be noted on the form

d) Properly documented Dental Hygiene Prophylaxis Exercise Grade Sheet; the patient number and examination date must be noted on the grade sheet

e) FMX and/or pre-operative bitewing radiographs identified with **PATIENT NUMBER AND THE WORDS "PRE-OP"**; no candidate names, candidate numbers, or patient names should appear on the radiographs

i. Wait for the patient outside the grading clinic waiting room. If the patient is accepted, a grading examiner will review the Patient Chart and Clinical Observations Form for acceptability, and the grading examiner will note his/her examiner number on the Medical Health History Form, the grade sheet, and Patient Chart and Clinical Observations Form. As noted earlier, no additional time will be granted to the candidate for completion of the clinical examination due his/her patient arriving late or being rejected. The candidate must abide by the same four (4) hour time period established for his/her clinic during the initial starting checks and, accordingly, complete the clinical examination by the time which has been established for his/her clinic.

j. Immediately return to his/her assigned operatory and do the following:

(1) Determine that the grading examiner has documented patient acceptability on the Dental Hygiene Prophylaxis Exercise Grade Sheet.

(2) Determine that the grading examiner has documented acceptability on the Patient Chart and Clinical Observations Form and **IMMEDIATELY** give the form to the clinical floor examiner or Board staff person. **FAILURE TO ENSURE THAT THIS FORM HAS BEEN SUBMITTED TO THE CLINICAL FLOOR EXAMINER OR BOARD STAFF PERSON PRIOR TO THE CANDIDATE'S PATIENT BEING GRADED WILL CAUSE THE CANDIDATE'S OVERALL FINAL EXAMINATION GRADE TO BE REDUCED BY FIFTEEN (15) POINTS, WHICH IS THE EQUIVALENT POINT REDUCTION FOR AN UNACCEPTABLE PATIENT CHART AND CLINICAL OBSERVATIONS.**

(3) Ensure that the grading examiner has placed his/her examiner number on the following forms:

a) Medical Health History Form
b) Dental Hygiene Prophylaxis Exercise Grade Sheet

(4) Write his/her candidate number on the Medical Health History Form, and place it in his/her manila folder.

(5) Write his/her candidate number on the Patient Disclaimer, Consent, and Release Form, and place it in his/her manila folder.

k. Begin the clinical examination.

Clinical Exercises

1. Starting and Completion Times

All candidates assigned to a clinic will have the same starting time for completion of the clinical examination. No additional time will be granted to candidates who have patients who arrive late or who must obtain backup patients. For example, if Clinic B has a starting time of 10:45 a.m., all candidates must complete the clinical examination no later than four (4) hours from that time, or by 2:45 p.m. Board staff will go to each operatory and note the starting time on each candidate's Dental Hygiene Prophylaxis Exercise Grade Sheet. All candidates will have four (4) hours from the noted starting time to complete the prophylaxis exercise, conduct the appropriate patient education, and have his/her standards of conduct verified by the clinical floor examiner. The candidate should allow sufficient time to perform the procedure and to take and develop the required periapical and post-operative bitewing radiographs. If the candidate fails to budget sufficient time, an extension will **NOT** be allowed.

Board staff will announce the completion time for each clinic exactly four (4) hours from the noted starting time for that clinic. Any candidates remaining in the clinic who have not already escorted their patients to the grading area must immediately cease working and stand up 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, THE CLINICAL FLOOR EXAMINER SHALL IMMEDIATELY RETRIEVE THE GRADE SHEET FROM THE CANDIDATE AND NOTE HIS/HER EXAMINER NUMBER IN THE "CRITICAL ERROR" BOX ON THE GRADE SHEET. THE CANDIDATE'S PATIENT SHALL NOT BE GRADED, AND THE CANDIDATE SHALL FAIL THE ENTIRE EXAMINATION.** Once time has been called and the candidate immediately stands up, the candidate shall take the Dental Hygiene Prophylaxis Exercise Grade Sheet to the clinical floor examiner, who will note the completion time on the grade sheet and his/her examiner number beside the "Maintaining Standards of Conduct" section. Afterwards, the candidate must follow the procedures noted in the "Prophylaxis Exercise Grading Procedure" section on page 29.

2. **Prophylaxis Procedure**

As previously noted, each candidate must complete all requirements for the clinical portion of the examination within four (4) hours from the starting time established for his/her clinic. Candidates will scale the full mouth. For the prophylaxis procedure, the term "scaling" includes complete removal of visually evident and explorer-detectable calculus (supragingival and subgingival), soft deposits, plaque, stain, and smoothing of unattached tooth surfaces. Unattached tooth surfaces are the portion of the crown and root surface to which no tissue is attached. Candidates may apply topical anesthetics, at the discretion of the candidate.

3. **Radiographs**

The candidate must do the following:

a. Take one (1) periapical radiograph on a tooth of the candidate's choice which may be taken any time during the prophylaxis exercise and at the candidate's discretion.

b. Take four (4) bitewing radiographs **AFTER SCALING**. The premolar view must have the distal of the canine evident, and the molar view must have the distal of the most posterior molar and the retromolar area evident. Example 5 on page 32 illustrates acceptable post-operative bitewing radiographs.

Five (5) duplicate radiographic film packets will be issued for radiographs. Upon review of the periapical and/or the post-operative bitewing radiographs, the candidate may perform additional scaling if the candidate has allowed sufficient time; however, the candidate is not allowed to re-take periapical and post-operative bitewing radiographs. All radiographic equipment will be pre-set with no adjustments necessary, and the candidate may use bitewing radiographic instruments. Radiographs must be made in the areas noted in the instructions from the University of Mississippi Medical Center School of Dentistry (see page 59).

4. **Patient Education**

Once the candidate has conducted the appropriate patient education, he/she should contact the clinical floor examiner. The clinical floor examiner will review the candidate's patient education and will document this review by placing his/her clinical floor examiner number in the appropriate space on the Dental Hygiene Prophylaxis Exercise Grade Sheet. This review may be conducted at any time during the four (4) hour period. It is the candidate's responsibility to ensure that the clinical floor examiner reviews his/her patient education; otherwise, **THE CANDIDATE'S OVERALL FINAL EXAMINATION SCORE WILL BE REDUCED BY FIVE (5) POINTS FOR FAILING TO ENSURE THAT HIS/HER PATIENT EDUCATION WAS CHECKED AND DOCUMENTED BY THE CLINICAL FLOOR EXAMINER.**

5. **Standards of Conduct**

Once the candidate has concluded the clinical exercise, the candidate must contact the clinical floor examiner to have his/her standards of conduct reviewed and documented. The clinical floor examiner will review the candidate's standards of conduct and will document this review by placing his/her clinical floor examiner number in the appropriate space on the Dental Hygiene Prophylaxis Exercise Grade Sheet. This review is conducted only upon completion of the entire clinical exercise, and it is the candidate's responsibility to ensure that the clinical floor examiner reviews his/her standards of conduct; otherwise, **THE CANDIDATE'S OVERALL FINAL EXAMINATION SCORE WILL BE REDUCED BY FIVE (5) POINTS FOR FAILING TO ENSURE THAT HIS/HER STANDARDS OF CONDUCT WAS CHECKED AND DOCUMENTED BY THE CLINICAL FLOOR EXAMINER.**

6. **Prophylaxis Exercise Grading Procedure**

Once the clinical floor examiner has checked the candidate's patient education and standards of conduct, and the candidate has finished scaling the patient's entire mouth and taken the required periapical and post-operative bitewing radiographs, the candidate should prepare to personally escort the patient to the grading clinic door for a grade on the prophylaxis procedure. The candidate may escort the completed patient to the grading area at any time within the four (4) hour period. At the time the candidate escorts the patient to the grading clinic door, however, the candidate must take the following items with him/her:

a. Manila folder containing the following items:

   (1) Patient Disclaimer, Consent, and Release Form; candidate number must be written on the form

   (2) Medical Health History Form; candidate number must be written on the form

b. FMX and/or pre-operative bitewing radiographs; patient number and "pre-op" must be written on all mounts; no candidate names, candidate numbers, or patient names should be written on the radiographs

c. Post-Operative bitewing radiographs; patient number and "post-op" must be written on the mount; no candidate names, candidate numbers, or patient names should be written on the radiographs

d. Periapical radiograph; patient number and tooth number must be written on the mount; no candidate names, candidate numbers, or patient names should be written on the radiograph

e. Dental Hygiene Prophylaxis Exercise Grade Sheet; patient number, patient acceptability, examination date, patient education, standards of conduct,

clinical floor examiner number, and starting time must be noted on the grade sheet

f. One quart-size plastic bag, labeled with the patient number only, containing the following instruments to be used during grading:

(1) Mouth Mirror
(2) ODU 11/12 Explorer
(3) Color-Coded Periodontal Probe

The grading area receptionist must note the **COMPLETION TIME** on the Dental Hygiene Prophylaxis Exercise Grade Sheet. The patient will be assigned a number that indicates his/her position relative to being graded by the grading examiners. While the patient is being graded, the candidate may return to his/her operatory to clean the operatory and complete the Board survey. **AT NO TIME IS THE CANDIDATE ALLOWED TO ENTER THE PATIENT WAITING AREA WITH HIS/HER PATIENT.**

For the six (6) teeth selected for grading as to removal of calculus, stain and plaque, and tooth polishing, the candidate's grade will be affected only if more than one (1) grading examiner determines remaining calculus, stain, plaque, etc., for the same surface(s) on the same tooth.

7. **Post-Operative Patient Instructions**

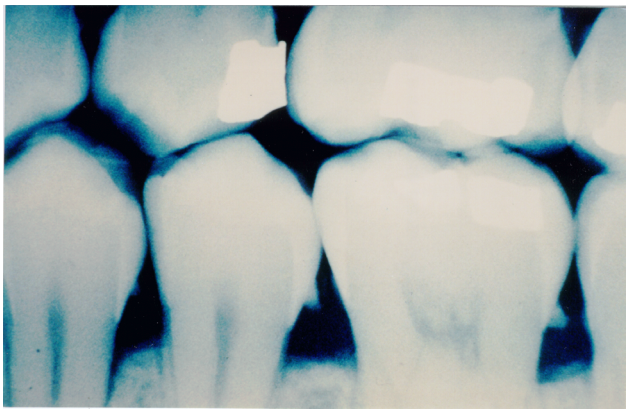
When the patient returns to the candidate's operatory, the duplicate set of the periapical and post-operative bitewing radiographs should be placed in an envelope and given to the patient. The candidate then should instruct the patient as to any post-operative care as may have been prescribed by the clinical floor examiner or the grading examiners and dismiss the patient.

CLINICAL EXAMINATION EXAMPLES

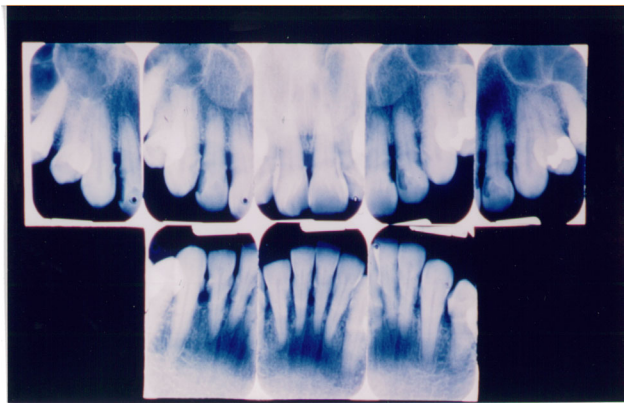
EXAMPLE 1
MODERATE–ACCEPTABLE STAIN

EXAMPLE 2
HEAVY–UNACCEPTABLE CALCULUS

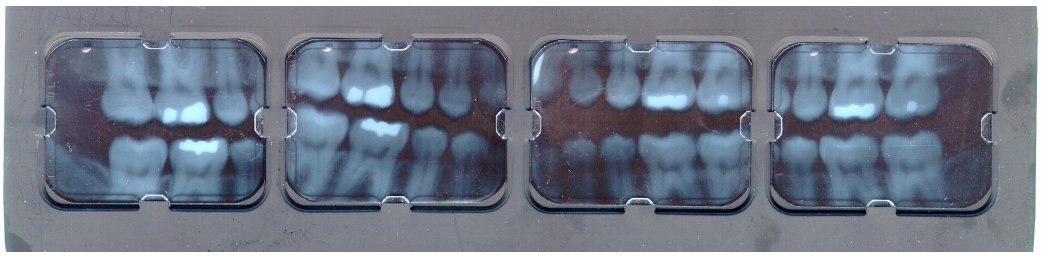
EXAMPLE 3
ACCEPTABLE RADIOGRAPHIC
EVIDENCE OF CALCULUS



EXAMPLE 4
GENERALIZED SEVERE
PERIODONTAL DISEASE



EXAMPLE 5
ACCEPTABLE POST-OPERATIVE BITEWINGS



GENERAL/PERIODONTAL CHART INSTRUCTIONS AND SYMBOLS

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

1. Draw a line in **RED PENCIL** indicating the location of the gingival contour.

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. Pocket depths of **1 mm to 3 mm** shall be recorded in **BLUE PENCIL**. Pocket depths of **4 mm** and above shall be recorded in **RED PENCIL**. Measure and record distofacial, facial, mesiofacial, mesiolingual, lingual, and distolingual.

4. Indicate teeth with pathological mobility by placing the appropriate Roman numeral of the involved tooth in the designated area.

5. Identify abnormal radiographic findings (e.g., carious lesions, defective restorations, overhangs, and periapical pathology) in **RED PENCIL**.

6. Identify endodontically treated teeth by placing a vertical line within the root of the tooth.

7. Indicate furcation involvement by a placing the appropriate mark in the involved area in **RED PENCIL**.

8. Indicate an amalgam restoration by drawing the shape and filling in with **BLUE PENCIL**.

9. Indicate tooth colored restoration by outlining restoration as it appears.

10. Indicate crown fracture as it appears in **RED PENCIL**.

THE FOLLOWING ARE ONLY SOME OF THE SYMBOLS THAT WILL BE USED. THOSE NOT INCLUDED ARE MORE UNIVERSAL TO THE CANDIDATE. CANDIDATES ARE EXPECTED TO COMPLETE A FULL GENERAL CHART AND PROBE THE ASSIGNED TEETH. EVERYTHING MUST BE CHARTED.

GOLD

FURCATION

ROTATION

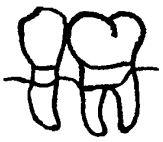
MOBILITY

ENDODONTIC

OVERHANG
EXISTING RESTORATION

OPEN CONTACT

IMPLANT



GINGIVAL CONTOUR

DRIFTING
MISSING TOOTH

FRACTURE

MARGINAL RIDGE
DISCREPANCY

IMPACTED TOOTH

CIRCLE IN BLUE

STAINLESS STEEL
CROWN

OUTLINE IN BLUE

PORCELAIN FUSED
TO METAL CROWN

OUTLINE IN BLUE

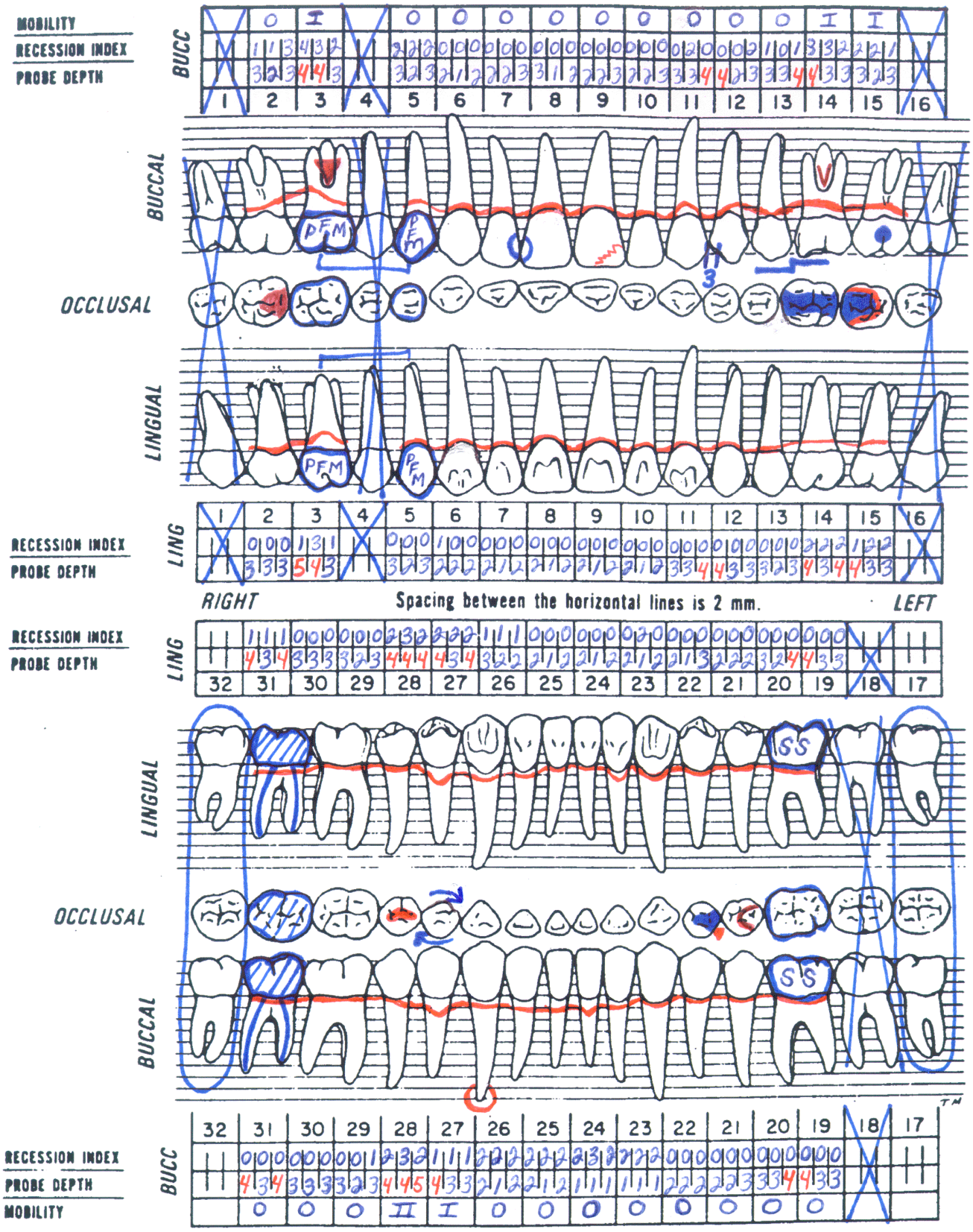
TEMPORARY CROWN

OUTLINE IN BLUE

TEMPORARY FILLING

OUTLINE SHAPE IN RED

EXAMPLE 6
COMPLETED PATIENT 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. The Board is responsible for determining whether the score earned by the candidate is acceptable for licensure. A score of 75 points on the clinical examination must be obtained as confirmation of minimal competence. The clinical examination is based on a possible score of 100 points of which there is one (1) exercise. The point values for the prophylaxis exercise are illustrated by the following table:

PROPHYLAXIS EXERCISE & GRADING CRITERIA		CRITERIA PERCENTAGE WEIGHT	OVERALL POINT VALUE
Criterion:	Calculus Removal	75.00%	
Criterion:	Stain, Plaque Removal & Polishing	5.00%	
Criterion:	Patient Management & Tissue Trauma	5.00%	
Criterion:	Radiographs	15.00%	
Procedure Totals		**100.00%**	**100.00**
TOTAL EXAMINATION POINTS			**100.00**

The prophylaxis procedure will be graded in a grading clinic which will be entirely separate from the candidate clinics. The procedure will be graded by three (3) grading examiners. Patients will be escorted to the entrance of the grading clinic by the candidate, and after grading, the patient will be instructed to return to the candidate's clinic. **UNDER NO CIRCUMSTANCES WILL CANDIDATES BE ALLOWED IN THE GRADING CLINIC AND PATIENT WAITING AREA.** Further details and directions will be given during the orientation session.

Three (3) grading examiners will evaluate the candidate's performance on the procedure, and each grading examiner 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 procedure. **CANDIDATES WILL BE REQUIRED TO ATTAIN A MINIMUM SCORE OF THREE (3), OR SEVENTY-FIVE (75), ON THE OVERALL CLINICAL EXAMINATION TO BE CONSIDERED AS SUCCESSFULLY COMPLETING THE LICENSURE EXAMINATION AND PRIOR TO BEING ISSUED A MISSISSIPPI LICENSE.**

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. As stated previously, for the six (6) teeth selected for grading as to removal of calculus, stain and plaque, and tooth polishing, the candidate's grade will be affected only if more than one (1) grading examiner determines remaining calculus, stain, plaque, etc., for the same surface(s) on the same tooth.

Additionally, there are mandatory point reductions that will affect a candidate's overall final score on the examination. The following table illustrates points that will be deducted from the candidate's overall final score for an unacceptable patient chart and/or clinical observations and failing to have patient education and standards of conduct documented by the clinical floor examiner.

MANDATORY POINT REDUCTIONS	POINT REDUCTION
Unacceptable Patient Chart	10.00
Unacceptable Clinical Observations	5.00
Unacceptable Patient Chart and Clinical Observations	15.00
Failure to Deliver Patient Chart and Clinical Observations Form to Clinical Floor Examiner after Grading Clinic Starting Check	15.00
Failure to Have Patient Education Documented Prior to Grading	5.00
Failure to Have Standards of Conduct Documented Prior to Grading	5.00

2. **Grading Criteria**

The following are categories that the clinical floor examiners will evaluate in determining the acceptability of the Patient Chart and Clinical Observations Forms:

a. Accuracy of probing measurements
b. Accuracy of complete restorative charting
c. Accuracy of detecting clinical abnormalities

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

a. Calculus removal
b. Stain, plaque removal, and polishing
c. Patient management and tissue trauma
d. Radiographs

Points may be deducted from the candidate's overall examination score as stipulated by the above chart concerning mandatory point reductions. Furthermore, the candidate either will be dismissed from the examination, fail the entire examination, or fail a procedure for any of the instances noted in the "Standards of Conduct and Critical Errors" section beginning on page 10.

3. **Grade Sheet**

Candidates will be furnished one grade sheet in their yellow candidate packets during registration. The grade sheet will be labeled “Dental Hygiene Prophylaxis Exercise Grade Sheet.” It is critical that the candidate not lose this grade sheet, as this is the candidate's responsibility.

4. **Ultrasonic or Sonic Scalers**

Ultrasonic or Sonic scalers may be used and must be compatible with University of Mississippi Medical Center School of Dentistry 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 SCALER AND TIPS**.

5. **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.

6. **Fluoride Treatment**

When applicable, fluoride treatment will be administered prior to escorting the patient to the grading clinic door.

7. **Dental Charting and Clinical Observations**

The candidate will complete a full-mouth restorative and periodontal chart prior to the examination and will bring the fully completed, buff-colored Patient Chart and Clinical Observations Form with him/her to the examination to be reviewed for acceptability by the clinical floor examiners. Candidates will be required to note any clinical observations on this form. Required dental charting will include periodontal probing and identifying/charting restorations, defects, missing teeth, caries, fixed prosthesis, etc. The dental chart utilized by the Board has a buccal, occlusal, mesial, distal, and lingual view of all teeth, a recession index, and a periodontal probe depth charting area. See the instructions and samples of acceptable symbols to use for charting purposes on pages 33 and 34. **ONLY THE FULLY COMPLETED ORIGINAL BUFF-COLORED PATIENT CHART AND CLINICAL OBSERVATIONS FORM WILL BE ACCEPTED BY THE BOARD DURING THE EXAMINATION.** The candidate may bring a copy of his/her completed Patient Chart and Clinical Observations Form to use during the prophylaxis procedure, but no copies of the Patient Chart and Clinical Observations Form will be made once the examination has begun. **THE PATIENT CHART AND CLINICAL OBSERVATIONS FORM MUST BE COMPLETED SOLELY BY THE CANDIDATE.**

8. **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.

Patient Numbers

Randomly selected patient numbers for the clinical portion of the licensure examination will be in the yellow candidate packets given to the candidates during registration. These patient numbers must be worn by patients while being treated or graded.

9. **Instruments and Supplies**

Candidates must furnish their own sterile instruments. The use of ultrasonic or sonic scalers is permitted; however, it is the candidate's responsibility to provide the equipment of choice and to ensure compatibility with the University of Mississippi Medical Center School of Dentistry equipment. Each candidate must provide his/her own ultrasonic or sonic scaler and tips. Candidates for licensure are required to wear scrub gowns, gloves, masks, and protective eyewear, which will be supplied by the University of Mississippi Medical Center School of Dentistry. It is suggested that patients also wear protective eyewear during the clinical procedure. Instruments, equipment, and supplies available from the University of Mississippi Medical Center School of Dentistry are listed in the instructional material on pages 57 and 58. 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.

10. **Starting Checks**

Incremental starting checks will be given for completion of the clinical portion of the dental hygiene licensure examination. Candidates should advise their patients to (a) arrive at the University of Mississippi Medical Center School of Dentistry in sufficient time to allow the candidate to be given a starting check at the scheduled time for his/her clinic; and (b) be prepared to stay, at a minimum, until conclusion of the examination, or until dismissed by the candidate after grading. (Refer to the clinical examination schedule on page 19 for specific times.)

11. **Examination Irregularities**

It is the candidate's responsibility to bring irregularities to the attention of the clinical floor examiner. If the candidate feels that an error has been made in any aspect of the examination, the candidate should **IMMEDIATELY** confer with the clinical floor examiner. The clinical floor examiner will obtain a second Board member to witness and document the conference. Candidates will sign the report of irregularity with their candidate number, not signature.

12. **Textbooks**

Written materials/textbooks/drawings, excluding the candidate's examination manual, may not be used during the entirety of the dental hygiene licensure examination.

13. **Time Constraints**

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

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. **Completion of Board Survey**

After completing the clinical portion of the examination and prior to leaving the clinic, the candidate must complete the Board examination survey form. Completion of the Board examination survey form is required, and failure to do so could preclude the candidate from receiving his/her Mississippi dental hygiene license. Once the Board survey has been completed, it should be placed in the candidate's yellow orientation packet.

16. **Return of Examination Materials**

At the completion of the examination, place the patient badge, candidate badge, completed answer sheet for the Board survey, and Board survey form in the yellow candidate packet and return all appropriate materials to the clinical floor examiner or Board staff member. Candidates who fail to return patient badges, candidate badges, 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. Furthermore, the candidate's Mississippi license will be held until full restitution is made with the Board.

CONCLUSION

1. **Examination Results**

The candidate will be notified by mail of the examination results within five (5) working days from the conclusion of the dental and dental hygiene licensure examinations. 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 both examinations. The candidate must receive his/her license before the candidate begins practicing dental hygiene in the State of Mississippi.

2. **Re-Take Examination Procedures**

A re-take examination will be administered to those candidates who fail to attain a passing score of seventy-five (75) on the initial clinical 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 failing 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. Board application fee in the same amount as that submitted for the initial examination and clinic fee to be determined by the University of Mississippi Medical Center School of Dentistry prior to the re-take examination

c. Proof of certification in Cardiopulmonary Resuscitation

d. Proof of liability insurance coverage

e. Acknowledgment of understanding form

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

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

To successfully complete the re-take examination, a candidate must make a minimum score of seventy-five (75) on the re-take clinical 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 attain a passing score of seventy-five (75) on the initial clinical 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. **License Renewal/Registration**

License renewal/registration notices will be mailed the last week of August. The candidate will be required to complete the registration sheet and pay the renewal fee for the upcoming renewal period. Unless the Board is notified of a change of address, the renewal/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) Candidate license information form

(6) Acknowledgment of understanding form

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

(8) Additional information as required by specific questions on the application

b. To be mailed by outside sources directly to the Board office:

(1) College transcript(s) (for all colleges/universities attended prior to attending dental hygiene school); **FOREIGN TRANSCRIPTS MUST BE IN ENGLISH AND MUST BE MAILED DIRECTLY FROM THE COLLEGE/UNIVERSITY TO THE BOARD**

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

(3) Affidavit from dental hygiene school dean (for candidates who are still in dental hygiene 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 hygiene examination?

A. You will be notified by mail of your examination results within five (5) working days of the conclusion of both the dental and dental hygiene examinations. 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 both examinations.

Q. When can I begin practicing?

A. You may begin practicing as soon as you receive your license and not prior to that time.

Q. If I have a personal emergency during the dental hygiene 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. Have the caller indicate that you are taking the Board licensure examination.

Q. May either my patient or I use cell telephones or pagers while on the clinic floor?

A. No. Use of such devices is restricted to the patient waiting areas, student/faculty lounge, or hallways.

Q. Does the University of Mississippi Medical Center School of Dentistry provide scrub gowns for the dental hygiene 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 hygiene 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. I am an out-of-state candidate and will be unable to screen my patient; 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 hygiene examination begins?

A. No. You are responsible for obtaining a patient and ensuring your

patient is properly screened. 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 patient?

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

Q. Do dental hygiene patients **HAVE** to have radiographically evident calculus?

A. Yes. The purpose of the dental hygiene licensure examination is to test the candidate's ability as a dental hygienist. This includes, but is not limited to, the successful removal of stain and supra and subgingival calculus, the ability to take diagnostic radiographs, ability to chart periodontal health and restorative dentistry, and the ability to administer patient education. These types of patients will be encountered regularly during your career as a licensed dental hygienist.

Q. What is the best way to find a patient for the dental hygiene 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 patient, 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 exposing my pre-operative radiographs?

A. No. You must make your own arrangements for exposing pre-operative radiographs. Please refer to the instructions in this manual regarding the University of Mississippi Medical Center School of Dentistry.

Q. Can my patient eat or have something to drink after I have completed the prophylaxis procedure and before my patient has been graded?

A. Your patient may not have anything to eat prior to grading; however, the patient may have something to drink or a liquid meal (e.g., SlimFast®).

Q. Why do I need a backup patient?

A. In the event that a patient is determined unacceptable (does not meet the selection criteria), that patient will be rejected. It will then be the responsibility of the candidate to provide another patient. If no patient can be provided, the candidate will not be allowed to proceed with the examination.

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 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. May I apply topical anesthetics during the clinical exercise?

A. Yes. The application of topical anesthetics is at the candidate's discretion.

Q. What kind of explorer and periodontal probe do I need to leave in the clinic for a starting check?

A. You should leave an ODU 11/12 explorer and a color-coded periodontal probe.

Q. What kind of explorer and periodontal probe do I need to send back to the grading clinic with my patient?

A. You should send an ODU 11/12 explorer and a color-coded periodontal probe.

Q. Can I report to my assigned clinic and set up prior to the designated operatory setup time?

A. No. Please refer to the examination schedule in this manual for the time when you may report to your assigned clinic.

Q. If the operatory setup time for my clinic is 9:15 a.m. or after, when does my patient need to arrive at the University of Mississippi Medical Center School of Dentistry?

A. All patients must arrive at the University of Mississippi Medical Center School of Dentistry in sufficient time so as to allow the candidates to receive a starting check at the allotted time for their assigned clinic. You should coordinate with your patient as to his/her arrival time.

Q. How much time do I have to complete the clinical portion of the dental hygiene examination?

A. Each clinic will have four (4) hours to complete the clinical portion of the examination. Starting times will be staggered, and you should advise your patient to bring reading material for use during waiting periods.

Q. What if I am still working on my patient at the conclusion of the four (4) hours?

A. Board staff will announce the completion time for the examination. Candidates 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 standards of conduct check and their completion time

from the clinical floor examiner, and follow all procedures for escorting their patients to the grading area. If a candidate continues to work after time has been called, the clinical floor examiner shall retrieve the grade sheet, and the candidate shall fail the entire examination.

Q. If my clinic's starting time is 10:45 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 in sufficient time to allow the candidate to begin the clinical exercise at his/her designated time. Each clinic will be given four (4) hours to complete the clinical examination. The starting times for the clinics will be staggered. You should advise your patient to bring reading material for use during waiting periods.

Q. If my patient is late arriving or if I must obtain a backup patient, do I still receive four (4) 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 complete the procedure by the same deadline as has been established for your entire clinic.

Q. How are the grades for calculus removal, stain and plaque removal, and tooth polishing determined?

A. For the six (6) teeth selected for grading as to removal of calculus, stain and plaque, and tooth polishing, the candidate's grade will be affected only if more than one (1) grading examiner determines remaining calculus, stain, plaque, etc., for the same surface(s) on the same tooth.

Q. Where can I get additional medical history forms?

A. Two medical history forms are provided with your examination manual; however, you can get additional medical history forms from the Board by calling 601-944-9622.

Q. What kind of chart and charting system will be used?

A. The universal chart system numbering teeth 1-32 will be used. Examples of charting symbols and a sample completed patient chart have been provided with this manual. Also, two buff-colored patient charts/clinical observations forms are in your examination manuals for you to complete prior to the examination.

Q. Can I make a copy of my completed patient chart/clinical observations form and bring it to the examination?

A. Yes. However, please remember that the Board will accept only the fully completed, buff-colored Patient Chart and Clinical Observations Form that was mailed with your manual. No copies will be accepted for review by the clinical floor examiners during starting

checks, and no copies of the Patient Chart and Clinical Observations Form will be made during the examination. You may use the copy of the Patient Chart and Clinical Observations Form brought by you during the prophylaxis procedure.

Q. What happens if I lose my candidate badge, patient badge, candidate 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 patient?

A. You will receive your candidate badge and patient badge in your candidate packet during registration. 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 vacating the clinic for the starting check.

Q. What does the Board consider as "identifying information" which may not be left in the clinics during the clinical examination?

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 hygiene school, radiographs with your name or the name of your school, etc.

Q. Some of my equipment has my dental hygiene school name on it. Can I use it?

A. Anything that would denote the identity of the candidate or his/her dental hygiene school may not be used without concealment of the identifying information. If an instrument box has your dental hygiene 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 do not pass the dental hygiene 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 Board fees as you paid for the initial examination, pay a clinic fee to be determined by the University of Mississippi Medical Center School of Dentistry, 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 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 hygiene examination?

A. You may take the dental hygiene examination only three times. If you are unsuccessful after two attempts, you must complete six (6) months of clinical training in an ADA-accredited dental hygiene school before being allowed to take the dental hygiene examination for a third, and final, time.

Q. Since starting times will vary among the clinics, how will I know when my clinic is scheduled for operatory setup and starting checks?

A. You will be notified via mail prior to the examination so that you may schedule your patient and arrange your plans accordingly. Also, your clinic assignment and time schedule will be in your yellow candidate packet which will be given to you during registration.

Q. What if, after the examination has begun, I experience an equipment failure or an unforeseen delay over which I have no control?

A. Immediately notify the clinical floor examiner so that the problem may be identified, the faulty equipment may be repaired, or so that you may be relocated to another operatory. If the problem or your

equipment cannot be repaired within ten (10) minutes, you will either be relocated to another operatory in your clinic or to another clinic. You will receive an additional fifteen (15) minutes to complete the clinical examination, and this will be noted on your grade sheet. Regardless of the number of equipment failures experienced by a candidate during the clinical examination, a candidate will receive only one (1) extension of fifteen (15) minutes for the day.

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 you do not pass the examination, you will be allowed to take a second, different jurisprudence examination prior to the conclusion of the clinical examination. You must pass this jurisprudence examination in order to receive a license.

Q. Does it help to be a Mississippi resident to pass the dental hygiene examination?

A. No. Although the majority of candidates who pass the examination are from Mississippi, candidates from other dental hygiene schools have been equally as successful. To ensure fairness, the dental hygiene 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 hygiene examination to ensure that all examiners grade as reliably as possible.

Q. Who are these examiners?

A. Generally, the examiners are current and former members of the Mississippi State Board of Dental Examiners. Board members are appointed to six-year, nonconsecutive terms by the Governor.

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

A. Between 1993 and 2002, the pass rate is 98% of the approximately 550 candidates who have taken the dental hygiene examination.

Q. Do I need malpractice insurance?

A. Yes. If you wish, you may select the insurance carrier whose information is included with your examination manual for insurance coverage during the dental hygiene examination.

Q. Once I am licensed in Mississippi, do I have to practice in that state to maintain my dental hygiene license?

A. No. However, you must maintain licensure by paying appropriate 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 prior 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.

DENTAL HYGIENE PROPHYLAXIS EXERCISE GRADING CRITERIA

MSBDE Rev.7/20/04

	5	4	3	2	1	0
CALCULUS REMOVAL	**A.** Calculus is detected on not more than two (2) of the surfaces selected.	**A.** Calculus is detected on not more than four (4) of the surfaces selected.	**A.** Calculus is detected on not more than six (6) of the surfaces selected.	**A.** Calculus is detected on not more than eight (8) of the surfaces selected.	**A.** Calculus is detected on not more than ten (10) of the surfaces selected.	**A.** Calculus is detected on eleven (11) or more of the surfaces selected.
STAIN, PLAQUE REMOVAL, AND POLISHING	**B.** Stain and/or plaque remains on not more than two (2) surfaces of any of the six (6) teeth selected.	**B.** Stain and/or plaque remains on not more than four (4) surfaces of any of the six (6) teeth selected.	**B.** Stain and/or plaque remains on not more than six (6) surfaces of any of the six (6) teeth selected.	**B.** Stain and/or plaque remains on not more than eight (8) surfaces of any of the six (6) teeth selected.	**B.** Stain and/or plaque remains on not more than ten (10) surfaces of any of the six (6) teeth selected.	**B.** Stain and/or plaque remains on eleven (11) or more surfaces of any of the six (6) teeth selected.
PATIENT MANAGEMENT AND TISSUE TRAUMA	**C.** Patient is comfortable and demonstrates no evidence of distress or pain. **D.** No tissue damage due to routine instrumentation.	**C.** Patient is comfortable and demonstrates no evidence of distress or pain. **D.** Slight tissue damage to the gingival margins and/or interdental papillae involving not more than two (2) teeth.	**C.** Patient exhibits slight discomfort. **D.** Slight tissue damage to the gingival margins and/or interdental papillae involving not more than three (3) teeth.	**C.** Patient exhibits moderate discomfort. **D.** Moderate tissue damage to the gingival margins and/or interdental papillae involving not more than four (4) teeth.	**C.** Patient is obviously uncomfortable and visibly distressed. **D.** Significant tissue damage to the gingival margins and/or interdental papillae involving not more than five (5) teeth.	**C.** Patient is very uncomfortable and distressed. **D.** Severe damage to the marginal gingiva and/or amputated papillae.
RADIOGRAPHS **PERIAPICAL RADIOGRAPH**	**E.** Periapical radiograph – full view of tooth from incisal to the apex and surrounding bone at the apex is evident. **F.** Periapical radiograph – are of good diagnostic quality, and properly mounted and identified with patient number and tooth number.	**E.** Periapical radiograph – full view of incisal is not evident. **F.** Periapical radiograph – are of acceptable diagnostic quality, and properly mounted and identified with patient number and tooth number.	**E.** Periapical radiograph – full view of incisal is not evident, and supportive bone is not evident at apex. **F.** Periapical radiograph – are of acceptable diagnostic quality, and improperly mounted and/or incorrectly identified with candidate number, and/or patient name, and/or no tooth number.	**E.** Periapical radiograph – full view of tooth is not evident and shows incorrect angulation. **F.** Periapical radiograph – are of poor diagnostic quality, and improperly mounted and/or incorrectly identified with candidate number, and/or patient name, and/or no tooth number.	**E.** Periapical radiograph – full view of tooth is not evident and shows incorrect angulation and/or one (1) cone cut. **F.** Periapical radiograph – are of poor diagnostic quality, and improperly mounted and/or identified with candidate number, and/or patient name, and/or no tooth number.	**E.** Periapical radiograph – distorted view of tooth, lack of clarity, apex and/or incisal of tooth not evident, and/or one (1) cone cut. **F.** Periapical radiograph – are of poor diagnostic quality, and improperly mounted and/or identified with candidate number, and/or patient name, and/or no tooth number.
POST-OPERATIVE BITEWING RADIOGRAPHS	**G.** Bitewing radiographs – have all contacts open and no cone cuts. **H.** Bitewing radiographs -- are of good diagnostic quality, and properly mounted and identified with patient number and tooth number. **I.** Distal of canine is evident in premolar view. Distal of most posterior tooth is evident in molar view.	**G.** Bitewing radiographs – have two (2) overlapping contacts and no cone cuts. **H.** Bitewing radiographs – are of acceptable diagnostic quality, and properly mounted and identified with patient number and tooth number. **I.** Distal of canine is evident in premolar view. Distal of most posterior tooth is evident in molar view.	**G.** Bitewing radiographs – have one (1) to four (4) overlapping contacts and no more than one (1) cone cut. **H.** Bitewing radiographs -- are of acceptable diagnostic quality, and improperly mounted and/or incorrectly identified with candidate number and/or patient number and/or no tooth number. **I.** Distal of canine is evident in premolar view. Distal of most posterior tooth is NOT evident in molar view.	**G.** Bitewing radiographs – have two (2) to five (5) overlapping contacts and no more than two (2) cone cuts. **H.** Bitewing radiographs – are of poor diagnostic qualify, and improperly mounted and/or incorrectly identified with candidate number, and/or patient name, and/or no tooth number. **I.** Distal of canine is NOT evident in premolar view. Distal of most posterior tooth is NOT evident in molar view.	**G.** Bitewing radiographs – have three (3) to seven (7) overlapping contacts and no more than three (3) cone cuts. **H.** Bitewing radiographs – are of poor diagnostic quality, and improperly mounted and/or identified with candidate number, and/or patient name, and/or no tooth number. **I.** Distal of canine is NOT evident in premolar view. Distal of most posterior tooth is NOT evident in molar view.	**G.** Bitewing radiographs – have eight (8) or more overlapping contacts and four (4) or more cone cuts. **H.** Bitewing radiographs – are of poor diagnostic quality, and improperly mounted and/or identified with candidate number, and/or patient name, and/or no tooth number. **I.** Distal of canine is NOT evident in premolar view. Distal of most posterior tooth is NOT evident in molar view.

DENTAL HYGIENE PATIENT CHART AND CLINICAL OBSERVATIONS CRITERIA MSBDE Rev.7/20/04

	ACCEPTABLE	UNACCEPTABLE
PERIODONTAL CHARTING	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but three (3) or four (4) tooth surfaces.	Probing measurements of the gingival sulcus and/or periodontal pocket are accurate +/- 1 mm on all but seven (7) or eight (8) tooth surfaces.
COMPLETE DENTAL CHARTING	Restorative charting is correct on all but three (3) teeth. All but one (1) missing and present tooth recorded correctly.	Restorative charting is correct on all but five (5) teeth. All but three (3) missing and present teeth recorded correctly.
DETECTION OF CLINICAL ABNORMALITIES	Correct identification of all but two (2) clinical abnormalities.	Correct identification of all but (4) clinical abnormalities.

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 HYGIENE 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 hygiene 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. Arrangements may be made for sterilization of a candidate's own instruments at least one day prior to the examination by contacting the chief dental assistant in Restorative Dentistry at (601) 984-6030 prior to the examination.

4. A clinical slow speed handpiece (Midwest Shorty two speed) will be issued in the clinic where candidate is assigned. Immediately following the use of the handpiece, it must be returned to the supply area from which it was obtained. Candidates are free to use their own handpieces. All handpiece tubing is of the four-hole Midwest type.

5. The State Board of Dental Examiners will be notified by the school if all requisitioned handpieces and instruments are not returned, and all patient records are not completed or returned.

6. The contents of the available dental hygiene instrument patient care kit and off-tray instruments and supplies are as follows.

   Patient Care Kit:

   Toothbrush and paste
   Prophy cup, brush, and paste
   Finger ring
   Floss (waxed and unwaxed)
   Air/water syringe tip
   Napkin chain
   Pencils (#2 and red/blue)
   Disposable fluoride trays (medium and large)

   Off-Tray Instruments and Supplies:

   Prophy angle
   Disclosing solution
   Fluoride

Supplies:

The School of Dentistry supplies radiographic film and mounts; paper, cotton, and plastic disposables; and gowns, gloves, masks, and face shields.

USE OF FACILITIES:

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.

PATIENTS:

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

RADIOGRAPHS:

Radiographs needed during the examination may be made in either of two places: (1) second floor Oral and Maxillofacial Radiology Clinic (Room D208); or (2) third floor Endodontic Clinic (Room D305A).

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://travel.yahoo.com/p/hotel/358825

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

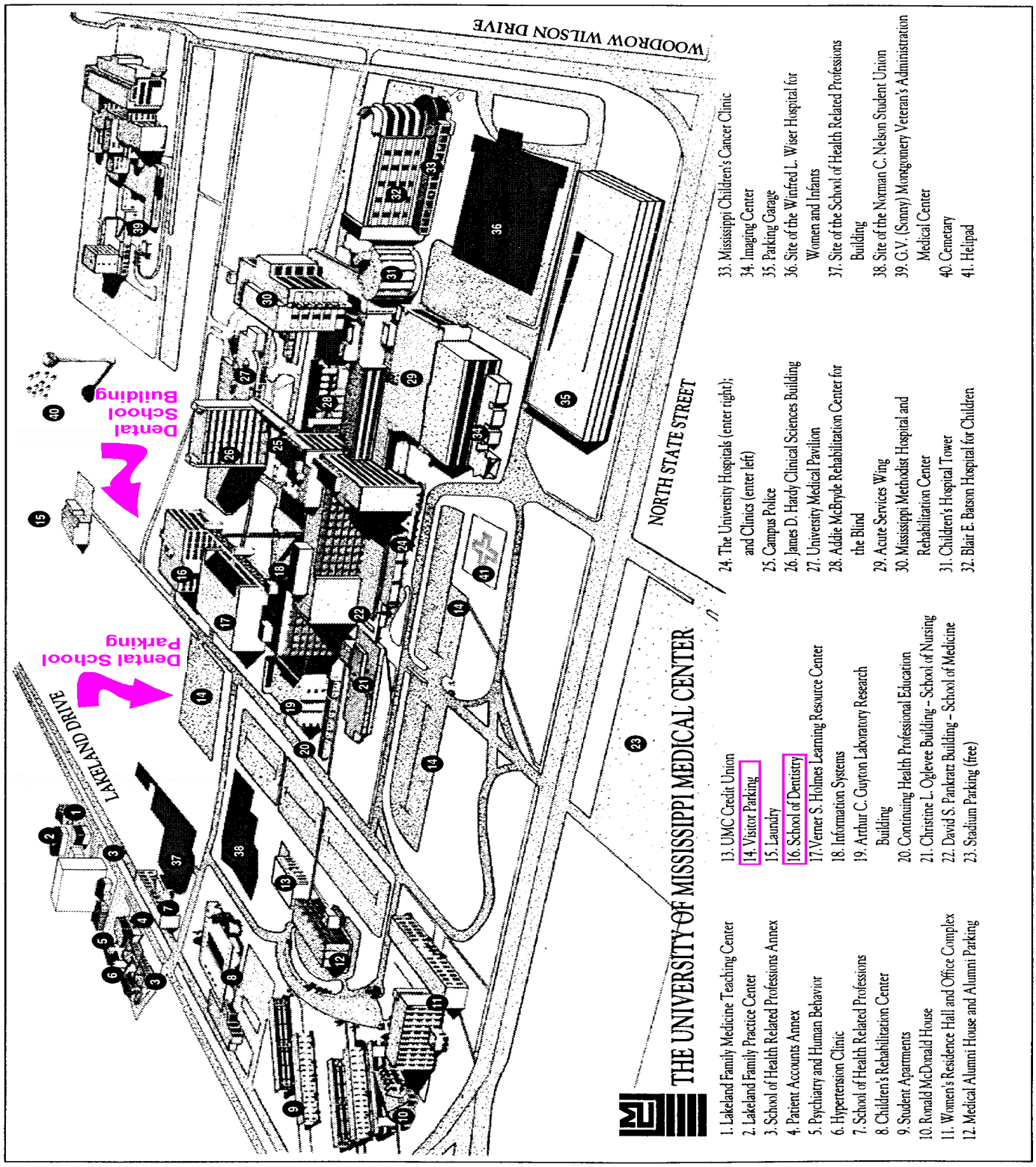
Crowne Plaza-Downtown
200 East Amite Street
Jackson, MS 39201
Telephone: 800-227-6963
601-969-5100
Facsimile: 601-969-9665
Internet: http://www.basshotels.com/crowneplaza?_franchisee=JANDT

Hampton Inn & Suites
320 Greymont Avenue
Jackson, MS 39202
Telephone: 800-426-7866
601-352-1700
Facsimile: 601-352-9988
Internet: http://www.travelhero.com/prophome.cfm/id/84813/hotels/reservations/index.html

Holiday Inn & Suites
5075 I-55 North
Jackson, MS 39206
Telephone: 800-465-4329
601-366-9411
Facsimile: 601-366-6688
Internet: http://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: http://www.sixcontinentshotels.com/h/d/EX/hd/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/reservations/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