Examination Year 2017

SOUTHERN REGIONAL TESTING AGENCY

2017
DENTAL HYGIENE CANDIDATE GUIDE

Note: revision on page 14. 4/24/17
At the time this manual was printed, the 29 state boards of dentistry listed below accepted the results of the SRTA Dental Hygiene Clinical Examination for initial licensure. For the most up-to-date, accurate information on licensure acceptance, candidates should directly contact the state boards of dentistry.

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<td>15. Nebraska</td>
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<td>16. New Hampshire</td>
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Current Participating States of Southern Regional Testing Agency

Alabama    South Carolina    Virginia
Arkansas    Tennessee        West Virginia

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1. Introduction

Purpose
State boards of dentistry require a clinical license examination administered by an independent testing agency, i.e. one not affiliated with educational institutions, prior to issuing a license to practice on the public. The Southern Regional Testing Agency (SRTA) is one of several such agencies that develop examinations to provide a reliable clinical assessment for use by state boards in making valid licensing decisions. Prior to registering for this examination, you are strongly encouraged to verify its acceptance by the individual state board where you plan to seek a license.

The purpose of this Candidate Guide is to provide candidates with information regarding the criteria and procedures for the SRTA Dental Hygiene Examination. This manual covers examination content and scoring criteria. Bring this guide to the examination and keep it available for easy reference. A thorough understanding of this manual is crucial to your success.

For all information regarding application, a schedule of testing sites, dates, deadlines, fees, results, appeals, and state board contact information, please visit www.srta.org. Results will be available on the Monday following the examination, unless unexpected technical problems are experienced.

Application
To apply, please have the following items ready.

- Recent photograph (head shot; jpg, gif, png, etc.)
- CPR certification (BLS or higher)
- Diploma or letter from program director
- Visa, MasterCard, or Veterans Administration forms (Please contact the SRTA office if using veteran’s benefits.)

SRTA personnel
These SRTA representatives are in the clinic throughout the day to assist you and answer questions.

- Clinic Floor Manager (CFM): A dentist who works with candidates and manages activities in the clinic
- Dental Hygiene Administrator (DHA): A dental hygienist or member of the SRTA staff who serves as a liaison between the candidates and the examiners, conducts registration, conducts an examination general session, and assists candidates in the clinic.

Clinical Examiners: These are dentists and/or dental hygienists who have been calibrated and trained by SRTA to conduct clinical examinations. Candidates do not interact with the clinical examiners.

SRTA uses a triple-blind scoring system. This system requires three examiners to perform independent evaluations of each phase of the candidate’s performance. The term “validate” and its variants used in this manual means that at least two of the three examiners independently agree that the candidate’s work either met or did not meet the published criteria. For any error to be assessed, at least two out of three examiners must independently document the same error. Points are awarded on a 100-point scale. Candidates must earn 75 or more points to pass.
2. Content and Scoring

Clinical skills evaluated

During the two-hour patient treatment portion of this examination, you must demonstrate these clinical skills.

- Calculus detection
- Periodontal pocket depth measurement
- Calculus removal
- Tissue management
- Plaque and stain removal

In addition to these scored criteria, candidates must follow standard infection control precautions and demonstrate a thorough understanding of all requirements as set forth in this manual.

Points

All candidates start the SRTA examination with zero points and earn them as examiners validate that the criteria are met based on the following system.

<table>
<thead>
<tr>
<th>Calculus requirements <em>(Examiners validated 8 posterior surfaces of moderate to heavy, easily explorer-detectable subgingival calculus; 5 of those 8 on mesial and/or distal surfaces; 3 of those 5 on molars; earn 7 points)</em></th>
<th>+7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detection of calculus <em>(Candidate correctly identified the presence or absence of any type of calculus on three teeth assigned by examiners; earn 1 point per surface, M, D, F &amp; L)</em></td>
<td>+12</td>
</tr>
<tr>
<td>Periodontal measurement <em>(Candidate’s measurements did not vary by more than + or – 1 mm from the median measurement documented by the three examiners on 6 surfaces; earn 1 point per surface)</em></td>
<td>+6</td>
</tr>
<tr>
<td>Removal of calculus <em>(Candidate removed all calculus from up to 12 surfaces validated by examiners as having moderate to heavy explorer-detectable calculus; earn 6 points for each surface found to be free of calculus after the two-hour patient treatment time. See below for points lost when examiners are unable to validate the full 12 surfaces.)</em></td>
<td>+72</td>
</tr>
<tr>
<td>Removal of plaque and stain <em>(Candidate removed all plaque and stain from teeth assigned for the calculus removal section; earn 3 points)</em></td>
<td>+3</td>
</tr>
</tbody>
</table>

Total points 100

If 12 surfaces with the required type of calculus are not validated after all three examiners independently and thoroughly evaluate both the primary and secondary quadrant submissions, points are withheld as follows.

<table>
<thead>
<tr>
<th>Validated Surfaces</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>-6</td>
</tr>
<tr>
<td>10</td>
<td>-12</td>
</tr>
<tr>
<td>9</td>
<td>-18</td>
</tr>
<tr>
<td>8</td>
<td>-24</td>
</tr>
<tr>
<td>7 or fewer</td>
<td>-30</td>
</tr>
</tbody>
</table>

**DON’T FORGET!**

If the case submitted does not have enough calculus for you to earn the number of points needed to pass the examination (seven or fewer) validated surfaces the patient will be dismissed as ineligible after check-in is completed.
**Skills not evaluated**
The skills listed below have been sufficiently covered by the National Board Dental Hygiene Examinations, thus, the SRTA examiners, educators, and members do not feel it is necessary to re-examine these skills or knowledge areas. These areas are not included in the SRTA Dental Hygiene Examination.

- Head and neck assessment
- Oral cancer screening
- Radiography
- Medical assessment
- Emergency management
- Pharmacology

3. **Pre-Examination Preparation**

**Selecting an eligible patient**
To be considered eligible, a patient must meet all of these criteria.
- Is at least 18 years old
- Is presented with a case that meets all selection requirements
- Is presented with required radiographs that are of sufficient quality that examiners can determine that they belong to the patient
  - Panoramic and/or full mouth periapicals taken within three years of the examination
  - Bitewings taken within one year of the examination
- Is not a dentist, dental student, dental hygienist, or a dental hygiene student
- Has no history of injectable bisphosphonate therapy
- Is not in the first or third trimester of pregnancy
- Has an acceptable health history, including a blood pressure on the day of the examination within the guidelines, which is <160/90
- Has a physician's written clearance that is required for certain medical conditions listed on the Medical History Form
- Has no symptoms of an oral herpetic lesion. The eligibility of a patient with this condition may be left to the discretion of the CFM.
- Has a case with enough validated moderate to heavy explorer-detectable calculus for the candidate to pass

During set-up, if a patient is deemed ineligible, he or she will be dismissed. If an eligible patient cannot be obtained with the required paperwork and radiographs prior to the start of check-in for your group, you will be dismissed.

If the case submitted does not have enough calculus for you to earn the number of points needed to pass, i.e. seven or fewer validated surfaces, the patient will be dismissed as ineligible after check-in is completed.

DON’T FORGET!
A case selection including the following is strongly discouraged:
- Class III furcation or mobility
- Advanced periodontal disease
- Orthodontic bracket or bonded retainer
- Implants included in the treatment selection
- Partially erupted third molars
- Retained primary teeth
- Gross caries
- Faulty restorations
- Extensive full or partial veneers
- Multiple localized probing depths > 6mm
Selecting a case
The case selected must include the following elements.

- A primary quadrant with at least six teeth; one must be a natural permanent molar
- A secondary quadrant with at least six teeth; one must be a natural permanent molar
- At least one molar in the primary quadrant or one molar in the secondary quadrant must have at least one proximal contact

DON'T FORGET!
The case selection must include:

- A full primary quadrant with at least six teeth; one must be a natural permanent molar
- A secondary quadrant with at least six teeth; one must be a natural permanent molar
- At least one molar in the primary quadrant or one molar in the secondary quadrant must have at least one proximal contact
- Must be free of excessive soft debris
- A patient presented with excessive soft debris will be required to brush thoroughly after patient treatment time starts.
- Late check-in will be performed after all debris is removed.

During check-in, examiners evaluate both primary and secondary quadrant submissions for moderate to heavy explorer-detectable calculus. Examiners will attempt to validate 12 surfaces with the required type of calculus in the primary quadrant. If they are able to do so, no additional teeth from the secondary quadrant will be assigned for treatment. However, if examiners are unable to verify at least 12 surfaces in the primary quadrant, they will attempt to find additional surfaces in the secondary quadrant to give the highest chance to earn the maximum number of points.

If teeth from the secondary quadrant are not assigned, the teeth in that quadrant do not have to be cleaned. However, if any additional teeth from the secondary quadrant are listed on the Procedure Form they must be cleaned and will be evaluated for remaining calculus.

The case selection must be entered into the SRTA website within 72 hours of the day of the examination. Changes and adjustments to your selection may be made by the DHA or CFM on the day of the examination, if needed.

Third molars: Candidate will choose whether to include the third molar as part of the primary and/or secondary quadrants. If you choose not to include the third molar, those will not be assigned for any part of the evaluation process.

Excessive soft debris: Have the patient brush during set up if excessive soft debris is present in quantities that might interfere with accurate probing measurements.

Other case selection considerations: Primary teeth and restored implants located in the selection will not count toward any calculus requirements nor will they count toward any molar requirements. They can, however, count toward the six teeth in the quadrant and as contacts with molars. Please ensure the accuracy of the teeth charting on the Dental Charting Form to avoid any inadvertent assignments of these types of teeth or permanent bridge pontics.

Patient and case selection are the sole responsibility of the candidate. While SRTA does not prohibit candidates from seeking advice from faculty, peers, or others on patient and/or case selection, the opinions of
anyone other than the three calibrated, standardized SRTA examiners who evaluate the patient on the day of
the examination will not be considered in any scoring decisions or appeals.

The SRTA Dental Hygiene examination requires that the candidate select a primary and secondary quadrant to
present for their case selection. Examiners will evaluate the primary quadrant for moderate to heavy explorer-
detectable subgingival calculus. If 12 surfaces of moderate to heavy calculus cannot be found within the
primary quadrant, the secondary quadrant will be utilized to find additional teeth that help meet the calculus
requirement. During the two hour patient treatment time, the candidate must remove all calculus from the
entire quadrant selected, and any teeth that may be selected from the secondary quadrant. The selections
will be noted on the Procedure Form in Section 4.

**Calculus requirements (8/5/3)**

To earn the maximum number of points, the case must include at least 12 surfaces of moderate to heavy,
explorer-detectable calculus distributed as follows.

- At least **eight** of the 12 surfaces must be on premolars and molars and must be **subgingival**.
  - At least **five** of those eight must be subgingival and be located on **mesial or distal** surfaces of
    premolars and molars.
  - At least **three** of the five mesial or distal surfaces must be on **molars**.
- The remaining four of the 12 surfaces of required calculus may be on any surfaces of any teeth in the
  selected quadrants.
- Calculus on **anterior** teeth may be subgingival or supragingival.
  - No more than four anterior surfaces will be utilized, regardless of the amount of calculus present.
- Line angle calculus that does not extend onto the lingual or facial surface is counted only on the
  proximal surface.

Primary teeth, partially erupted permanent teeth, and restored implants located in the selection will not count
toward any calculus requirements. To maximize the number of points that can be earned, examiners must
validate the presence of at least 12 tooth surfaces with moderate to heavy, explorer-detectable subgingival
 calculus within the candidate’s case selection.

If two out of the three examiners are unable to validate more than seven surfaces with this type of calculus,
the patient will be dismissed as ineligible. To earn enough points to pass, the case selection must have more than seven surfaces of
required calculus. In cases where seven or fewer surfaces are validated, the CFM dismisses the patient, verbally explains to the
candidate the reasons for the dismissal, and provides written documentation of those reasons.

**Characteristics of required calculus**

- Moderate to heavy
- Easily explorer-detectable
- Subgingival on posteriors; may be sub- or supra-gingival on anteriors
- Distinct and easily detected with an 11/12 explorer as it passes over the calculus
- A definite jump or bump detected by the explorer with one or two strokes (“speed bump”)
- Binds the explorer or causes a definite catch
- Ledges or ring formation
- Spiny or nodular formations

**DON’T FORGET!**

**Characteristics of required calculus**

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- Easily explorer-detectable
- Subgingival on posteriors; may be sub- or supra-gingival on anteriors
- Distinct and easily detected with an 11/12 explorer as it passes over the calculus
- A definite jump or bump detected by the explorer with one or two strokes (“speed bump”)
- Binds the explorer or causes a definite catch
- Ledges or ring formation
- Spiny or nodular formations
Scoring sections

Calculus requirements [8/5/3] (7 points)
If examiners are able to validate eight surfaces of moderate to heavy explorer-detectable subgingival calculus on posterior teeth, with five of those eight on mesial or distals, and three of those five on molars, seven points will be awarded.

If these requirements are not met, the examination will still proceed, as long as there are at least eight required surfaces validated, although fewer points can be earned. If seven or fewer surfaces are validated, the patient will be dismissed and the candidate will fail due to presenting an ineligible patient.

Periodontal measurements (6 points)
During check-in, examiners assign one anterior and one posterior tooth for the candidate to measure periodontal pocket depths. Three examiners independently measure and record periodontal pocket depths on the two assigned teeth using a UNC probe, marked with 1 mm increments, and document their findings in the computer scoring program.

During clinical treatment time, you will measure and record pocket depths for these same two assigned teeth on the mesio-lingual (ML), lingual (L), and disto-lingual (DL) surfaces. SRTA’s computer scoring system compares your measurements with those entered by the examiners. Candidates earn one point for each measurement that is no more than ±1 mm from the median of those made by the three examiners. Six points (one point per surface) can be earned.

The examiners record their pocket depth measurements before removing any calculus. Because pocket depths could change after calculus removal, candidates must complete periodontal measurements before removing any calculus.

Record each measurement in the appropriate space on the Procedure Form. For example, the measurement for the mesio-lingual surface of the assigned tooth must be recorded in the space labeled “ML,” the lingual measurement must be recorded in the space labeled “L,” etc. Errors are assessed for any space left blank.

After patient treatment time ends, the DHA assists you in entering your measurements into the computer scoring system. Do not use any copies or reference materials for this section. Candidates found using previously recorded and/or copied periodontal charts or other copies of the patient’s periodontal measurements will be dismissed for unprofessional conduct and will automatically fail the examination.

SECTION 6 OF THE PROCEDURE FORM (PERIODONTAL ASSESSMENT)

Calculus detection (12 points)
During check-in, examiners assign three teeth for you to evaluate for the presence or absence of calculus. Three examiners evaluate the mesial (M), distal (D), facial (F) and lingual (L) surfaces of those three teeth and document their findings in the computer scoring program. Examiners use the 11/12 explorer and compressed air for calculus detection.

At the start of clinical treatment time and prior to removal of any calculus, evaluate the four surfaces of the three assigned teeth. If any supra- or subgingival calculus—whether light, moderate, or heavy—is present on a surface, indicate “Yes” on the Procedure Form. If no calculus is found on a surface, enter “No” on the form.

DON’T FORGET!
Complete the periodontal measurements and calculus detection exercise on Procedure Form before beginning calculus removal.
For the purposes of the detection exercise, **any calculus** present on the surface should be marked “Yes.” It does not have to be moderate to heavy. Use the explorer and compressed air to determine the presence or absence of calculus on each surface.

Complete the detection exercise **prior** to removing any calculus. If calculus is removed prior to completing the detection exercise, you will be unlikely to make an accurate evaluation of the presence or absence of calculus. **Remember** that the examiners complete their own calculus detection exercise during check-in and prior to any calculus removal.

After patient treatment time ends, the DHA assists you in entering your 12 detection answers into the computer-scoring program. One point can be earned for each surface where your findings match those of two out of three examiners for a total of 12 possible points. If two of the three examiners find calculus on a surface and you find calculus on the same surface, one point is earned. If examiners find no calculus on a surface and you find no calculus on that surface, one point is also earned. No points are earned if you do not select an answer at all or if you select both “Yes” and “No.”

**SECTION 7 OF THE PROCEDURE FORM (CALCULUS DETECTION)**

| SECTION 7: CALCULUS DETECTION: Do not complete this section until after check-in. Is any type of calculus present? Circle either “Yes” or “No” for the three surfaces of each tooth assigned below. |
|---|---|---|---|---|---|---|
| Tooth# | Mesial: Yes | No | Distal: Yes | No | Facial: Yes | No |
| Tooth# | Mesial: Yes | No | Distal: Yes | No | Facial: Yes | No |
| Tooth# | Mesial: Yes | No | Distal: Yes | No | Facial: Yes | No |

**Calculus removal (72 points)**

This is by far the most important portion of the SRTA Dental Hygiene Examination. Candidates can earn up to 72 points for complete removal of moderate to heavy explorer-detectable calculus.

Choose two quadrants where you believe at least 12 surfaces of moderate to heavy, explorer-detectable calculus are located and that will meet the 8/5/3 calculus requirement discussed earlier in this section. Document these on both the Procedure Form and the Dental Charting Form and enter them into the SRTA website.

1. Primary quadrant selection and whether you wish to include the third molar
2. Secondary quadrant selection and whether you wish to include the third molar

**Two quadrants with at least 12 surfaces**
- Mod-heavy calculus
- Easily explorer detectable

**5 on M or D surfaces of posteriors (molars and/or premolars)**

**3 on M or D of molars**

**Remaining 4 from any where**
- Maximum of 4 on anteriors

In some cases, examiners may validate more surfaces of the required type of calculus in the secondary quadrant than they were able to locate in the primary. If this occurs, the secondary quadrant will be assigned and individual teeth from the primary quadrant added as needed to reach the ideal number of surfaces (12) to give you the best chance to earn the maximum number of points.
Upon completion of check-in, one of the two submitted quadrants and any additional teeth for treatment will be listed on the Procedure Form. All calculus, plaque, and stain must be removed from all surfaces of the teeth in the assigned quadrant and any additional teeth listed in Section 4 of the Procedure Form.

After completing periodontal measurements and calculus detection, clean all surfaces of all teeth in the selection assigned. All surfaces of all teeth in the assigned selection will be evaluated for remaining calculus, both supragingival and subgingival. Remaining subgingival and supragingival calculus are scored equally.

Because a maximum of two quadrants may be treated by each candidate, sharing patients is allowed. Please notify the SRTA office if a shared patient is planned. Notification is for exam scheduling purposes only.

**EXAMPLE 1: PROCEDURE FORM, SECTION 3** - Primary quadrant assigned plus teeth #29 and #30 from secondary quadrant to help candidate earn the maximum number of points

**EXAMPLE 2: PROCEDURE FORM, SECTION 3** - Examiners validated 12 surfaces in the primary quadrant (LR). No additional teeth were assigned. Only the LR quad must be treated.

**EXAMPLE 3: PROCEDURE FORM, SECTION 3** - Examiners validated more calculus in the secondary quadrant (LR). It has been assigned to clean plus #3 from the primary that was needed to meet the 8/5/3 requirement.
Plaque and stain (3 points)
When examiners return to evaluate the treatment provided by the candidate, they will evaluate the assigned quadrant and any additional teeth assigned for the presence of remaining visible plaque and stain. Disclosing solutions are not used. Only teeth in the final assignment are evaluated for remaining plaque and stain.

Automatic failure (-100)
A 100 point deduction is made for these critical errors.

Major infection control violation
- Examples of major infection control violations include, but are not limited to forms, patient bibs, gauze, and/or barriers visibly contaminated with blood at check-in or final evaluation, use of non-sterile instruments, uncapped needles, and other violations that put the patient, candidate, examiners, or staff members at risk for injury or exposure.
- These will be assessed by examiners at the start of check-in and the start of final evaluation.
- Major infection control violations noted by the CFM or DHA during patient treatment will be validated, photographed, and witnessed by these two SRTA officials. When possible, a testing site staff member will also serve as a witness.

Major tissue trauma caused by candidate
- This includes any injury that is inconsistent with the procedure and that will not heal on its own without professional treatment by a dentist or physician. Four or more validated areas of minor tissue trauma also results in automatic failure. “Minor tissue trauma” is damage caused by the candidate, is determined to have been avoidable, but can be expected to heal on its own.
- Examples of major tissue trauma include but are not limited to amputated papilla, significant cavitron burns, severely lacerated soft tissue, exposure of the alveolar process, broken instrument tip evident in the sulcus or soft tissue, and root surface abrasions that require professional treatment.
- These must be independently validated during final evaluation by two examiners.
- Pre-existing tissue injuries and/or conditions should be noted under “Candidate Comments to Examiners” on the Dental Charting Form prior to check in.

Ineligible patient is presented
- Under age 18
- History of injectable bisphosphonate
- Allergic to latex and site it not latex free
- No radiographs presented or those presented are of such poor quality that examiners cannot determine that they belong to the patient
- No physician written clearance letter for conditions under Question 8 A-K on the Medical History Form
- Patient is in the first or third trimester of pregnancy
- Blood pressure is higher than 160/90 on the day of the examination
- Seven or fewer validated surfaces of required calculus (patient dismissed after check-in is completed)
- Unprofessional conduct; breach of SRTA protocols
- Is a dentist, dental student, dental hygienist, or a dental hygiene student

DON'T FORGET!
A patient will be classified as ineligible and be dismissed from the examination if he or she is:
- Less than 18 years old
- Currently taking or has a history of taking injectable bisphosphonate therapy
- Allergic to latex (if testing site is not latex free)
- Presented without required radiographs
- Presented without a physician’s letter when required
- In the first or third trimester of pregnancy
- Has a blood pressure >160/90
- Has an oral herpetic lesion (Dismissal for this condition is left to the discretion of the CFM)
- Found to have only seven or fewer surfaces with moderate to heavy, explorer-detectable calculus.
Instruments
Candidates may choose any instruments for calculus removal. However, for the calculus detection and periodontal measurement exercises, all candidates and examiners must use the same instruments. This ensures that the examination is standardized for all candidates at all testing sites. These are the required instruments.

- **Explorer:** 11/12 explorer (i.e., the ODU or EXD 11/12) is used by candidates and examiners for calculus detection. No other type of explorer will be used for detection of calculus.

- **Probe:** A probe marked with 1 mm increments (i.e., the UNC probe) is used for the probing exercise. SRTA prefers probes that have alternating colored markings such as yellow/black, yellow/bare metal, yellow/white plastic, or any other combination of colored markings. This improves accuracy of measurements by both the candidates and examiners.

- **Mirror:** Can be single- or double-sided

- **Pencils:** Provide two pencils covered with a barrier.

Candidates are required to provide their own hand instruments and sonic/ultrasonic scalers. Some materials and equipment may be available at the testing site. An site letter will be available under the “Documents” tab on your profile that explains what materials will and will not be available at that testing site. Contact the testing site directly to determine whether the equipment available onsite is compatible with your personal items. Prophy jets or air polishers are not allowed.

Radiographs
To be eligible to participate in the examination, each patient must be presented with the following radiographs.

- Panoramic or full-mouth periapicals taken within the past three years
- Bitewings taken within the past twelve months; may present with either two or four, depending on the patient’s dentition
- Mounts of conventional films or printouts of digital films with the **patient name**, the **candidate number**, and the **date** the films were exposed; the candidate’s name and/or name of the candidate’s school must not appear anywhere on the mount or printout
- Printouts of digital radiographs must be as close in size to conventional films as possible and must be submitted on photo quality paper or acetate

Patients will be dismissed as ineligible if they are presented without any radiographs or with those that are of such poor quality that examiners cannot determine if they depict that patient’s dentition.
4. Clinic Schedule Examination Day

<table>
<thead>
<tr>
<th></th>
<th>Groups A (D)</th>
<th>Groups B (E)</th>
<th>Groups C (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration/Exam Discussion</td>
<td>6:45 a.m.</td>
<td>8:15 a.m.</td>
<td>12:00 p.m.</td>
</tr>
<tr>
<td>Examination start-time (set-up)</td>
<td>7:15 a.m.</td>
<td>8:45 a.m.</td>
<td>12:30 p.m.</td>
</tr>
<tr>
<td>Check-in begins / scoring area opens</td>
<td>8:00 a.m.</td>
<td>9:30 a.m.</td>
<td>1:15 p.m.</td>
</tr>
</tbody>
</table>

*SRTA reserves the right to amend the schedule. Candidates should be present on-site prior to the examination start-time. All scheduled times as listed could be moved earlier if conditions exist to do so and if all candidates, patients, and examiners agree to an earlier start-time.

Set-up

Arrive in the clinic 30 minutes prior to the published registration/discussion time to arrange instruments and personal belongings in the cubicle, test equipment, apply barriers, and organize paperwork. Deleted 4/24/17

At the group’s published registration/examination discussion time, the CFM and DHA will review the procedures for the day and answer questions. This informal discussion is optional but attendance is highly recommended. After the discussion, the CFM and DHA will check identifications and distribute the SRTA badges, collect paperwork, confirm quadrant selections in the computer scoring system, and assist with cubicle preparation.

At the examination start time for your group, shown in the table above, seat the patient. Take and record the blood pressure. Have the CFM review the patient’s Medical History Form, collect physicians’ clearance letter if required, confirm that the blood pressure is within guidelines, and enter his or her PIN on both the Medical History Form and the Dental Charting Form to document that the patient is cleared for treatment.

Patients who are found to be ineligible during set-up by the CFM and DHA due to age, medical conditions, or lack of a physician’s clearance letter when required, will be dismissed. Another patient can be submitted prior to the start of check-in for the group. Once the examiners have begun checking in patients for the group, no other patient may be submitted. If a second patient cannot be prepared and submitted prior to the start of the group’s check-in, the candidate will fail for presenting an ineligible patient.

Check-in

Patient check-in is the procedure during which three examiners complete the following tasks.

- Evaluate the primary and secondary quadrants for the required criteria
- Assign teeth for the calculus detection and periodontal assessment exercises
- Document if any calculus is found on the three surfaces of the four teeth assigned for detection
- Measure and record the periodontal pocket depths on the teeth assigned for the periodontal assessment
- Validate up to twelve surfaces with moderate to heavy, explorer-detectable calculus for evaluation of calculus removal skills

This process may take up to 90 minutes. Advise patients to expect a 90-minute wait, and make them as comfortable as possible. Patients may use books, magazines, or other non-electronic devices. SRTA prohibits the use of all electronic devices by both patients and candidates during the examination except for electronic readers, such as Nooks or Kindles. Patients found using phones or cameras during the check-in or final evaluation process will be dismissed, and the candidate will fail. Remind patients not to touch the light, instruments, or any paperwork.

To facilitate the check-in process, patients must be free of excessive soft debris in amounts that might interfere with accurate probing measurements. Have your patient brush during set up if excessive soft debris is present.

Candidates may not enter the clinic or scoring area during check-in. Failure to leave or attempting to re-enter the clinic or scoring area without permission from the CFM may result in dismissal and automatic failure.
Preparing for patient check-in

- Place bib and safety glasses on patient
- Place mirror, 11/12 explorer, and required probe on tray; no other instruments are allowed on the tray
- Place radiographs, Dental Charting Form, and covered pencils in an easily accessible area
- Instruct patient not to touch the light, instruments, paperwork, or any equipment
- If sending patient to a separate scoring area, send all instrument, radiographs, and paperwork as instructed

Patient treatment

When check-in is completed, patient treatment may begin on the quadrant and any additional teeth assigned in Section 4 of the Procedure Form. The CFM will announce treatment start-time.

You are allowed two hours to complete all patient treatment. During this time, you must complete the following procedures.

- Administer anesthetic, if needed
- Measure periodontal pocket depths on the two assigned teeth
  - Record measurements on the Procedure Form in the designated area
- Complete the calculus detection exercise
  - Assess the assigned teeth for the presence or absence of any calculus on the mesial, distal, and lingual surfaces of the four assigned teeth
  - Circle “Yes” or “No” in the appropriate area of the Procedure Form
- Thoroughly clean all surfaces of all teeth in the final selection assigned. All surfaces of all teeth in the final selection assignment will be evaluated for remaining calculus.
- Prior to the start of final evaluation, place a clean bib on the patient, replace contaminated barriers, saliva ejector, and air-water syringe tips with clean ones

The CFM or DHA will announce when clinical treatment time is over. Candidates must vacate the clinic or send the patient to the scoring area when instructed to do so or risk dismissal for unprofessional conduct.

Final evaluation

During final evaluation, three examiners independently assess the assigned quadrant and all additional teeth for remaining calculus, plaque, stain and tissue conditions in the areas treated.

To prepare for final evaluation, replace the patient bib and all barriers with clean ones. Remove all instruments from the tray except for one clean mirror and one 11/12 explorer. The mirror and explorer should be free of visible blood and other debris but do not need to be sterile. A probe is not needed for final evaluation.

When the examiners start final evaluation on the patients, the DHA will collect the Procedure Forms from the cubicles and assist in entering your detection findings, periodontal probe measurements, and anesthetic record into SRTA’s computer-scoring system.

Clean-up

After final evaluation of your patient is complete, you have 20 minutes to clean and disinfect the cubicle, gather personal belongings, and exit the clinic.
5. Forms
Download and print all forms from the SRTA website at www.srta.org.

The CFM or DHA collect these forms during registration. These must be completed and signed prior to registration.

- One form of government or school issued ID
- Patient Consent, Disclosure and Assumption of Responsibility Form (one copy)
- Postoperative Care Agreement (two copies; you should also provide a copy of this form to the patient)
- Affidavit stating that the on-line orientation slides were viewed (one copy)
- Credentials of qualified practitioner, if local anesthesia will be administered by someone other than the candidate. These credentials may be submitted to SRTA before the examination day.

Have these completed forms readily available in the cubicle during set-up.

- Patient Medical History Form completed except for blood pressure with physician’s clearance letter, when required
- Dental Charting Form completed
- Dental Hygiene Procedure Form completed
Forms for Registration

Candidate Identification

Each candidate must provide one form of government- or school-issued photo ID during registration. A SRTA badge will be provided and must be worn at all times during the examination.

Postoperative Care Agreement (two copies)

- Complete this form in ink, ensuring that all information is legible. The designated provider of postoperative care must sign the form. Give one copy to the patient. Bring two copies of the form to registration.
- If the patient is returning to a dental/dental hygiene school for completion of treatment, complete Section I-A and obtain a signature from a school official (such as a faculty member). If the patient's treatment will be completed by the candidate in a private or public dental practice setting, complete Section I-B. If no provider is available and/or the patient will choose his/her own clinician for completion of treatment, complete Section I-C.
- The patient must sign this form under Section II and receive a copy.
- Do not leave any copies of the form in the cubicle during patient check-in or final evaluation.

[Image of Post-Operative Care Agreement form]
Patient Consent, Disclosure, and Assumption of Responsibility Form

The patient must sign and date this form in ink, prior to registration. The candidate must use their candidate number and initial the form. The candidate DOES NOT sign this form.

On-Line Orientation Notice Form

This signed form must be presented during registration. The on-line presentation provides details on the requirements for registration and orientation. For your benefit, we strongly suggest you view this presentation.

DON’T FORGET!

Forms required for registration/examination meeting:

• One form of government or school issued photo ID
• Completed Postoperative Care Agreement (two copies)
• Patient Consent, Disclosure, and Assumption of Responsibility (one copy)
• Signed form attesting that the on-line orientation slides were viewed
• Credentials of qualified practitioner, if someone other than the candidate will administer local anesthesia and if credentials were not provided to the SRTA office prior to the day of the examination
Forms for Set-Up

Medical History Form

The Medical History Form must be completed in its entirety within 30 days of the examination except for the blood pressure. The blood pressure must be taken and recorded on the day of the exam. The blood pressure must be no higher than 160/90 or the patient will be dismissed as ineligible.

These conditions require a physician’s written clearance. Patients with “Yes” answers to these questions who do not have a physician’s written clearance will be dismissed as ineligible.

8. A. Angina/chest pain, shortness of breath
8. B. Heart attack
8. C. Heart surgery
8. D. Stroke
8. E. Congestive heart failure
8. F. Coronary artery or other heart disease
8. G. Arteriosclerosis/coronary occlusion
8. H. Epilepsy/seizures/convulsions
8. I. Valve damage following heart transplant
8. J. Infective endocarditis (heart infection)
8. K. Kidney/renal disease

In addition, patients will be dismissed as ineligible who are currently taking or have a history of injectable bisphosphonate therapy, are latex allergic unless examination site is latex free, is in the first or third trimester of pregnancy, or has an oral herpetic lesion and is deemed unsafe to treat by the CFM.

After recording the patient’s blood pressure on this form on the day of the examination, the CFM must enter his or her PIN on Page 1 of the Medical History Form and on the Dental Charting Form to indicate that the patient is eligible to participate. No patient treatment or administration of any anesthesia may begin until the CFM clearance is obtained and documented on both forms.

DON’T FORGET!

Conditions requiring a physician’s written clearance letter:

- Angina/chest pain, shortness of breath
- Heart attack
- Heart surgery
- Stroke
- Congestive heart failure
- Coronary artery or other heart disease
- Arteriosclerosis/coronary occlusion
- Epilepsy/seizures/convulsions
- Valve damage following heart transplant
- Infective endocarditis (heart infection)
- Kidney/renal disease
Enter BP here on day of the exam. CFM must enter his/her PIN prior to any patient treatment or administration of any anesthesia.

If any “Yes” answers in the shaded area of this form, a written physician’s clearance letter to participate in the examination is required.
9. **YES** NO Have you had surgery or x-ray treatment for a tumor, growth or other condition of your head or neck?
   If yes, please list ____________________________

10. **YES** NO Do you have any other diseases, conditions, or problems that have not been listed? If yes, please explain:

    | OTHER CONDITION | EXPLANATION |
    |-----------------|-------------|
    |                 |             |
    |                 |             |
    |                 |             |

11. **YES** NO Are you taking or have you ever taken any medications, (examples below), either orally or by injection, for osteoporosis, osteopenia or bone loss due to aging OR lung cancer, breast cancer, prostate cancer, colorectal cancer, wet macular degeneration, Paget's Disease, or multiple myeloma?

   Examples: Fosamax® (alendronate); Boniva® (ibandronate); Actonel® (risedronate); Reyataz® yearly injection (tizanidine acid); Areva® (pamidronate); Zometa® (zolendronic acid); Boniva® (ibandronate); Avastin® (bevacizumab); Erbitux® (matuzumab); Herceptin® (trastuzumab).?

   If yes, please list the appropriate medication(s) below:

   _____________________________________________________________

12. Please list any **premedication, medications, pills, or drugs with dosage** which you are taking both prescription and nonprescription. (Must be completed the DAY OF THE EXAMINATION)

    | MEDICATION | REASON PRESCRIBED |
    |------------|--------------------|
    | 1.         |                    |
    | 2.         |                    |
    | 3.         |                    |
    | 4.         |                    |
    | 5.         |                    |

13. **WOMEN ONLY**

    **YES** NO Are you pregnant or is there any possibility that you might be pregnant?

    If yes, when is your expected due date? ________________

    **YES** NO Are you currently breast feeding?

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**AMERICAN SOCIETY OF ANESTHESIOLOGY (ASA) CLASSIFICATION**

ASA I: Normal health patient

ASA II: Patient with mild systemic diseases no functional limitation – e.g., smoker with well-controlled hypertension

ASA III: Patient with severe systemic diseases; definite functional impairment – e.g., diabetes mellitus (DM) and angina pectoris with relatively stable disease but requiring therapy

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**DENTAL HYGIENE CANDIDATES:** Any item on the Medical History with a "YES" response, in questions #1A THROUGH #8K require a medical clearance from a licensed physician. The medical clearance must include the physician’s name, address, and phone number. Attach letter to this form to turn in on the day of the exam.

I certify that I have read and understand the above. I acknowledge that I have answered these questions accurately and completely. I will not hold the testing agency responsible for any action taken or not taken because of errors I may have made when completing this form.

______________________________  __________________________
Patient Signature               Date

______________________________  __________________________
Candidate SRTA #                Date
Dental Charting Form
Complete the Dental Charting Form prior to the day of the examination. **Make sure this form matches the radiographs and that all charting is accurate. In Section 4, please indicate any dental work completed since x-rays were taken.**

SAMPLE DENTAL CHARTING FORM PRESENTED AT SET-UP

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**Top of form:**
- Candidate number
- Cubicle number

**Section 1:**
- Patient name
- Examination site
- Examination date

**Section 3:**
Select primary and secondary quadrant. Indicate for each whether the third molar is included.

**Section 4:**
Complete prior to check-in to alert examiners to conditions that might affect treatment.

**Section 5:**
Chart conditions as instructed in this section. Review radiographs to ensure charting is correct.

No other conditions need to be charted.

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**Procedure Form**

Complete the Procedure Form, Sections 1, 3, and portions of Section 5 prior to the date of the examination. During set-up, the CFM completes Section 2. Upon completion of check-in, Section 4 of this form will indicate which quadrant has been assigned and any additional teeth assigned to treat. Sections 6 and 7 will indicate the teeth for both the periodontal and detection exercises, respectively. When all treatment is complete, enter the quantity of anesthetic used in Section 5.

**SAMPLE PROCEDURE FORM PRESENTED AT SET-UP**

**Top of form:**
- Candidate number
- Cubicle number

**Section 1:**
- Patient name
- Examination site
- Examination date
- If patient is shared

**Section 3:**
- Primary Quadrant and use of 3rd molar
- Secondary Quadrant and use of 3rd molar

**Section 5:**
- Complete anesthesia record except for quantity
- Enter quantity prior to final evaluation after all injections administered

**Section 6:** Enter periodontal measurements prior to removing any calculus.

**Section 7:** Enter “Yes” or “No” for each surface prior to removing any calculus.
6. Local Anesthesia
Examiners do not evaluate the technique and/or actual administration of local anesthetic. However, all candidates who utilize local anesthesia for their patients are required to complete the appropriate documentation.

Candidates who have successfully completed a course in local anesthesia from a CODA-accredited dental or dental hygiene school may anesthetize their own patients. You must provide proof of successful completion of a local anesthesia course unless provided by school officials. This documentation must be provided during the application process.

Candidates may administer a maximum of four carpules of anesthetic. For shared patients, see instructions later in this section. **Do not administer any anesthesia prior to check-in, as quadrant or additional teeth have not yet been assigned.** You may use topical or an Oraqix-type product for patient comfort during check-in.

You will need to provide all syringes and supplies for anesthetic administration. Please refer to the site letter to see if anesthesia cartridges will be provided at that testing site.

If you are not qualified to administer local anesthetics, you may use topical anesthetics or anesthesia patches (Oraqix, etc.) or may bring a “qualified practitioner” (dentist or dental hygienist) to anesthetize your patient. A qualified practitioner is a person who holds a current license to practice dentistry or dental hygiene **in the state where the exam is held.** If the practitioner is a dental hygienist, a valid local anesthesia permit from the state where the exam is held is also required. If you wish to utilize a licensed practitioner from the exam site, contact the site to make proper arrangements **at least one week prior** to the examination date. Schools are under no obligation to provide anesthesia services to candidates. Some schools may elect not to offer anesthesia administration for the examination.

When a candidate uses a qualified practitioner, the SRTA office must receive copies of the following items prior to the examination date.

- Proof of current liability insurance
- Photo ID
- Copy of dental or dental hygiene license issued by state board of dentistry **where the examination is held**
- If a dental hygienist is utilized, he/she must provide proof of local anesthesia training or a permit to administer local anesthesia from the state where the exam is given.

The qualified practitioner is required to sign an Incident Disclaimer to acknowledge acceptance of responsibility for anesthesia-related emergencies. The practitioner must also sign the anesthesia record portion on the Dental Hygiene Procedure Form after all anesthetic is given to verify the amount administered.

The practitioner is allowed in the clinic area only to administer the anesthesia. However, he or she must remain on the premises during treatment time to administer additional anesthetic, if needed, and to intervene in case of an anesthesia-related emergency.

More than one candidate may use the same qualified practitioner to administer anesthesia to multiple patients, up to a maximum of three patients per group.

For patient safety, when a patient is shared by two or more candidates, the total number of cartridges administered to a single patient during one day cannot exceed four cartridges per patient.
7. Infection Control
Candidates must follow the infection control procedures recommended by the Centers for Disease Control and Prevention. Failure to follow standard precautions may result in dismissal from and failure of the examination.

8. Patient Communication
Candidates should be in contact with their patients in advance of the evaluation to:

- Ensure that the patient understands that participation requires a minimum of a **five to six-hour time commitment**
- Determine whether the patient meets eligibility requirements to participate and that his/her dental condition meets the case presentation requirements
- Prepare and collect all required radiographs
- Complete the Medical History Form and obtain a physician’s clearance letter, when required
- Determine whether an interpreter will be needed; contact the SRTA office for specific guidelines for use of interpreters
- Complete all required forms
9. Check-List

Prior to the day of the examination
- Complete application and submit all required materials online.
- Watch the online orientation slide presentation.
- Sign the form attesting that you watched the slide presentation.
- Select an eligible patient with enough moderate to heavy calculus.
- Complete all pre-examination forms.
- Obtain radiographs.

Patient
- At least 18 years old
- No latex allergy (unless testing site is latex free)
- No history of injectable bisphosphonate therapy
- Not in first or third trimester of pregnancy
- Not a dentist, hygienist, dental student, or dental hygiene student
- Has a physician’s written clearance to participate, if any “Yes” answers are noted on questions 8. A, B, C, D, E, F, G, H, I, J, or K of the Medical History Form

Forms for registration and discussion session
- Government- or school-issued photo ID
- Completed and signed Patient Consent, Disclosure, and Assumption of Responsibility (one copy)
- Completed and signed Postoperative Care Agreement (two copies)
- Completed and signed affidavit attesting that you watched the on-line orientation slides
- Completed Medical History signed by the patient
- Credentials of qualified practitioner, if local anesthesia is being administered by someone other than the candidate

Cubicle set-up
- Check equipment, air, water, light, and chair to ensure proper functioning; contact the CFM if any problems are found.
- Take patient’s blood pressure; record readings on the Medical History Form.
- Have CFM enter his/her PIN in Section 2 of the Procedure Form and on the Dental Charting Form.
- If anesthesia is planned, complete the anesthesia record of the Procedure Form except for quantity. If anesthesia is not planned, slash through area on the Procedure Form and write candidate number on slash mark.
- Verify the accuracy of case selection, if entered electronically prior to the examination date. The DHA and CFM can assist with any last-minute changes that need to be made in your case selection.
- Place clean mirror, 11/12 explorer, and probe on tray (no other instruments or anesthesia supplies on tray).
- Place Dental Charting Form and radiographs where examiners can easily find them.
- Put all other forms and paperwork out of sight of examiners and away from the clinical treatment area.
- Have a clipboard and covered pencils easily available. No mechanical pencils, please.
- Have patient wear safety glasses and clean bib.
- Ensure that patient is free of gross soft debris. Have patient brush, if needed.

Clinical treatment time
- Complete periodontal measurements and recording. Blanks are assessed as errors.
- Complete detection exercise. Blanks are assessed as errors.
- Remove all calculus, plaque, and stain from all teeth assigned in final case selection.
Preparing for final evaluation

- Ensure that all teeth assigned are free of calculus, visible plaque, stain, and prophy paste. Use air and 11/12 explorer.
- Place clean bib on patient.
- Place clean mirror, a few clean gauze squares, and 11/12 explorer on tray (no other instruments or supplies on tray).
- Clear area of contaminated gauze, instruments, syringes, anesthetic carpules, floor hazards, etc.
- Remove ultrasonic/sonic inserts and contaminated prophy angles.
- Attach a clean air/water syringe tip and saliva ejector or send these to the scoring area on the instrument tray.
- If anesthesia is used, verify that the quantity is recorded on the Procedure Form.
- Verify that all periodontal assessment measurements and detection findings are recorded on Procedure Form.
- Replace contaminated barriers and tray covers.
- If patient is evaluated in the cubicle, have patient wear safety glasses and recline the patient with light on.
- If sending patient to a separate scoring area, have patient wear safety glasses and send all required instruments, radiographs, and paperwork. Instruments must be in a sealed case such as a pencil box or instrument cassette.

During final evaluation

- With assistance from the DHA and/or CFM, enter your detection findings, periodontal probe measurements, and anesthetic quantity into the computer-scoring program.
10. Candidate Policies

1. Anonymity
SRTA conducts all examinations anonymously. All examination materials are identified by the candidate number assigned by SRTA prior to the examination. The candidate’s name and school information should not appear on any material reviewed by the examiners. The examiners at all sites are experienced practitioners with diverse backgrounds. The examiners are trained and standardized prior to each examination and are evaluated to ensure grading to established criteria. The examiners are separated from the candidates and remain in a separate area of the facility. The candidates must observe all signs and follow instructions so as not to breach anonymity. Anonymity is preserved between the scoring examiners and the candidates but not among the examiners themselves. Examiners may consult with one another whenever necessary. There are times when fairness requires consultation among examiners.

2. Candidate accessibility
SRTA makes every effort to accommodate and comply with ADA legislation for any candidate with a documented physical and/or learning disability that impairs sensory, manual, or speaking skills and that requires a reasonable deviation from the normal administration of the examination. The candidate must present a written statement from a qualified physician at the time of application. The statement must clearly define the limitation(s) and must detail the assistance required to ensure appropriate accommodations. Requests are evaluated on a case-by-case basis. Accommodations/deviations are not allowed for the components/skills the examination measures. Information regarding the physical/learning challenges of a candidate will remain confidential except in the case of disabilities that may require emergency treatment. In such cases, onsite safety personnel will be advised.

3. Confidentiality
SRTA office staff or examiners will not discuss candidate scores, appeals, concerns, or questions with a candidate’s spouse, parent, faculty member, family member, or friend.

4. Dismissal from examination
This listing is not all-inclusive of the reasons for which a candidate may receive a failing evaluation or dismissal. Some procedures may be deemed unsatisfactory for other reasons. Additionally, a combination of several unsatisfactory evaluations may result in failure. Reexamination will be denied for one year (12 months) from the date of dismissal from the examination. Infractions that may lead to dismissal or failure include:

- Evidence of dishonesty or misrepresentation during the application process, including false or misleading statements or false documentation presented by the candidate or on the candidate’s behalf
- Evidence of dishonesty or misrepresentation during candidate registration or during the course of the examination
- Rude, abusive, or uncooperative behavior exhibited by the candidate and/or those accompanying the candidate to the examination site
- Failure to vacate the clinic for patient check-in or continuing to work after published cut-off time
- Failure to complete the examination within the allotted time (No make-up time, grace period or second effort is allowed for any part of this examination.)
- Alteration of preoperative radiographs
- Receiving assistance from a dentist, another candidate, faculty member, etc. SRTA understands that different programs will support candidates in different ways, but patient selection must be an independent decision made only by the candidate.
- Thievery during the course of the examination
- Performance of any unauthorized work outside of designated areas at the test site
• Noncompliance with anonymity requirements for patient check-in and/or examiner scoring. Candidates must not enter the area designated for check-in or scoring. Candidates must instruct their patients not to handle any paperwork during the course of the examination.

• Noncompliance with established guidelines for asepsis and infectious disease control

• Use of a patient who has been removed from the patient pool. It is the candidate’s responsibility to determine whether the patient has previously been removed from the patient pool.

• Use of previously recorded and/or copied periodontal charting forms, calculus detection lists/charts or other references for the periodontal assessment or calculus detection exercises

• Charging patients for services performed

• Failing to complete or refusing to provide a Postoperative Care Agreement with a verifiable contact name of the practitioner who will provide postoperative care to the patient, or the patient’s statement that he/she will seek care from a practitioner of his/her own choice

• Use of cellular telephones, pagers, cameras, or other electronic equipment, other than electronic readers such as Nooks or Kindles, by the candidate and/or patient(s) while in the clinic or scoring areas

• Attempting to use a patient who is a dentist, dental hygienist, junior or senior dental student, or dental hygiene student

5. Electronic equipment and patient comfort

SRTA prohibits the use of cellular telephones, pagers, cameras, or other electronic equipment by candidates and/or patients, other than electronic readers such as Nooks or Kindles, within the clinic/scoring areas. Violation of this policy is a reason for dismissal from the examination.

Patients may bring extra warm clothing or blankets for their comfort, in case the temperature in the clinics is cold.

6. Examination documents

Candidates must instruct their patients not to handle any paperwork during the course of the examination. Candidates may be dismissed or fail the examination if their patients handle examination documents during the course of the examination.

7. Examination placement & limitations

When the application is processed, SRTA assigns a group and cubicle for each candidate after the examination’s published registration deadline. SRTA policy does not allow transfer to another testing date or location once an examination site assignment has been made. However, in cases of a medical emergency, SRTA may consider transfers on a case-by-case basis. The candidate must fully document the nature of the emergency in writing, including contact information of a medical professional included for verification. The SRTA office must receive notification prior to the examination, or the request will not be considered and the candidate will be deemed a “no-show.”

Priority seating for the examination is given for the exam site’s current students and then on a first come, first serve basis for all other candidates. An exam site may become full prior to the application deadline; therefore, SRTA cannot guarantee placement at any exam site. Applying early may increase the probability of placement in the preferred site.

SRTA requires a minimum of 12 candidates at any testing site and reserves the right to cancel an exam and reassign candidates to other testing sites in the event there are fewer than 12 candidates scheduled for any examination.

8. Examination results

Candidates must pass the clinical examination with a score of at least 75 points out of 100. Candidates who fail may retake the examination and can login to their account on the SRTA website to view the errors assessed. Results are available online within three business days after completion of the examination. An unofficial results report from each examination will be available to view/download online under the ‘Results’ tab of the candidates’ profile. “Unofficial results” are reports that do not have a stamp or
embossed seal proving the document came from a valid authorized source and guaranteeing the contents to be accurate.

Although the SRTA Examination is accepted by 29 state dental boards for licensure, SRTA automatically sends the examination record of each candidate only to the SRTA Participating state boards of dentistry, which are Alabama, Arkansas, South Carolina, Tennessee, Virginia, and West Virginia. For scores to be sent to any of the other 23 states, please contact the SRTA office.

Some state boards of dentistry may require a notarized copy of the final report, which SRTA will provide for a nominal fee. Please contact our office to request this additional service. SRTA may also send the examination record to each current graduate’s university.

In addition to SRTA’s six participating boards, 23 other states accept the SRTA results for licensure. Candidates should contact the individual state board of dentistry where they are applying for licensure to verify acceptance of SRTA scores and to learn of other state-specific requirements.

SRTA supplies the examination results to the participating state boards but does not analyze or interpret the records and makes no recommendations on the way the states use the scores. Individual state boards determine acceptance of the regional examination scores.

The AADB (American Association of Dental Boards) is creating a national database or clearinghouse for the reporting of results for all dental and dental hygiene clinical exams including the number of attempts required to obtain a passing score. This information will be available to every state dental board. The database will continue to be populated with all board actions taken on individuals after licensure is obtained.

9. Equipment

Providing the necessary equipment is the responsibility of each candidate. Each testing site charges an additional fee for the use of facilities and incidental materials. This fee is combined with the examination fee, which is listed by site in Section I-E of this manual. SRTA strongly advises candidates to visit the examination site prior to examination to familiarize themselves with the facilities and available equipment and to ensure that their hand-pieces and ultrasonic/sonic equipment can be adapted to the unit available at the testing site. These arrangements must be made directly with the school. The use of ultrasonic/sonic instruments is permitted. However, it is the candidate’s responsibility to provide equipment that is compatible with testing site attachments. Some additional equipment may be available from certain testing sites if candidates arrange in advance with the school. The testing site provides the operating chair and unit. Candidates must furnish all necessary materials and required instruments.

SRTA is not responsible for the malfunction of the facility’s or the candidate’s equipment and will not allot additional time due to the malfunction of any equipment. Equipment maintenance personnel are onsite during each examination to ensure the equipment and the water are in working order. At the site, should an equipment malfunction occur prior to or during the examination, the candidate must notify the CFM or DHA immediately so the appropriate personnel may be contacted.

10. Ineligible candidates

Candidates must notify the SRTA office of their ineligibility in writing two weeks prior to the scheduled examination. A letter from the program director of the candidate’s institution will be required as proof of ineligibility. SRTA retains the complete application fee for any candidate declared ineligible by his/her program director. Candidates must contact the testing site directly for a refund of facility fees. Candidates declared ineligible may take the examination at a future site within a 12-month period upon payment of applicable facility fees, a $200 processing/administration fee, and submission of a new application with all the required documentation.
11. Infection control

Infection control procedures and categories of patient care
During the examination, candidates must follow the current recommended infection control procedures as published by the CDC, beginning with the initial set-up of the unit, continuing throughout the clinical examination, and including the final cleanup of the cubicle. Dental professionals must prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are, in fact, contagious. It is the candidate's responsibility to ensure that he/she complies fully with these procedures.

Patients must wear protective eyewear during all clinical procedures and are required to have protective eyewear during the evaluation. Patients must wear a clean patient napkin during evaluation.

Major violations of these standards and guidelines—defined as violations that put patients, candidates, school staff, or examiners at risk—may be grounds for immediate dismissal, and reexamination may be denied for one year (12 months) from the date of dismissal from the examination.

Post-exposure management: Should a needle-stick injury or other exposure to blood borne pathogens occur during the clinical module of the examination, follow these protocols:
- Contact the CFM immediately.
- Follow all guidelines and directions required by the facility.
- If time allows, the candidate and patient may return to the clinic and complete the examination. If the candidate cannot complete the examination, the reexamination fees will apply.

12. Instruments
Candidates must provide these instruments for the examiners during check-in and final evaluation:
- A probe with markings of 1-2-3-4-5-6-7-8-9-10 (UNC probe) only. SRTA prefers color-coded probes with yellow bands alternating with any other color, including bare metal or plastic. The probe may be single ended or double-ended. However, if the candidate provides a double-ended probe, the unused end must be covered using autoclave tape. Candidates may use the brand or manufacturer of their choice.
- An 11/12 explorer for calculus detection at check-in and final evaluation of calculus removal
- A reflective front surface mouth mirror, which may be one- or two-sided

All other instruments are the choice of the candidate. Candidates must provide or have access to a blood pressure measuring device and supplies for anesthetic administration, including syringes. The school will supply anesthetic cartridges. Candidates may choose the type of anesthetic used.

If the candidate does not provide the appropriate instruments, examiners cannot evaluate the patient at check-in, and the candidate will lose the time necessary to provide the missing item(s). If the candidate cannot obtain the required instruments, he/she will be unable to take the examination and will, therefore, fail. Candidates are encouraged to secure and provide additional instruments for the examination. Candidates will not be allowed additional time if an instrument is dropped or requires autoclaving. The candidate should provide an additional sterile mirror, 11/12 explorer, and correct
color-coded periodontal probe in case an instrument is dropped.

13. Interpreters
Candidates may use the services of an interpreter if their patient does not speak English or is has a hearing impairment that cannot be corrected with the use of a hearing device. The use of an interpreter is particularly important when the patient has a history of medical problems or is on medications. Faculty members, dentists, dental hygienists (licensed or unlicensed), third- or fourth-year dental students, and final-year dental hygiene students may not act as interpreters during the examination. Candidates are responsible for the conduct of the interpreter during the examination. Candidates who need the services of an interpreter must contact the SRTA office prior to the examination. The interpreter must register with the CFM or DHA and receive a badge that he or she must wear throughout the examination.

14. Jurisprudence
SRTA does not administer the jurisprudence examination for the participating boards of dentistry. The respective boards of dentistry develop, administer, and score their own jurisprudence examinations. SRTA does not have access to, nor can we provide, jurisprudence study materials. Candidates should contact the board(s) of dentistry in the state(s) in which licensure is sought to arrange to take the jurisprudence examination.

15. Malpractice Insurance
SRTA’s professional liability insurance company provides malpractice insurance for all candidates at no additional charge. CNA Insurance Company extends SRTA’s professional liability coverage to candidates with the limit of $1,000,000/$3,000,000 for the patient-based portion of the 2016 SRTA clinical examination in dental hygiene. SRTA’s liability coverage does not extend to qualified practitioners providing local anesthetic services.

16. Patients
The candidate must procure his/her own patient and is responsible for the patient’s arrival and return. SRTA is not responsible for procuring patients used in examinations.

Candidates must advise their patients of the time required to participate in this examination. Check-in, clinical treatment, and final evaluation may take up to 90 minutes each. Patients should expect to spend a minimum of five hours participating in the exam.

Determination of patient eligibility (that is, identifying a patient whose dental condition meets the criteria for the examination) must be completed independently. It is the candidate’s responsibility to analyze patient data critically. The candidate cannot request the recommendation of a licensed dental or dental hygiene professional for patient selection.

Patients must be at least 18 years of age. No patient may be a dentist, dental hygienist, junior/senior dental student, or dental hygiene student. A dental assistant, whether a student or a practicing assistant, may be a patient. A woman in her first or third trimester of pregnancy is not acceptable as a patient. Patients who have received injectable bisphosphonate medications may not participate in the examination.

Patients presented with radiographs that are of such poor quality that examiners cannot determine whether they are an accurate depiction of the patient will be dismissed as ineligible and the candidate will fail.

Patients who answer “Yes” to questions 8. A, B, C, D, E, F, G, H, I, J, or K of the Medical History Form but do not present a written physician’s clearance to participate will be dismissed as ineligible and the candidate will fail.

All written and oral communication must be in English. Candidates may communicate with their patients in another language. (See Interpreter Policy.)
Patients may be photographed during the examination. SRTA uses the images to revise the examiner standardization.

17. Patient privacy statement
At the conclusion of the SRTA Examination, the examiners will collect all patient information. After a 12-month holding period, the paperwork will be shredded mechanically. Patient data is not stored electronically or by any other means. SRTA uses patient information only for examiner reference during the examination or during the appeal process.

18. Professional standards
The purpose of this examination is to assess professional competency. SRTA expects the candidates to maintain professional standards in the following areas:

- Suitable operating attire, inclusive of the Personal Protective Equipment. Patients must wear protective eyewear; candidates must follow OSHA and CDC Guidelines.
- Consideration for patients and cooperation with examiners, test site personnel, and other candidates.
- Aseptic techniques and general cleanliness of the cubicle during all procedures. Candidates must maintain proper infection control throughout the entire examination. Major violations of these standards and guidelines are grounds for immediate dismissal and possible failure. SRTA may deny reexamination for one year (12 months) from the date of dismissal from the examination.
- Protection of and concern for tooth structure and supporting tissue during patient treatment. The unwarranted occurrence of major tissue trauma will result in automatic failure of the entire examination.

Violation of any of these standards is grounds for immediate dismissal from the examination. SRTA may deny reexamination for 12 months.

19. Questions
Direct all questions concerning jurisprudence, licensing, reciprocity, and licensure by credentials to the appropriate state board where licensure is sought. This manual lists the addresses and telephone numbers of the SRTA participating boards.

Direct questions concerning testing facilities, equipment, and facility fees to the appropriate test site. The examination site instruction letter, available on the SRTA website in the downloadable forms section, may address most questions. If necessary, please contact the testing site after thoroughly reading this letter. Refer to Section I-E for contact information for each testing site.

Direct all questions concerning examination procedures, content, applications, and examination dates to the Southern Regional Testing Agency: 4698 Honeygrove Road, Suite 2, Virginia Beach, VA 23455-5934 (757) 318-9082

Email general questions and questions relating to the dental hygiene examination to dentalhygiene@srsa.org. Be sure to include your contact information. Once an application has been processed for a particular site, all questions for both pre-examination and post-examination must be initiated by the candidate only. To preserve candidate confidentiality, the SRTA staff and examiners will not discuss candidate concerns and questions with a candidate’s spouse, parent, faculty member, family member, or friend.

20. Reexamination
After three unsuccessful examination attempts, the candidate must contact the state in which licensure is sought to obtain a letter of approval/permission for a fourth examination attempt. Some states may require remedial training after three unsuccessful attempts. Passing the examination after four or more attempts does not negate the required remedial training. This letter from the state dental board must be submitted with the SRTA application for examination. Follow the same procedure for all subsequent examination attempts.
21. Refunds
Candidates who fail to appear for a scheduled examination will lose their entire examination fees unless SRTA has received written notification. Refunds will not be given for a patient's failure to appear, non-acceptability of any patient or a candidate's inability to secure patients for the examination. Candidates requesting a dental hygiene refund will have a $100 administrative processing fee deducted from the refund. If you are requesting a refund please email help@srsa.org.
Any refunds requested prior to three weeks of the scheduled examination will result in:

75% Exam Fee minus $100 Administrative Processing Fee

Any refunds requested within three weeks prior to the scheduled examination will result in:

50% Exam Fee minus $100 Administrative Processing Fee

For candidates with a medical deferment, SRTA will retain the original fee and permit examination within 12 months. A physician's statement must substantiate the deferment.

22. Restrictions
Candidates may not use
- Nitrous oxide
- Air-abrasive instruments
- Assistants

23. Scheduling conflicts
Please contact the SRTA office for any special requirements, including religious exemptions. If a patient is being shared by two or more candidates, the candidates must contact the SRTA office must prior to the application deadline so that the candidates' group assignments can be adjusted accordingly.

24. Sharing equipment
SRTA discourages sharing sonic and ultrasonic scalers, hand-pieces, and other equipment because it is possible that candidates who are sharing equipment could be placed in the same testing group and would need to use the shared equipment simultaneously.

25. Unethical conduct
Professional behavior is a critical quality in the practice of dental hygiene. Candidates exhibiting unethical conduct are subject to examination termination and failure.

Examples of unethical conduct include, but are not limited to:
- Using unauthorized equipment at any time during the exam
- Using unauthorized patients
- Altering patient records or radiographs
- Treating patients outside clinic hours or receiving assistance from another practitioner during clinical treatment time, except for the use of a qualified practitioner for administration of local anesthesia
- Engaging in dishonesty
- Altering candidate worksheet or treatment notes
- Any other behavior that compromises the standards of professional behavior

When SRTA charges a candidate with unethical conduct, it is SRTA's policy to notify all participating state boards of the situation. Many state statutes have criteria that include "good moral character" as a requirement for licensure. If a state board finds a candidate guilty of the alleged unethical conduct, the candidate may be ineligible for licensure in that state at any time in the future. While SRTA allows candidates to retake the SRTA Examination, they may be unable to obtain licensure in any participating state. Candidates are encouraged to address these matters with the state in which they desire licensure prior to retaking the examination.