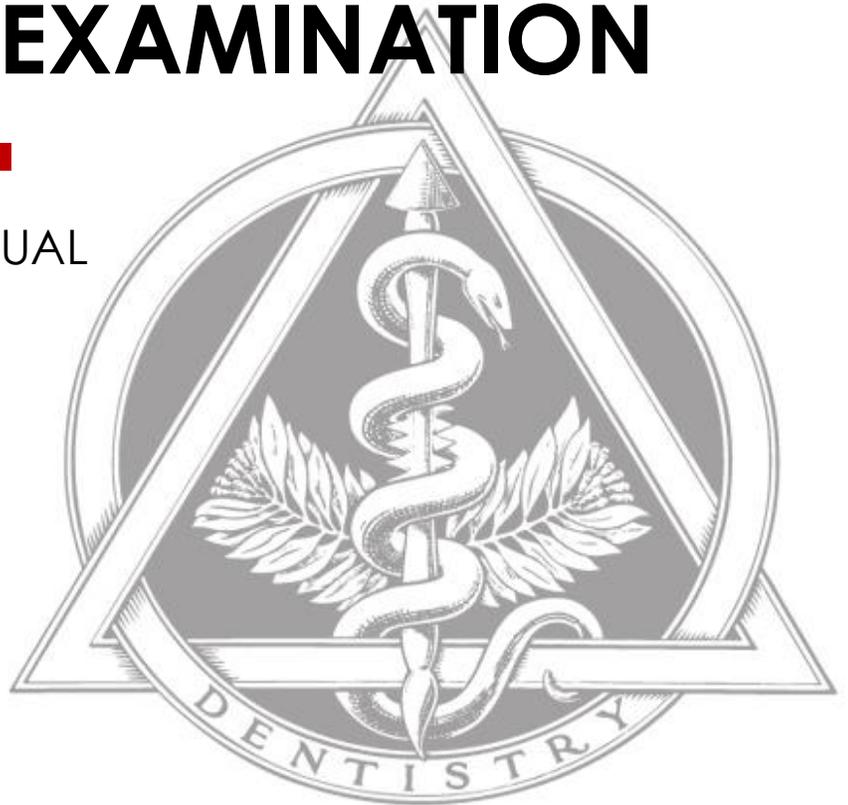


**SOUTHERN REGIONAL TESTING AGENCY, INC.**

# **DENTAL HYGIENE LICENSING EXAMINATION**

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2018 CANDIDATE MANUAL



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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.

- |                   |                    |
|-------------------|--------------------|
| 1. Alabama        | 17. New Mexico     |
| 2. Arkansas       | 18. Ohio           |
| 3. Colorado       | 19. Oregon         |
| 4. Connecticut    | 20. Pennsylvania   |
| 5. Hawaii         | 21. Rhode Island   |
| 6. Illinois       | 22. South Carolina |
| 7. Indiana        | 23. Tennessee      |
| 8. Kansas         | 24. Texas          |
| 9. Kentucky       | 25. Utah           |
| 10. Maine         | 26. Virginia       |
| 11. Massachusetts | 27. West Virginia  |
| 12. Mississippi   | 28. Wisconsin      |
| 13. Missouri      | 29. Wyoming        |
| 14. Montana       |                    |
| 15. Nebraska      |                    |
| 16. New Hampshire |                    |

*Important Licensure Notification:*

*Most states after 3-5 years of active practice/licensure will accept applications for licensure by credentials, reciprocity, endorsement or criteria. Please check with the individual state(s) you are interested in practicing or wanting to gain licensure within to confirm licensure requirements, regardless of the initial regional examination you have taken.*

**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 examination administered by an independent testing agency, i.e. one not affiliated with educational institutions, prior to issuing a license to practice to 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 the examinations, you are strongly encouraged to verify exam acceptance by the individual state board where you plan to seek a license.

The purpose of the 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.**

For information regarding application, a schedule of testing sites, dates, deadlines, fees, results, appeals and state board contact information, please visit [www.srta.org](http://www.srta.org). Results will be available on the following business day of 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.)
- Valid CPR certification (BLS or higher)
- Diploma or eligibility letter from program director
- Visa or MasterCard



## 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 of the 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.

CATEGORY		POINTS
<b>Calculus requirements</b>	Page 8	<b>6</b>
<b>Periodontal measurements</b>	Page 9	<b>6</b>
<b>Detection of calculus</b>	Page 10	<b>12</b>
<b>Removal of calculus</b>	Page 11	<b>72</b>
<b>Removal of plaque, stain, calculus and Tissue management</b>	Page 13	<b>4</b>
TOTAL POINTS:		<b>100</b>

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

11 validated surfaces	-6
10 validated surfaces	-12
9 validated surfaces	-18
8 validated surfaces	-24
<b>7 or fewer validated surfaces <u>OR</u> 8 or fewer validated surfaces and not meeting the 3/5/8 criteria: Patient is dismissed as ineligible. Candidate cannot earn enough points to pass examination.</b>	-30

## Intra and Extra Oral Computerized Examination

This required computer portion of the SRTA examination is given at a PSI Testing Center location most convenient to the candidate. Candidates will have to schedule an appointment with the PSI Testing Center directly. This one-hour exam will consist of 50 multiple choice questions emphasizing on topics such as diseases of the oral cavity as well as healthy tissue management. The fee for this computerized section is included with the initial exam registration fee. Candidate needing to retake this section are subject to the \$150.00 reexam fee. Please check the SRTA website for further details on this section and how to schedule an appointment with a PSI testing location.

## Skills not evaluated

The skills listed below have been sufficiently covered by the National Board of Dental Hygiene Examination, thus, SRTA examiners, educators, and members of SRTA Dental Hygiene Examination Committee do not feel it is necessary to re-examine these skills or knowledge of these areas. These areas are not included in the SRTA Dental Hygiene Examination:

- Radiography
- Medical Assessment
- Emergency management
- Pharmacology

## 3. Pre-Examination Preparation

### Selecting an eligible patient

To be considered **eligible**, a patient **must meet 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 periapical taken within three years of the examination date
  - Bitewings taken within one year of the examination date
- Is not a dentist, dental student, dental hygienist, or a dental hygiene student
- Has no history of oral OR 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:
  - 159/94 or below may proceed without a physician's Medical Clearance
  - 160/95 to 179/109 accepted **ONLY WITH** a written Medical Clearance
  - 180/110 or above **WILL NOT** be accepted for this examination even with a physician's written Medical Clearance
- Has a physician's written clearance as required for certain medical conditions listed on the medical history forms

- Have no symptoms of an oral herpetic lesion. The eligibility of a patient with this condition may be dismissed at 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 OR 8 or fewer validated surfaces in addition to not meeting the 3/5/8 calculus requirement criteria, the patient will be dismissed as ineligible after check-in is complete.

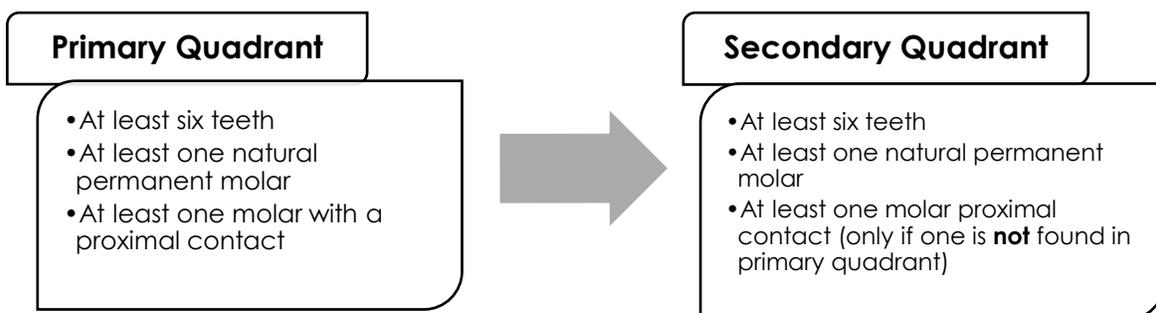
**Patients with these conditions are strongly discouraged:**

- Class III furcation or mobility
- Advance periodontal disease
- Orthodontic bracket or bonded retainer
- Partially erupted 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**



**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:** If excessive soft debris is present in the quadrant(s) that might interfere with accurate probing measurements have the patient brush during set-up.

**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.

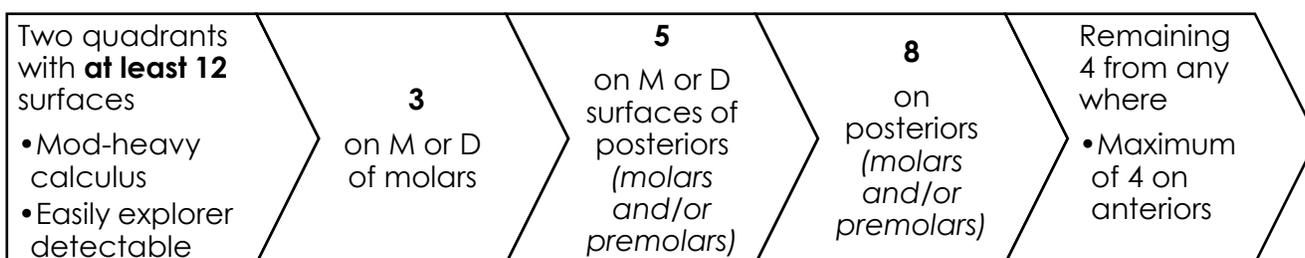
Patient and case selection are the **sole responsibility of the candidate**. While SRTA does not prohibit candidates from seeking advice from faculty, peers, or others regarding patient and /or case selection, the opinions of anyone- other than the three calibrated SRTA examiners who evaluate the patient 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 surface 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 (3/5/8)

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:

- **Three** of five surfaces must be located on mesial or distal surfaces on **molars**
  - **Five** of eight surfaces must be located on mesial or distal **premolars and molars**
    - **Eight** of twelve surfaces must be on **premolars and molars and must be subgingival**
- The remaining four of the 12 surfaces of required calculus may be on any surface of any teeth in the selected quadrants
- Calculus on anterior may be subgingival or supragingival
  - A maximum of four anterior surfaces may be utilized



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 surfaces with moderate to heavy, explorer detectable subgingival calculus within the candidate's case selection.

If two of the three examiners are unable to validate more than seven surfaces with this type of calculus, or the 3/5/8 criteria is not met with 8 or fewer validated surfaces, 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 **and** meet the 3/5/8 criteria. In cases where the patient is dismissed by the CFM, a verbal explanation is given to the candidate for the reasons for dismissal and a written document is provided stating those reasons of dismissal.

## Characteristics of required calculus

- **Moderate to heavy**
- **Easily explorer-detectable**
- **Subgingival on posteriors; may be sub- or supra-gingival on anterior teeth**
- **Distinct and easily detected with an 11/12 explorer**
- **A definite jump or bump detected by the explorer**
- **Binds the explorer or causes a definite catch**
- **Ledges or ring formation**
- **Spiny or nodular formations**

## Scored sections

### Calculus requirements 3/5/8 (6 points)

If examiners can validate **three** proximal surfaces of subgingival moderate to heavy, explorer detectable calculus on molars, with **five** on the proximal surfaces of molars and premolars and **eight** surfaces on posterior teeth, six points will be rewarded.

### 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 1mm 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. SRTAs' 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 average 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 spaces on the Procedure Form. For example, the measurement for the mesio-lingual surfaces of the assigned tooth must be recorded in the space labeled "ML". 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 patients periodontal measurements will be dismissed for unprofessional conduct and will automatically fail the examination.

### Section 6 of the Procedure Form (Periodontal Assessment)

**Section 6: PERIODONTAL ASSESSMENT:** Do not complete this section until after check-in. Enter the probing depth in millimeters for the teeth surfaces assigned in this section.

Posterior tooth #\_\_\_\_:ML\_\_\_\_L\_\_\_\_DL\_\_\_\_ Anterior tooth#\_\_\_\_: ML\_\_\_\_L\_\_\_\_DL\_\_\_\_

**\*COMPLETE THE PERIODONTAL MEASUREMENTS AND CALCULUS DETECTION EXERCISE ON PROCEDURE FORM BEFORE BEGINNING CALCULUS REMOVAL.**

## 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), lingual (L), and facial (F) 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. 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 assist 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 the three examiners for a total of 12 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 "Yes" or "No" for the four surfaces of each tooth assigned below.

Tooth # \_\_\_\_\_ **Mesial:** Yes No    **Distal:** Yes No    **Facial:** Yes No    **Lingual:** Yes No

Tooth # \_\_\_\_\_ **Mesial:** Yes No    **Distal:** Yes No    **Facial:** Yes No    **Lingual:** Yes No

Tooth # \_\_\_\_\_ **Mesial:** Yes No    **Distal:** Yes No    **Facial:** Yes No    **Lingual:** 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 is located and that will meet the 3/5/8 calculus requirements discussed earlier in this section. Document these on both the Procedure Form and the Dental Charting Form.

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.

During check-in, examiners evaluate both the 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 12 surfaces of moderate to heavy calculus can be found within the primary quadrant, then **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 you 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.

**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 subgingival and supragingival. Remaining subgingival and supragingival calculus will be 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. Please notify the SRTA office prior to the exam registration deadline by emailing [dentalhygiene@sрта.org](mailto:dentalhygiene@sрта.org). Include which exam site, date and who you will be sharing a patient with.

**Example 1: PROCEDURE FORM; SECTION 3 AND 4:** Primary quadrant is assigned plus teeth #29 and #30 from the secondary quadrant, to help the candidate earn the maximum number of points.

SECTION 3: SELECTION OF TEETH FOR CALCULUS REMOVAL:			
Primary Quadrant Submission		Secondary Quadrant Submission	
Circle primary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"	Circle secondary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"
<input type="radio"/> UR <input type="radio"/> UL <input type="radio"/> LR <input type="radio"/> LL	Yes <input checked="" type="radio"/> No	<input type="radio"/> UR <input type="radio"/> UL <input checked="" type="radio"/> LR <input type="radio"/> LL	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>SECTION 4: SELECTION ASSIGNMENT: Examiner Use Only: DO NOT WRITE IN THIS SECTION.</b> After check-in, the final assignment is entered here by the examiners. All surfaces of all teeth in this assignment must be free of remaining calculus, plaque, and stain for the final evaluation phase of the examination. No other areas of the patient's mouth will be evaluated.			
Quadrant to treat: <b>UR</b>		Additional teeth to treat: <b>#29 &amp; 30</b>	

**Example 2: PROCEDURE FORM; SECTION 3 AND 4:** Examiners validate 12 surfaces in the primary quadrant (LR). No additional teeth are assigned, only the LR quad is to be treated.

SECTION 3: SELECTION OF TEETH FOR CALCULUS REMOVAL:			
Primary Quadrant Submission		Secondary Quadrant Submission	
Circle primary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"	Circle secondary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"
<input type="radio"/> UR <input type="radio"/> UL <input checked="" type="radio"/> LR <input type="radio"/> LL	Yes <input checked="" type="radio"/> No	<input type="radio"/> UR <input type="radio"/> UL <input type="radio"/> LR <input checked="" type="radio"/> LL	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>SECTION 4: SELECTION ASSIGNMENT: Examiner Use Only: DO NOT WRITE IN THIS SECTION.</b> After check-in, the final assignment is entered here by the examiners. All surfaces of all teeth in this assignment must be free of remaining calculus, plaque, and stain for the final evaluation phase of the examination. No other areas of the patient's mouth will be evaluated.			
Quadrant to treat: <b>LR</b>		Additional teeth to treat: <b>NONE</b>	

**Example 3: PROCEDURE FORM; SECTION 3 AND 4:** Examiners validate more calculus in the secondary quadrant (LR). It has been assigned to clean in addition to #3 from the primary quadrant that was needed to meet the 3/5/8 calculus requirement.

SECTION 3: SELECTION OF TEETH FOR CALCULUS REMOVAL:			
Primary Quadrant Submission		Secondary Quadrant Submission	
Circle primary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"	Circle secondary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"
<input checked="" type="radio"/> UR <input type="radio"/> UL <input type="radio"/> LR <input type="radio"/> LL	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> UR <input type="radio"/> UL <input checked="" type="radio"/> LR <input type="radio"/> LL	Yes <input checked="" type="radio"/> No
<b>SECTION 4: SELECTION ASSIGNMENT: Examiner Use Only: DO NOT WRITE IN THIS SECTION.</b> After check-in, the final assignment is entered here by the examiners. All surfaces of all teeth in this assignment must be free of remaining calculus, plaque, and stain for the final evaluation phase of the examination. No other areas of the patient's mouth will be evaluated.			
Quadrant to treat: <b>LR</b>		Additional teeth to treat: <b>#3</b>	

## **Plaque, Stain, remaining calculus on unassigned surfaces and tissue management (4 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, and evaluate any remaining calculus on surfaces that were not the 12 assigned surfaces. Tissue management is evaluated for reversible and irreversible tissue trauma. Disclosing solutions are not used.

## **Automatic failure (-100 points)**

A 100 point deduction is made for the 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 the two SRTA officials. When possible, a testing site staff member/educator will also serve as a witness.

## **Irreversible tissue trauma caused by candidate**

- This includes any injury that is inconsistent with the procedure that will not heal on its own without professional treatment by a dentist or physician. Four or more validated areas of reversible tissue trauma results in automatic failure. **“Reversible 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 irreversible tissue trauma are, but not limited to: amputated papilla, severely lacerated soft tissue, exposure of the alveolar process, broken instrument tip evident in the sulcus or soft tissue, and root surface abrasion that require professional treatment.
- Must be independently validated during final evaluation by two examiners.
- Pre-existing tissue injures and/or conditions should be noted under “Candidate Comments to Examiners” on the Dental Charting Form prior to check-in.

### Ineligible patient characteristics:

- Under age 18
- History of oral OR injectable bisphosphonate
- Allergic to latex and site is not latex free
- No radiographs presented or those presented of such poor quality that examiners cannot determine if 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 180/110 or above
- Seven or fewer validated surfaces of required calculus
- Did not meet the 3/5/8 criteria AND 8 or fewer validated surfaces of required calculus
- Unprofessional conduct; breach of SRTA protocols
- Is a dentist, dental student, dental hygienist or dental hygiene student.

### **Instruments**

Candidates may choose any instruments for calculus removal. However, for the calculus detection and periodontal measurements exercises, all candidates and examiners must use the same instruments. This ensures that the examination is standardized for all candidates at all testing sites. The **required instruments are listed below:**

- **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.



Figure 1: 11/12 explorer



Figure 2: UNC probe

Check in: have clean mirror, explorer, 2X2 gauze and air/water tip  
 Final evaluation: have clean mirror, explorer, 2X2 gauze and air/water tip  
 If using double ended probe cover the unused side with autoclavable tape.

Candidates are required to provide their own hand instruments and sonic/ultrasonic scalers. Some material and equipment may be available at the testing site. A 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 periapical taken within the past three years
- Bitewings taken within the past twelve months; may present either two or four, depending on the patient's dentition
- Mounts of conventional film or printouts of digital films with **patient name, candidate number**, and the **date** the films were exposed; the candidates 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 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

	<b>Groups A (D)</b>	<b>Groups B (E)</b>	<b>Groups C (F)</b>
Registration Examination Discussion	6:45 am	8:15 am	12:00 pm
Examination start-time (set up)	7:15 am	8:45 am	12:30 pm
Check in begins/Scoring area open	8:00 am	9:30 am	1:15 pm

\*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.

## General Session and Registration

At the group 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 and collect paperwork/forms.

## Set-up

At the examination start time for your group, shown in the table above, you may seat the patient, take and record the blood pressure. Have the CFM review the patients' Medical History Form, collect physician's clearance letter if required, confirm that the blood pressure is within guidelines. The CFM will enter their PIN on both the Medical History Form and 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 groups check-in, the candidate will fail for presenting an ineligible patient.

During this time, the DHA will also confirm quadrant selections in the computer scoring system and assist with cubicle preparation.

## 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 four surfaces of the three 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 at least a 90-minute wait time, and make them as comfortable as possible. Patients may use books, magazines, or other non-electronic devices. SRTA prohibits 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 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 instruments, 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, facial and lingual surfaces of the three 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.

### **Final evaluation**

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

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 enter your detection findings, periodontal probe measurements and anesthetic record into SRTAs' 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 forms from the SRTA website at [www.srta.org](http://www.srta.org)

**Southern Regional Testing Agency, Inc.**  
since 1975

Monday - Friday 8:30a.m. - 5:00p.m. E.S.T.  
Phone 757-318-9082 | Fax 757-318-9085  
4698 Honeygrove Rd., Suite 2, Virginia Beach, VA 23455

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Dental Hygiene Exam Description  
Dental Hygiene Exam Calendar  
Dental Hygiene Exam Fees  
Dental Hygiene Online Registration  
Dental Hygiene Manual/Forms

**ACCESS & PRINT ALL FORMS FROM HERE**

You can now register and Apply Online. It's easy!  
In an effort to consistently improve operations, SRTA will be accepting online applications.  
You can apply online for the SRTA examination.

**Apply Online**  
Get Registered Today!

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

- Postoperative Care Agreement (two copies; you should also provide a copy of this form to the patient)
- Patient Consent, Disclosure and Assumption of Responsibility Form (one copy)
- Incident Disclaimer
- On-line Orientation Notice Form 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 **except for blood pressure** with physician's clearance letter, when required
- Dental Charting Form
- Dental Hygiene Procedure Form

## 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 the form in ink, ensuring that all information is legible. The designated provider of postoperative care must sign the form.
- If the patient is returning to a dental/dental hygiene school for completion of treatment, complete Section 1-A along with 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 1-B. If no provider is available and/or the patient will choose his/her own clinician for completion of treatment, complete Section 1-C.
- The patient must sign 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.

<b>SRTA</b>   Post-Operative Care Agreement		
A separate form must be completed for each patient treated during the examination.		
<b>Candidate Information</b> Candidate Seq. Number: _____ Examination Site: _____ Examination Date: _____	<b>Procedure</b> <input type="checkbox"/> Restorative <input type="checkbox"/> Periodontal <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2	
<b>Candidate Sequential:</b> _____ <b>PLACE ID LABEL HERE</b> <b>Test Site:</b> _____ <b>Dental Only</b>		
<b>Patient Information</b> Name (Print): _____ Address: _____ Today's Date: _____ City, State, Zip Code: _____		
<small>The SRTA Examination is the process for determining if a Dentist/Dental Hygienist has the minimal practical skills necessary to obtain a license to practice Dentistry/Dental Hygiene; therefore, no guarantee can be made that the work performed will be adequate. If you feel you may need additional care as a result of the work performed during the examination, you should visit a licensed Dentist/Dental Hygienist. You may visit a Dentist/Dental Hygienist of your choosing or you may use the referral listed below. (Note to Candidate: Please complete only one of the sections - A, B, or C - listed in item I. A signature is required under item II - Patient Acceptance.)</small>		
<b>I. Acceptance of Responsibility for Post-Operative Care</b>		
<input type="checkbox"/> A. The patient is a "patient of record" at the Dental School and will provide post-operative care as necessary according to the guidelines of the School of Dentistry/Dental Hygiene.		
_____ Signature of Authorized School Official	_____ Date	
<input type="checkbox"/> B. This is to confirm my willingness to provide any post-operative care required related to treatment rendered on the SRTA dental/dental hygiene examination. It is understood that I agree to provide post-operative care for _____ days following the examination.		
_____ Name	_____ License #	_____ Telephone #
_____ Address	_____ City, State, Zip Code	
_____ Signature of Provider	_____ Date	
<input type="checkbox"/> C. I will choose my own Dentist/Dental Hygienist if post-operative care is necessary.		
_____ Name of Provider	_____ Date	
Reason for Post-Operative Care: _____ _____		
<b>II. Patient Acceptance - I understand and agree to the following:</b>		
<ul style="list-style-type: none"><li>• Additional treatment related to services rendered during this examination may be required</li><li>• Post-operative arrangements specified above</li><li>• There may be a fee involved in the post-operative care and I hereby release SRTA and associated testing agencies, and the School of Dentistry/Dental Hygiene where the examination was held from any financial obligation</li><li>• The provider listed above has no obligation to provide care if not initiated within sixty (60) days of the examination</li></ul>		
_____ Patient Signature	_____ Date	_____ Patient Telephone #
_____ Legal guardian or Parent Signature (if patient is minor)	_____ Date	_____ CFC Pin
<small>This form may be downloaded and duplicated. Submit the Original and Copy #1.</small>		
<small>Agency - Original</small>	<small>Examination Site - Copy #1</small>	<small>Patient - Copy #2</small>
	<small>Candidate - Copy #3</small>	<small>Provider - Copy #4</small>

# 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.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p><b>SRTA</b> Assessment</p> </div> <div style="text-align: center;"> <p><b>Patient Consent, Disclosure, &amp; Assumption of Responsibility</b></p> </div> </div> <div style="margin-top: 10px;"> <p>I authorize the individual referenced below (the "Candidate") to perform the following dental procedure(s) during the administration by the testing agency (SRTA) of a dental licensing examination or dental hygiene examination (the "Examination").</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;"> <p style="font-size: small; text-align: center;">Candidate Sequential Number: <b>PLACE ID LABEL HERE</b> Test Site: _____</p> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><input type="checkbox"/> Posterior Amalgam Prep &amp; Restoration</p> <p><input type="checkbox"/> Anterior Composite Prep &amp; Restoration</p> <p><input type="checkbox"/> Partial Oral Prophylaxis and Periodontal Scaling- Dental Hygiene</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Posterior Composite Prep &amp; Restoration</p> <p><input type="checkbox"/> Periodontal Treatment</p> </div> </div> </div> <p><b>Acknowledgement</b> I understand the following:</p> <ul style="list-style-type: none"> <li>• the Candidate may not be licensed to perform the above services (the "Services") (look through this link: <a href="#">https://www.srtatexas.com/</a>)</li> <li>• any arrangements between the Candidate and his/her dentist regarding providing a patient with any financial arrangements are solely between the Candidate and me, and do not involve the testing agency in any way.</li> <li>• the Testing Agency has no knowledge of the Candidate's skill or competence and makes no promises about them.</li> <li>• the Testing Agency has no duty to, and will not, notify me of inadequate work done by the Candidate during the Examination.</li> <li>• it is my responsibility to have any and all dental work performed by the Candidate checked by a licensed dentist to determine that it is satisfactory.</li> <li>• I hereby consent to having the Candidate perform each of the Services.</li> </ul> <p><b>Disclosure of Risks</b> The Candidate has explained to me the risks and possible complications involved in the procedures the Candidate will perform on me and the nature and purpose of the dental procedure(s) to my satisfaction. My questions with regard to the dental procedure(s) have been answered.</p> <p><b>Adequacy of Treatment</b> I understand that the Services provided during the Examination does not necessarily fulfill all my oral health needs, may not be performed correctly, or may not represent my entire treatment plan, and that further treatment may be necessary. I have been informed of the availability of services to complete treatment.</p> <p><b>No Treatment by SRTA or School</b> Understand that SRTA will not be performing any diagnosis or treatment of me. Further, I understand that all the procedures will be performed in spaces under the control of the School but that faculty members, officers, employees and agents of the school will not be present during the performance of the Services. I hereby release the School, its faculty, staff, employees and agents from any and all claims, causes of actions, demands, rights and damages whatsoever arising out of or in connection with the Services performed by the Candidate.</p> <p><b>Authorization of Disclosure of Medical Information</b> I recognize that medical information which could be pertinent to the oral health care I receive in the course of the Examination may be communicated to the Testing Agency, their examiners, the staff and clinicians of the dental school where the Examination is located, and any other medical professionals when deemed medically</p>	<p>necessary, or when necessary for the administration for the Examination. I authorize this disclosure. This authorization specifically includes the disclosure of radiographs (X-rays), and information about my current medical and dental condition and my prior medical and dental history. I further consent to disclosure of any information concerning my medical information by SRTA, so long as my name is not associated with the information.</p> <p><b>Medical Condition and Medications</b> I have fully disclosed my current medical conditions and medical history to the best of my knowledge and all medications I am taking. I have been informed that patients who are taking bisphosphonate medications may be at risk of osteonecrosis of the jaw after dental treatment or as a result of dental infections. I understand that neither the Testing Agency nor the school assumes any responsibility or liability regarding the health status of patients or candidates. As neither the candidate nor patient is considered an employee of the Testing Agency or school, OSHA regulations do not apply. If an exposure to blood borne agents such as HIV or hepatitis or other infectious conditions occurs, it is not the responsibility of the testing agency or school to provide serologic testing, counseling, follow up care or any other health service.</p> <p><b>Consent to X-Rays and Photographs</b> I consent to the taking of appropriate radiographs (X-rays) and the examination of my teeth gums. I also consent to having testing agency examiners or the staff and clinicians of the dental school take photographs of my teeth and gums for use in training and future examinations, provided that my name is not in any way associated with the photographs or X-rays.</p> <p><b>Anesthesia</b> I understand that as part of the dental procedure(s), it may be necessary to administer local anesthetics and I consent to the use and practice of the Candidate.</p> <p><b>Assumption of Risks and Release</b> I release the SRTA, participating dental schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, which occur during the course of this Examination, and any damages or injuries I may suffer as a result of my participation in the Examination. I hereby voluntarily assume all risks relating to the Services and the examination, including the risk of injury, loss of teeth and/or death.</p> <p>I verify that I am not a dentist (licensed or unlicensed), a dental student in the 3<sup>rd</sup> or 4<sup>th</sup> or final year of dental school, or a dental hygiene student in the final year of school.</p> <p>By my signature below, I verify that I have read and fully understood the above information, and I agree to the terms of this agreement.</p> <div style="margin-top: 20px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black; text-align: center;">Patient Signature</td> <td style="width: 40%; border-top: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Candidate Sequential Number &amp; Initials</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> </tr> </table> </div> <p style="font-size: x-small; margin-top: 10px;">NOTE: This form will be used by examiners during the procedures. Candidates should initial, NOT sign in order to preserve anonymity.</p>	Patient Signature	Date	Candidate Sequential Number & Initials	Date
Patient Signature	Date				
Candidate Sequential Number & Initials	Date				

## Incident Disclaimer

The patient must sign and date this form in ink, prior to registration. The candidate **DOES** sign this form.

Exam Site: \_\_\_\_\_



**INCIDENT DISCLAIMER**

DISCLOSURE STATEMENT AND EXPRESS ASSUMPTION OF RISK FOR ANY DAMAGE FROM (1) EXPOSURE TO BLOODBORNE INFECTIOUS AGENTS SUCH AS HIV, HBV, AND OTHER MICROORGANISMS IN THE BLOOD, (2) EXPOSURE TO ORAL OR RESPIRATORY SECRETIONS, (3) OTHER INJURIES.

The relationship between the South Central Regional Testing Agency and all the schools where examinations are administered (the "School") and the Candidate is not an employment relationship. Neither SRTA nor the examination site is responsible for any liability or personal injury which may occur to me, unless actively committed by SRTA. I agree to release and discharge SRTA for any liability or injury that may occur to me or any other health service. It is your responsibility to assure that you see a licensed health care professional and initiate appropriate management and follow-up care.

LIMITATION OF LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned, state that I have read and understood the above disclosure statement and express assumption of risk. I agree that SRTA and the school are not responsible for the prevention or management of any of the incidents listed above. I agree to release and discharge SRTA for any liability or injury that may occur to me or any other health service. I also agree to indemnify and hold SRTA and the school harmless for any occurrence under this agreement, including SRTA's and the school's attorney's fees, costs and expenses, should a claim be made against them.

\_\_\_\_\_  
Candidate: Printed Name & Candidate #

\_\_\_\_\_  
Candidate: Signature

\_\_\_\_\_  
Candidate: Date Signed

\_\_\_\_\_  
Patient: Printed Name

\_\_\_\_\_  
Patient: Signature

\_\_\_\_\_  
Patient: Date Signed



## 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 on the day of the exam.

#### Blood Pressure Guidelines:

- 159/94 or below may proceed without Medical Clearance
- 160/95 to 179/109 accepted **ONLY WITH** a written Medical Clearance
- 180/110 or above **WILL NOT** be accepted for this examination even with a physician's written Medical Clearance

The following 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 oral or injectable bisphosphonate therapy, are latex allergic unless the 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 patients' blood pressure on the form on the day of the examination, the CFM must enter their 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 administration of any anesthesia may begin until the CFM clearance is obtained and documented on both forms.

**SAMPLE OF MEDICAL HISTORY FORM PAGE 1:**

CANDIDATE #: \_\_\_\_\_ CUBICLE #: \_\_\_\_\_

**SRTA Dental Hygiene Examination: Patient Medical History**

\*\* Will this patient be shared with another candidate today? Yes  No  Sharing patient with Candidate # \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date/Time Taken: \_\_\_\_\_  
Required - Must Be Taken Day of Examination CFM Confirms BP Taken Day of Exam

CFM PIN \_\_\_\_\_

**INSTRUCTIONS TO PATIENT:**  
 Answer the following questions as completely and accurately as possible. All questions are to be answered "YES" or "NO" to all questions, and write in your answers as appropriate.

1. YES NO Are you under the care of a physician at this time?  
 If yes, for what condition? \_\_\_\_\_
2. The name, address and telephone number of my physician is: \_\_\_\_\_
3. My last complete physical examination was on \_\_\_\_\_
4. YES NO Has a physician treated you in the past six months?  
 If yes, for what condition? \_\_\_\_\_
5. YES NO Have you been hospitalized or have a serious illness or skin condition within the last 6 months?  
 If yes, please specify: \_\_\_\_\_
6. YES NO Are you allergic or had any adverse reaction to any medicine, drugs, local anesthetics?  
 If yes, please specify: \_\_\_\_\_
7. YES NO Do you now or have you ever smoked cigarettes or used tobacco products?  
 If yes, please specify: Number of packs/day: \_\_\_\_\_
8. Do you have or have you had any of the following diseases/problems? Please explain "YES" answers below. **YES answers below - YES answers in the shaded area require a written letter from the patient's physician giving permission to participate in this exam.**

<b>If YES, MD written clearance required</b>	A. YES NO Angina/chest pain, shortness of breath	Q. YES NO Hives, itching, or skin rash
	B. YES NO Heart attack Date: _____	R. YES NO Sexually transmitted disease(s)
	C. YES NO Heart surgery Date: _____	S. YES NO Stomach or duodenal ulcers
	D. YES NO Stroke Date: _____	T. YES NO Thyroid disease
	E. YES NO Congestive heart failure	V. YES NO Varicose veins
	F. YES NO Coronary artery or other heart disease	W. YES NO Coarctation of the aorta
	G. YES NO Atherosclerosis/coronary occlusion	X. YES NO Peptic ulcer
	H. YES NO Hypertension/seizures/convulsions	Y. YES NO Cancer
	I. YES NO Valve damage following heart transplant	Z. YES NO Intestinal disease
	J. YES NO Infective endocarditis (heart infection)	AA. YES NO Intestinal disease
	K. YES NO Kidney/renal disease	BB. YES NO Anemia
L. YES NO Abnormal bleeding, bruise or history of transfusion. Taking aspirin or blood thinner?	CC. YES NO Anemia	
M. YES NO Lung/respiratory condition (asthma, bronchitis, emphysema)	DD. YES NO Alcohol abuse (alcohol rehabilitation)	
N. YES NO Diabetes	EE. YES NO Drug abuse (cocaine, methamphetamines, heroin, crack) or drug rehabilitation	
O. YES NO Emotional/mental health disorder (anxiety, depression, bipolar)	FF. YES NO High blood pressure	
P. YES NO Liver disease (hepatitis A, B or C/jaundice/cirrhosis)		

LETTER	EXPLANATION FOR "YES" ANSWERS IN QUESTION 8

TURN PAGE OVER

Enter BP here on the day of the exam. The CFM MUST enter their PIN here prior to any patient treatment or administration of any anesthesia

**If YES, MD written clearance required**

A. YES NO Angina/chest pain, shortness of breath

B. YES NO Heart attack Date: \_\_\_\_\_

C. YES NO Heart surgery Date: \_\_\_\_\_

D. YES NO Stroke Date: \_\_\_\_\_

E. YES NO Congestive heart failure

F. YES NO Coronary artery or other heart disease

G. YES NO Atherosclerosis/coronary occlusion

H. YES NO Hypertension/seizures/convulsions

I. YES NO Valve damage following heart transplant

J. YES NO Infective endocarditis (heart infection)

K. YES NO Kidney/renal disease

If there are any "YES" answers in the shaded area of this form, a written letter from a physician is REQUIRED giving clearance to participate in the examination

**SAMPLE OF MEDICAL HISTORY FORM PAGE 2:**

CANDIDATE #: \_\_\_\_\_

PAGE 2

CUBICLE #: \_\_\_\_\_

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**

OTHER CONDITION	EXPLANATION

11. YES NO Are you taking or have you even 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); Reclast® yearly injection (zoledronic acid); Aredia® (pamidronate); Zometa® (zoledronic acid); Bonefos® (clodronate); Avastin® (bevacizumab); Erbitux® (cetuximab); 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 reported the DAY OF THE EXAMINATION)

1.	MEDICATION	REASON PRESCRIBED
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?

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

ASA I: Normal health patient

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

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

CLASS
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**DENTAL HYGIENE CANDIDATES:** Any item on the Medical History with a "YES" response, in questions #8A 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 Initials Only

\_\_\_\_\_  
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 DURING SET-UP

CANDIDATE # 100	CUBICLE # 10
<b>DENTAL CHARTING FORM</b>	
<b>SECTION 1. GENERAL INFORMATION:</b>	
Patient Name: <i>John Snow</i>	Examination Site: <i>UT</i> Date: <i>5/11/2018</i>
Will this patient be shared with another candidate today? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Sharing patient with Candidate # _____	
<b>SECTION 2: MEDICAL CLEARANCE:</b> Examiner Use Only: CFM PIN _____ <i>(# is cleared for treatment)</i>	
CFM: List any relevant health issues _____	
<b>DO NOT WRITE IN SECTION 2</b>	
<b>SECTION 3: SELECTION OF TEETH FOR CALCULUS REMOVAL:</b>	
<b>Primary Quadrant Submission</b>	<b>Secondary Quadrant Submission</b>
Circle primary quadrant: UR    UL <input checked="" type="radio"/> LR    LL	Circle secondary quadrant: UR    UL LR <input checked="" type="radio"/> LL
Include this quadrant's 3rd molar? Circle "Yes" or "No" Yes <input checked="" type="radio"/> No <input type="radio"/>	Include this quadrant's 3rd molar? Circle "Yes" or "No" Yes <input type="radio"/> No <input checked="" type="radio"/>
<b>SECTION 4: CANDIDATE COMMENTS TO EXAMINERS:</b> <i>Limited English; extremely sensitive; gross decay on #14; ulcer on lower lip adj. #25-26 area</i>	
<b>SECTION 5. DENTAL CHARTING:</b> Prior to the examination chart the following items:	
Missing teeth- Cross (X) out entire tooth area	
Implants- Cross (X) through tooth and change the tooth number to "I"	
Impacted/Unerupted- Circle the entire tooth, root, and tooth number	
Partially erupted- Replace the tooth # with "PE"	
Deciduous tooth- Replace the tooth # with the tooth letter	
Retained root tip- Cross (X) through the crown, circle the root, and replace the tooth # with "RT"	
Permanent bridge pontic- Cross (X) through tooth and change tooth number to "	
<b>SECTION 6: EXAMINERS COMMENTS:</b> For examiner use only. Candidates do not write in this section.	
Please enter PIN after comments.	
<b>DO NOT WRITE IN SECTION 6</b>	

**TOP OF FORM:**

- Candidate #
- Cubicle #

**SECTION 1:**

- Patient Name
- Exam Site
- Exam date

**SECTION 3: Select a primary and secondary quadrant. Indicate whether to include the 3<sup>rd</sup> molar.**

**SECTION 4:** Complete prior to check-in to alert examiners of 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.

## Procedure Form

Complete the Procedure Form, Section 1, 3 and portions of Section 5 prior to the date of examination. During set-up, the CFM completes Section 2. Upon competition of check-in, Section 4 of this form will indicate which quadrant has been assigned and any additional teeth assigned to treat. Section 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

<b>CANDIDATE #:</b> <span style="font-size: 24pt; font-weight: bold;">100</span>	<b>CUBICLE #</b> <span style="font-size: 24pt; font-weight: bold;">10</span>																								
<b>DENTAL HYGIENE PROCEDURE FORM</b>																									
<b>SECTION 1: GENERAL INFORMATION:</b>																									
<b>Exam Site:</b> <span style="font-size: 24pt; font-weight: bold;">UT</span>	<b>Date:</b> <span style="font-size: 18pt; font-weight: bold;">5/11/2018</span>																								
Will this patient be shared with another candidate today? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																									
Sharing patient with Candidate # _____																									
<b>SECTION 2: MEDICAL CLEARANCE:</b> Examiner Use Only: CFM PIN																									
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>DO NOT WRITE IN SECTION 2</b></div>																									
<b>SECTION 3: SELECTION OF TEETH FOR CALCULUS REMOVAL:</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">Primary Quadrant Submission</th> <th colspan="2" style="text-align: center; padding: 2px;">Secondary Quadrant Submission</th> </tr> <tr> <td style="padding: 2px;">Circle primary quadrant:</td> <td style="padding: 2px;">Include this quadrant's 3rd molar? Circle "Yes" or "No"</td> <td style="padding: 2px;">Circle secondary quadrant:</td> <td style="padding: 2px;">Include this quadrant's 3rd molar? Circle "Yes" or "No"</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;">UR</td> <td style="padding: 2px;">UL</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="radio"/> LR</td> <td style="padding: 2px;"><input type="radio"/> LL</td> </tr> </table> </td> <td style="padding: 2px;"> <table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;"><input checked="" type="radio"/> Yes</td> <td style="padding: 2px;"><input type="radio"/> No</td> </tr> </table> </td> <td style="padding: 2px;"> <table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;">UR</td> <td style="padding: 2px;">UL</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> LR</td> <td style="padding: 2px;"><input checked="" type="radio"/> LL</td> </tr> </table> </td> <td style="padding: 2px;"> <table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;"><input type="radio"/> Yes</td> <td style="padding: 2px;"><input checked="" type="radio"/> No</td> </tr> </table> </td> </tr> </table>	Primary Quadrant Submission		Secondary Quadrant Submission		Circle primary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"	Circle secondary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"	<table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;">UR</td> <td style="padding: 2px;">UL</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="radio"/> LR</td> <td style="padding: 2px;"><input type="radio"/> LL</td> </tr> </table>	UR	UL	<input checked="" type="radio"/> LR	<input type="radio"/> LL	<table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;"><input checked="" type="radio"/> Yes</td> <td style="padding: 2px;"><input type="radio"/> No</td> </tr> </table>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;">UR</td> <td style="padding: 2px;">UL</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> LR</td> <td style="padding: 2px;"><input checked="" type="radio"/> LL</td> </tr> </table>	UR	UL	<input type="radio"/> LR	<input checked="" type="radio"/> LL	<table style="width: 100%; text-align: center;"> <tr> <td style="padding: 2px;"><input type="radio"/> Yes</td> <td style="padding: 2px;"><input checked="" type="radio"/> No</td> </tr> </table>	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<b>SECTION 4: SELECTION ASSIGNMENT:</b> Examiner Use Only: DO NOT WRITE IN THIS SECTION. After check-in, the final assignment is entered here by the examiners. All surfaces of all teeth in this assignment must be free of remaining calculus, plaque, and stain for the final evaluation phase of the examination. No other areas of the patient's mouth will be evaluated.
Primary Quadrant Submission		Secondary Quadrant Submission																							
Circle primary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"	Circle secondary quadrant:	Include this quadrant's 3rd molar? Circle "Yes" or "No"																						
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UR	UL																								
<input type="radio"/> LR	<input checked="" type="radio"/> LL																								
<input type="radio"/> Yes	<input checked="" type="radio"/> No																								
<b>Quadrant to treat:</b> _____ <b>Additional teeth to treat:</b> _____																									
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>DO NOT WRITE IN SECTION 4</b></div>																									
<b>SECTION 5: ANESTHESIA RECORD:</b> Complete all information except quantity prior to check-in.																									
Type(s) of injections planned: <span style="font-size: 18pt; font-weight: bold;">IA, PSA</span> Name of anesthetic & vasoconstrictor: <span style="font-size: 18pt; font-weight: bold;">2% Lidocaine 1:100,000</span>																									
Quantity (# of carpules/cartridges administered; complete after all injections given): _____																									
Candidate number OR signature of qualified practitioner: <span style="font-size: 24pt; font-weight: bold;">100</span>																									
<b>SECTION 6: PERIODONTAL ASSESSMENT:</b> Do not complete this section until after check-in. Enter the probing depth in millimeters for the teeth surfaces assigned in this section.																									
Posterior tooth # _____: ML _____ L _____ DL _____ Anterior tooth # _____: ML _____ L _____ DL _____																									
<b>SECTION 7: CALCULUS DETECTION:</b> Do not complete this section until after check-in. Is any type of calculus present? Circle either "Yes" or "No" for the four surfaces of each tooth assigned below.																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Tooth# _____:</td> <td style="width: 10%;">Mesial: Yes No</td> <td style="width: 10%;">Distal: Yes No</td> <td style="width: 10%;">Facial: Yes No</td> <td style="width: 10%;">Lingual: Yes No</td> </tr> <tr> <td>Tooth# _____:</td> <td>Mesial: Yes No</td> <td>Distal: Yes No</td> <td>Facial: Yes No</td> <td>Lingual: Yes No</td> </tr> <tr> <td>Tooth# _____:</td> <td>Mesial: Yes No</td> <td>Distal: Yes No</td> <td>Facial: Yes No</td> <td>Lingual: Yes No</td> </tr> </table>		Tooth# _____:	Mesial: Yes No	Distal: Yes No	Facial: Yes No	Lingual: Yes No	Tooth# _____:	Mesial: Yes No	Distal: Yes No	Facial: Yes No	Lingual: Yes No	Tooth# _____:	Mesial: Yes No	Distal: Yes No	Facial: Yes No	Lingual: Yes No									
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<small>©SRTA 2018</small>																									

**TOP OF FORM:**

- Candidate #
- Candidate Cubicle #

**SECTION 1:**

- Patient name
- Exam Site
- Exam Date
- If patient is being shared

**SECTION 3:**

- Primary Quad and use of 3<sup>rd</sup> molar
- Secondary Quad and use of 3<sup>rd</sup> molar

**SECTION 5:**

- Complete anesthesia record except quantity
- Enter quantity prior to final evaluation after all injections are administered

**SECTION 6 & 7:**

Complete after check-in, but prior to any calculus removal.

## 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 previously provided by school officials to the SRTA Office. This documentation must be provided during the application process.

Please follow the "Anesthesia Duration Profile" chart listed below on the maximum amount of acceptable quantity to administer on the examination day. Candidates sharing patients may not exceed **half** of the maximum allotted cartridges allowed. 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.

If you are not qualified to administer local anesthetics, you may use topical anesthetics or anesthesia patches (Oraqix, etc.) or you 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 the examination date:

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

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 of the Dental Hygiene Procedure Form after all anesthetic is given to verify the amount administered.

The practitioner is allowed in the clinic only to administer the anesthesia. However, he/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 max of three patients per group.

For patient safety, when a patient is shared by two or more candidates, follow the table of maximum doses of anesthesia. The total number of cartridges administer to a single patient during one day cannot exceed the maximum doses listed. Each candidate must plan to use no more than half of the maximum dose on a patient who will be shared with another candidate on the same examination day.

<b>Anesthetic Duration Profile</b>					
<b>SHORT DURATION PLAIN</b>	<b>BRAND NAME</b>	<b>DOSE PER CART</b>	<b>MAX DOSE</b>	<b>MAX # CART 150+LBS</b>	<b>MAX # CART 110 LBS</b>
Lidocaine, Plain 2%	Xylocaine	36 mg	300 mg 4.5 mg/kg 2.0 mg/lb	8 <b>(6)*</b>	6 <b>(4)*</b>
Mepivacaine, Plain 3%	Carbocaine Isocaine 3% Polocaine Scandonest 3% Mepivacaine 3%	54 mg	400 mg 6.6 mg/kg 3.0 mg/lb	7 <b>(5)*</b>	6 <b>(4)*</b>
Prilocaine, Plain 4%	Citanest Plain	72 mg	600 mg 8.0 mg/kg 3.6 mg/lb	8 <b>(6)*</b>	5.5 <b>(3.5)*</b>
<b>INTERMEDIATE DURATION WITH VASOCONSTRICTOR</b>	<b>BRAND NAME</b>	<b>DOSE PER CART</b>	<b>MAX DOSE</b>	<b>MAX # CART 150+LBS</b>	<b>MAX # CART 110 LBS</b>
Articaine w/ Epi, 4% 1:100,000	Septocaine w/ Epi 1:100,000 Zorocaine	68 mg	7.0 mg/kg 3.2 mg/lb	7 <b>(5)*</b>	5 <b>(3)*</b>
Articaine w/ Epi, 4% 1:200,000	Septocaine w/ Epi 1:200,000	68 mg	7.0 mg/kg 3.2 mg/lb	7 <b>(5)*</b>	5 <b>(3)*</b>
Lidocaine w/ Epi, 2% 1:100,000	Lidocaine 2% w/ Epi 1:100,000 Lignospan Stand Octocaine 100 Xylocaine	36 mg	500 mg 7.0 mg/kg 3.2 mg/lb	13.5 <b>(11.5)*</b>	9.5 <b>(7.5)*</b>
Lidocaine w/ Epi, 2% 1:50,000	Lidocaine Lignospan Forte Octocaine 50 Xylocaine	36 Mg	7 cartridges .1 cart/kg .045 cart/lb	7 <b>(5)*</b>	5 <b>(3)*</b>
Mepivacaine w/ Levonordefrin 2% 1:20,000	Carbocaine 2% w/ Neo-Cobefrin 1:20,000 Isocaine 2% Scandonest 2% L	36 mg	400 mg 6.6 mg/kg 3.0 mg/lb	11 <b>(9)*</b>	9 <b>(7)*</b>
Prilocaine w/ Epi, 4% 1:200,000	Citanest Forte	72 mg	600 mg 8.0 mg/kg 3.6 mg/lb	8 <b>(6)*</b>	5.5 <b>(3.5)*</b>
<b>LONG DURATION WITH VASOCONSTRICTOR</b>	<b>BRAND NAME</b>	<b>DOSE PER CART</b>	<b>MAX DOSE</b>	<b>MAX # CART 150+LBS</b>	<b>MAX # CART 110 LBS</b>
Bupivacaine w/ Epi, 0.5% 1:200,000	Marcaine Vivacaine Bupivacaine 0.05%	9 mg	90 mg	10 <b>(8)*</b>	7 <b>(5)*</b>

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**\*Maximum # of Cartridges allowed by SRTA in Parentheses for 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 conditions 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 **oral or 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 Incident Disclaimer (one copy)
- 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 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

SRTA requires candidate compliance with the Centers for Disease Control and Prevention: Recommended Infection Control - U.S. Department of Health And Human Services - Public Health Service, Centers for Disease Control and Prevention Guidelines for Infection Control in Dental Health-Care Settings - 2003 as reprinted from Morbidity and Mortality Weekly Report, Recommendations and Reports December 19, 2003, Vol. 52, No. RR-17. Refer to the aforementioned publication for a complete listing of recommended practices.

### **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 Information

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 any **oral or 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 any 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@sрта.org](mailto:dentalhygiene@sрта.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/Remediation

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@srtta.org](mailto:help@srtta.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 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.