



DELAWARE

PRACTICAL EXAMINATION FOR DENTAL CANDIDATES

**THIS PACKET INCLUDES
EXAM INFORMATION FOR DENTAL CANDIDATES**

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I. INTRODUCTION

A. Purpose

This manual has been developed in order to assist in your preparation for participation in this examination. The examination is based on specific performance criteria which will be used to measure clinical competence.

B. Eligibility

Eligibility requirements may be found at 24 *Del.C.* §1123, <https://dpr.delaware.gov>.

C. Examination completion

1. This examination consists of three sections:
 - a. Restorative Examination and Periodontal Exercise
 - b. Diagnosis, Oral Medicine & Radiology (DOR), multiple-choice slides
 - c. State Jurisprudence Exam
2. A minimum score of 75% is required in each section to pass this examination.

If you have passed the clinical section of the exam but failed the DOR, please contact the Division of Professional Regulation to schedule a time to retake that section.

D. Examination results and obtaining a license

Upon receiving satisfactory examination results from the Board, you will receive a license if all other criteria for licensure are met. The criteria are outlined in the licensure application which you have already submitted.

E. Protocol for appeal

In the event that you fail the examination, you may appeal in writing to the Director of the Division of Professional Regulation within 20 days of notification by the Board of failure of the examination. The Director will convene an Appeals Panel under 24 *Del. C.* §1194 within 30 days to hear the appeal. The burden of proof in such appeal is on the appellant and the Board's action is presumed correct unless proven otherwise. The address of the Director is: Division of Professional Regulation, 861 Silver Lake Boulevard, Cannon Building, Suite 203, Dover, DE 19904. You have the right to appear before the Appeals Panel, with or without counsel, to present any information you feel is relevant to your appeal. The Board is not responsible for expenses incurred by any party making such a request.

II. GENERAL INFORMATION

A. Examination overview

1. Patients presented to the examiners for the clinical portions of the examination must meet the criteria published in this Format. Patients who do not meet the criteria will be rejected by the examiners. **You should be prepared to present two patients for each part of the examination.** If both patients are rejected, a “no show” for that portion of the examination will be recorded. A “no show” is not recorded as a failure.
2. You must show proper photo ID, proof of professional liability insurance* and a signed and notarized affidavit for each patient stating that all restorations will be completed at a future date. In addition, hold harmless forms (releases), as well as patient medical histories and dental charting must be complete and in order for each patient.

*** You must have proof of ONE MILLION DOLLARS of insurance in order to be admitted to the examination. No exceptions.**

3. You are responsible for providing ALL materials and equipment for patient care, including all necessary materials and instruments for the restorative amalgam, restorative casting, restorative composite and periodontal clinical sections, except operating chair, operating light and dental unit.

You must provide a suitable high-speed hand piece, all necessary instruments and disposables. This includes, but is not limited to ultrasonics, hand pieces, instruments, and disposable supplies.

You are responsible for any rental of equipment.

4. Once you are satisfied with your performance, you must notify your examining team by signing out on the designated chalkboard. At this time, you will be asked to leave the examination area during the treatment evaluation. You are responsible for providing the following items for treatment evaluation by the examining team:
 - a. Patient Health History/Oral Inspection/ Dental Charting /Periodontal Charting
 - b. Radiographs
 - c. Required Instruments:
 - i. Clear mirror
 - ii. 11/12 ODU explorer
 - iii. Williams (PW) periodontal probe with the following color coded markings: 1-2-3-5-7-8-9-10
 - iv. 17/23 explorer
 - v. Air/water tip for syringe
 - vi. Slow speed suction
 - d. Clean gauze
 - e. Cotton rolls
 - f. Patient napkin/bib clips
 - g. Patient safety glasses
 - h. Dental Floss

An evaluation sheet for each clinical examination will be distributed by the examiners. To receive credit, you must have each examiner's initials on the check-out sheet for each examination section. You should clearly understand each assignment and make certain that your candidate identification number and date are clearly recorded on each form.

No credit can be given in any portion of an exercise by an examiner who has not initialed the check-out sheet.

5. The examination does not begin until the **Chief Examiner** makes the announcement. No patient treatment shall be started until such an announcement is made.

You will not be admitted for testing later than 30 minutes after the examination has begun.

All treatment shall cease when the Chief Examiner announces that the examination is over. At that time, you must leave the treatment area.

6. Each major category of the required clinical examination is evaluated according to criteria published in this Format and when completed, requires an evaluation by all the examiners. When asking for an evaluation, you should clearly state to the examiners the category which is to be evaluated.

After evaluation by the examiners, you should continue to the next step unless otherwise instructed. You should not dismiss a patient unless permission is given by the designated examiner.

7. Any change should be made before calling an examiner for evaluation.

No changes may be made after calling an examiner.

8. The technical procedures used in the examination, as well as the specific materials used in the clinical portion of the examination are your choice, as long as they are those currently accepted and taught by accredited schools of dentistry. You may utilize the services of a chair-side assistant during the clinical examination. **However, the assistant may not be a dentist, dental student or dental technician.** You are responsible for the conduct of the assistant. The assistant may not function as an expanded-duty auxiliary.
9. The Board reserves the right to terminate the examination at any time if that action becomes necessary to safeguard the health, safety or comfort of the patient, or if the candidates or examiners are threatened in any manner.

B. Examination Schedule

The Delaware Board of Dentistry and Dental Hygiene conducts two examinations annually. Each examination is conducted over a two-day period.

C. Time

The time allotted for the clinical exercises is outlined in the schedule. Patient treatment begins simultaneously for all candidates at the time announced by the Chief Examiner. Patient acceptability will be evaluated by at least two examiners. If either examiner finds the patient unacceptable, the chief examiner will decide the issue. Subsequent steps during the examination must be evaluated by all examiners.

D. Standards

The Board conducts this examination following the highest ethical and moral standards of the profession of dentistry. You are expected to notify your patient(s) of any continuing or corrective treatment that may be required following the examination and, further, to notify the Chief Examiner of such required treatment. The Chief Examiner must verify with the patient the needed treatment, and

state that it is the candidate's responsibility to see that the treatment is rendered. This includes the setting of a completed casting for the restorative examination.

E. Evaluation Team

1. The Chief Examiner
 - a. is the President of the Delaware Board of Dentistry & Dental Hygiene;
 - b. is the chief administrator at the examination site responsible for the proper administration of the exam;
 - c. must be notified of all pulp exposures;
 - d. must verify failure of any clinical exercise and/or termination of an examination; and
 - e. is responsible for any conflict resolution.
2. The Assistant Chief Examiner
 - a. is the Secretary of the Delaware Board of Dentistry & Dental Hygiene; and
 - b. will perform the duties of the Chief Examiner if the Chief Examiner cannot conduct the exam for any reason.
3. The Examiners are
 - a. professional dentist members of the Delaware Board of Dentistry & Dental Hygiene; and
 - b. calibrated bi-annually or when a new examiner is appointed to the Board.

F. Scoring System – Score Release

Dental Examination Criteria (percentage points = weight of grading)

- | | | |
|----|--|-----------|
| 1. | Full Mouth Radiographs | 5% |
| 2. | Periodontal Section | 30% |
| | a. Medical History & Charting (5%) | |
| | b. Periodontal Scaling and Polishing (20%) | |
| | c. Alginate Impressions (5%) | |
| 3. | Restorative | 65 % |
| | a. Class II Amalgam (20%) | |
| | b. Class II, III, IV Composites (20%) | |
| | c. Full Crown Exercise (25%) | |
| 4. | Professionalism: A maximum of 5 points may be deducted from the total exam score for unprofessional conduct. (see Item II-H-1) | |
| 5. | DOR (Diagnosis, Oral Medicine & Radiology) | Pass/Fail |
| | Minimum score of 75% to pass. | |

The purpose of the examination of dental candidates is to test the minimal skills which are critical to the practice of dentistry. Each skill is described so that all candidates will understand what constitutes a minimal performance of that skill. If that level of performance is achieved, then the candidate passes that skill. **A minimum score of 75% in each section passes that section of the examination. A score does not measure the number of errors, but rather a level at which minimal competency has been demonstrated.**

G. General Guidelines for Clinical Examination

1. Patient Selection

The Board does *not* furnish patients for the clinical examination, nor does it accept excuses from candidates who have not procured acceptable patients. If your patients do not qualify, you will not be tested.

You are required to provide patients who shall be at least 18 years old. If a patient is presented who does not meet the criteria as published, the patient will be rejected by the examiners. If two patients are rejected for any one exercise, a “no show” will be recorded. “No shows” are not recorded as a failure, but will cause your exam fee to be forfeited.

2. Patient Acceptability

A dentist, dental technician, or dental student may not be used as a patient. A person with a medical history of an infectious or communicable disease, or a serious systemic condition, will not be allowed to sit as a patient during the examination, unless he/she presents a physician's statement certifying that the proposed treatment will not pose an undue risk to the patient.

The patient's blood pressure will be taken at the time of the exam. A reading of 159/94 or less will be accepted for testing. A reading of 160/95 to 179/109 will require the patient to have a letter from his/her physician approving treatment. A reading of 180/110 or higher will disqualify the patient from the exam.

**Warning: Be advised that the dental clinic is not latex-free.
Please do *not* use patient(s) with severe latex allergies.**

3. Substitute Patients

You must present patients who are acceptable to the examiners. **A second patient must be available in the event the first patient is unacceptable.** If using the second patient, you will be required to complete the examination in the remaining scheduled time. You must provide completed paperwork and a complete full-mouth radiograph series for each patient presented.

H. Examination Content and Format

1. General Criteria / Conduct of the Examination

Your ability to follow these general guidelines will be used in each examiner's evaluation of professionalism.

- a. Significant History and Pathosis Not Recognized
You must accurately complete the appropriate history forms and establish a diagnosis and treatment plan before treating the patient(s). Misinformation or missing information that would endanger the patient, candidate, auxiliary personnel or examiner is a reason to stop the examination.
- b. Failure to Complete the Examination
All procedures, both patient treatment and laboratory exercises, shall be completed within the time allowed by the Board in order for the examination to be considered complete. Treatment or procedures performed in other than assigned times will be cause for the examination to be considered incomplete and result in failure.
- c. Misappropriation / Misuse of Equipment
No equipment, instruments or materials shall be removed from the examination site.
- d. Working in Unauthorized Clinics
You must work only in the assigned clinic or laboratory space. No treatment or required laboratory procedure may be performed anywhere else.
- e. Use of Auxiliary Personnel
Dentists (licensed or unlicensed), dental students and dental technicians may not act as assistants.
- f. Failure to Turn in Records
All records required by the Board shall be turned in to the proper person before the examination is considered complete.
- g. Treating Other Than Assigned Procedures
You must perform only the treatment assigned by the examiner.
- h. Lack of Neatness and Cleanliness
You, as well as your assisting auxiliary, must wear clean clinic attire and follow the recommended infection control barrier technique.
- i. Unacceptable Attitude / Demeanor / Patient Management
You and your assisting auxiliary must behave in a professional, ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort.
- j. Improper Anesthetic Use / Administration
If an anesthetic solution is required for the patient, you are responsible for ensuring that the anesthetic is properly administered in the proper dosage.
- k. Radiographs
Radiographs must meet the requirements set by the Board. See each section for requirements.

**Suggestions, questions, problems or complaints
should be presented to the Chief Examiner at any time.**

- l. Dismissal for Improper Performance or Unethical Conduct.
The Board provides you with the opportunity to have your clinical and didactic skills evaluated fairly. In addition, conduct, decorum and professional demeanor are also judged. The rules and regulations of this examination must be followed. It must be understood that, in the course of this examination, any collusion between you and another candidate, or between you and any other person, is prohibited.

The policy of the Board is that any substantiated evidence of collusion, dishonesty or intentional misrepresentation during registration or during the course of the examination, as determined by the Chief Examiner, shall automatically result in the candidate not being allowed to continue with the examination and the score being recorded as a failure.

Dismissal from the exam, failure of the exam, or reduction of up to 5 points in an exam score may result from improper performance relative to procedural skills, clinical judgment or unethical conduct. Permission from the Delaware Board of Dentistry & Dental Hygiene is required to retake the exam at a later date.

Examples of ***improper performance*** include, but are not limited to:

- i. Case selection presents conditions which jeopardize successful patient treatment within the parameters of the exam
- ii. Disregard for patient welfare and/or comfort
- iii. Failure to recognize or respond to systemic conditions which potentially jeopardize the health of the patient, assistant or examiners
- iv. Unprofessional, unkempt or unclean appearance
- v. Rude, abusive or uncooperative behavior or disregard for aseptic technique
- vi. Procedure generates excessive trauma to tissue (iatrogenic)
- vii. Performance is grossly inadequate as validated by judgment of the examiners
- vii. Failure to adhere to examination guidelines set forth by the Delaware Board of Dentistry & Dental Hygiene

Examples of ***unethical conduct*** include, but are not limited to:

- i. Using unauthorized equipment at any time during the exam
- ii. Using unauthorized assistants
- iii. Using unauthorized patients
- iv. Altering patient records or radiographs submitted in any format
- v. Treatment of patients outside clinic hours or receiving assistance from another practitioner
- vi. Altering endodontic teeth
- vii. Dishonesty
- viii. Altering candidate worksheet or treatment notes
- ix. Communicating with anyone via electronic devices during testing
- x. Any other behavior which compromises the standards of professional behavior

2. Required Infection Control Procedures

The Board requires that while treating patients, you use the Center for Disease Control Guidelines for infection control (see next section). The wearing of gloves, masks and the provision for eye protection is mandatory.

To the extent possible, dental professionals must control infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are in fact

contagious. Use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization are essential.

The following infection control procedures shall be strictly adhered to:

a. Medical History

Medical history is to be taken and, if necessary, a medical clearance is to be obtained **within 30 days of the examination**. (Some examples of when a medical clearance may be required include, but are not limited to, rheumatic fever and rheumatic heart disease, coronary arteriosclerosis, myocardial infarction, uncontrolled hypertension, diabetes mellitus and blood disorders.)

b. Barrier Protection

- i. Gloves shall be worn when performing any intra-oral or laboratory procedures and when cleaning up after any treatment. Gloves are not to be worn outside the operatory.
- ii. Hands are to be washed and dried between patients and whenever gloves are changed. If rips or tears occur while treating the patient, new gloves must be substituted. No hand jewelry shall be worn.
- iii. Clean long-sleeve uniforms, gowns or laboratory coats are to be worn and must be changed daily or sooner if they become visibly soiled. All uniforms, gowns or laboratory coats must be free of any identifying marks (i.e. school names or insignia, embroidered names).
- iv. Face masks and protective eyewear must be worn during all procedures in which splashing of any body fluids is likely to occur. Masks are to be discarded after each patient or sooner if they become damp or soiled.
- v. Impervious-backed paper, aluminum foil or plastic wrap may be used to cover surfaces that may become contaminated. The coverings must be removed (while gloved), discarded and replaced (after un-gloving) between patients.

c. Sterilization and Disinfection

- i. All instruments must be sterilized before and after each patient.
- ii. If not wrapped with aluminum foil or plastic wrap (barrier protected), surfaces and countertops shall be pre-cleaned and disinfected with a hospital-level disinfectant that is tuberculocidal.
- iii. All handpieces, prophylaxis angles and air water syringes must be either sterilizable or be single-use disposable items. These items shall be either sterilized or disposed of.
- iv. All waste and disposal items shall be considered potentially infectious and shall be disposed of with special precautions, as is customary at the testing site, in accordance with federal, state and local regulations.
- v. Pocket masks, resuscitation bags or other ventilation devices will be provided by the facility in strategic locations to minimize the need for emergency mouth-to-mouth resuscitation.

III. THE EXAMINATION

A. Restorative Examination Criteria

1. General guidelines for the Amalgam, Composite, Full Crown Restorations

You must supply the following for each patient:

- a. Medical history, oral inspection and dental charting will be accepted only on forms provided by the Board.
- b. Mounted, complete series of radiographs or panoramic film taken within the last two years. Bitewing radiographs taken within the past 6 months must also be provided. Number 2 film will be used for posterior teeth and number 1 film for anterior teeth. Duplicate radiographs and/or printed digital radiographs of diagnostic quality are acceptable.
- c. If the lesion to be restored is not identified in the radiographs, a single peri-apical or bitewing radiograph will be required that has been taken within the previous two months.

Additional radiographs may be required by the examiner during the course of the examination.

2. Lesion Acceptability

To be acceptable, an interproximal carious lesion must:

- a. be clinically demonstrable, or the lesion must be evident by radiographic examination to have penetrated the dento-enamel junction.
- b. show no signs of previous excavation or restoration.
- c. Must be in occlusion and have proximal contact on at least one of the surfaces to be restored.
- d. If an MOD amalgam or composite restoration is to be placed, *both proximal surfaces must present untreated carious lesions.*

The prepared cavity must be seen before the liner / base is placed and the completed preparation must be seen by two examiners after the liner / base is placed. **Placement without authorization constitutes failure of that exercise.**

If you anticipate a pathological exposure, an examiner should be called prior to continuing with the treatment. **Any pulpal exposures without prior notice to an examiner will be a failure for that exercise.**

3. Procedures to be Evaluated

- a. The adequacy and correctness of the completed Board charts and the recognition of significant facts in the history that might alter or affect the treatment plan for the patient.
- b. Completion of three restorative exercises on vital permanent teeth, as follows:
 - i. The Full Crown Restorative Exercise
 - ii. The Restorative Amalgam Exercise
 - iii. The Restorative Composite Exercise

- c. Caries remaining in any preparation in the three restorative exercises is cause for failure of that restoration (you will receive a zero). Please keep this in mind when choosing lesions for this exercise.
- d. Extensive damage of adjacent teeth which necessitates restoration of those teeth will result in you receiving a zero on that exercise.
- e. Isolation for each restorative exercise means isolation with a rubber dam. If this is not possible, it is your responsibility to explain your reasoning to the examiner.

Each restorative procedure is evaluated separately. You must receive a minimum score of 75% on each procedure to receive a passing grade.

4. Guidelines for Full Crown Restoration

The full crown restoration shall be performed on:

- a. a carious posterior tooth, or
- b. a posterior tooth with an occlusal restoration and interproximal caries, or
- c. a previously restored posterior tooth that has a defective restoration.
For purposes of this examination, an existing defective restoration is defined as a:
 - i. restored posterior tooth that exhibits recurrent caries, or
 - ii. restored posterior tooth that has defective margins (more than ½ mm in depth) or
 - iii. restored posterior tooth that exhibits a fracture of the tooth or the restoration.

You are not permitted to use a tooth in which you have previously placed or altered a restoration. The restoration to be replaced must have been in place at least 12 months and not of a temporary treatment material.

5. Guidelines for Class II Amalgam and Class II, III or IV Composite Resin

a. Class II Amalgam Restoration

You must complete a Class II amalgam performed on:

- i. a posterior tooth with an interproximal carious lesion, or
- ii. a posterior tooth with a simple occlusal restoration and an interproximal carious lesion.

b. Class II, III or IV Composite Resin Restoration

You must complete a Class II, III or IV composite restoration, performed on:

- i. an anterior tooth with interproximal caries, or
- ii. a posterior tooth with interproximal caries, or
- iii. a posterior tooth with a simple occlusal restoration and an interproximal carious lesion.

6. Protocol for Performance Evaluation

The candidate's performance will be checked or evaluated at the following stages:

Full Crown Restoration:

Initial check by two examiners before the start of the preparation of the tooth.

Caries removal check before pulp protection, when required, to be seen by all examiners.

If pins are used to retain a core, the preparation with pinholes in place, must be seen by two examiners before pin placement.

Completed preparation, must be seen by all examiners.

Completed final impression and completed acrylic temporary must be seen by all examiners.

Temporary restoration shall not be cemented.

Amalgam Restoration:

Two examiners shall initially check the patient before the candidate starts the preparation of the tooth.

All examiners shall check the completed cavity preparation.

If pulp protection is required, two examiners shall check the completed cavity preparation after base or liner placement.

Completed amalgam restoration to be seen by all examiners.

Composite Restoration:

Two examiners shall initially check the patient before the candidate starts preparation of the tooth.

All examiners shall check the cavity preparation.

If pulp protection is required, two examiners shall check the completed cavity preparation after base or liner placement.

Completed composite restoration to be seen by all examiners.

7. Description of Ideal Full Crown Preparation

a. External Outline Form:

i. Preparation conforms to ideal (i.e. all defective restorations replaced)

ii. 1-1.5 mm axial reduction

b. Pulpal Protection: preparation restored to ideal outline form

c. Retention and Resistance Form: 7 degree ideal taper in the preparation; shall have grooves, pins or other form of retention if preparation is short

8. Description of Ideal Full Crown Impression
 - a. Cleanliness: impression free of debris and blood
 - b. Detail: surface detail clearly showing preparation and adjacent tooth structure
 - c. Margins: all margins are clearly visible with subgingival extension of impression

9. Description of Ideal Full Crown Temporary
 - a. Fit: retention and draw - seats passively
 - b. Surfaces: smooth and well polished
 - c. Margins: smooth to explorer
 - d. Anatomy: appropriate anatomy for tooth restored
 - e. Proximal Contact: resists floss and is visibly closed
 - f. Appropriate Occlusal Contact

10. Description of Ideal Full Gold, PFM or Ceramic Crown Preparation
 - a. Finish Line / Walls: **no undercuts, 6-16 degree taper, even finish line**
 - b. External Outline Form: location of finish line is 0.5 mm occlusal to the FGM or CEJ
 - c. Occlusal Reduction PFM: 2 mm
 - d. Occlusal Reduction Gold: 1.5mm
 - e. Internal Form: PFM shoulder 1.5mm; gold 1.2 - 1.5mm
 - f. Cervical Bevel: 0.5 - 1.0mm in width and well defined

Note: Preparation must be caries-free. Use modification form if needed to have any correction approved prior to proceeding with the final preparation (i.e. removal of caries and build up, etc)

11. Description of Ideal Composite Preparation
 - a. External Outline Form
 - i. Class III: extent of caries
 - ii. Class IV: all contacts with adjacent tooth broken
 - iii. Class II: all contacts with adjacent tooth broken
 - b. Retention and Resistance Form (either of the following):
 - i. Enamel is beveled to provide surface area for etching
 - ii. Minimal grooves or pits to provide mechanical retention

12. Description of Ideal Amalgam Restoration

- a. Surfaces: smooth and regular
- b. Margins: not detectable with explorer
- c. Anatomy: proper for tooth restored
- d. Proximal Contact: resists floss and is visually closed
- e. Occlusion: tooth and restoration in normal contact

13. Description of Ideal Composite Restoration

Same as amalgam except as follows:

- a. Surfaces: polish and color make restoration difficult to detect visually

14. Protocol for Modification Requests, Liner / Base Placement

- You must address any variation of the expected “ideal preparation” by requesting modifications to the preparation. You will be provided with a form titled “**Dental Exam Modification Request Form**”. You must communicate your intentions to your examiner through a properly written Dental Exam Modification Request Form (see sample form below).
- After entering your modification request on the provided form, summon an examiner for validation and approval. You may request multiple recommendations on one form. Two examiners will approve or disapprove the modification. Whether your request for modification was validated or not, you will proceed to finish your final preparation.
- Prior to sending your patient for final cavity preparation evaluation, you must indicate the need for base / liner placement on the returned Modification Request Form
- The validation of whether base or liner should be used will be accomplished at the time of the final cavity preparation evaluation.
- If the request for the base / liner has been approved, an examiner will check the placement of this base / liner in the cavity preparation. Following base or liner application, an examiner will validate correct or incorrect placement.

The Dental Exam Modification Request Form (below) will ask for the following:

1. Type of modification: external outline form, internal outline form, etc
2. Location: proximal wall, pulpal floor, axial wall, etc
3. Extent: amount of deviation from the “ideal” or the optimum criteria for evaluation (the extent of the modification has to be in multiples of 0.5mm increments)
4. Reason: caries, unsound tooth structure-dematerialized enamel, affected dentin, etc

**Delaware State Board of Dentistry & Dental Hygiene
Dental Exam Modification Request Form**

Candidate #: _____

Date: _____

Procedure: _____

➤ Type of Modification (what): _____

➤ Reason for Modification (why): _____

➤ Location of Modification (where): _____

➤ Extent of Modification (how much): _____

REQUEST FOR BASE / BUILDUP: _____

APPROVED BY DR. _____

DENIED BY DR. _____

DENIED BY DR. _____

If two examiners do not agree on a denial, then the Chief Examiner will make the decision.

15. Criteria for Evaluation / Point Distribution - Restorative Examination

- I. Full Crown Preparation – 50 Points
 - a. Caries Remaining (fails the exercise)
 - b. Unrecognized Pulp Exposure (fails the exercise)
 - c. Occlusal Reduction:
 - 10 Ideal for Crown Type
 - 8 Minor Over / Under Reduction
 - 5 Moderate Over / Under Reduction
 - 0 Gross Over / Under Reduction
 - d. Axial Reduction:
 - 10 Ideal for Crown Type
 - 8 Minor Over / Under Reduction
 - 5 Moderate Over / Under Reduction
 - 0 Gross Over / Under Reduction
 - e. Taper:
 - 10 Ideal Taper (6-16 degrees)
 - 8 Minor Variation
 - 5 Moderate Variation
 - 0 No Taper or > 25 degrees
 - f. Margin Placement:
 - 10 Ideal Position for Crown Type
 - 8 Minor Variation from Ideal
 - 5 Moderate Variation from Ideal
 - 0 Gross Variation from Ideal
 - g. Finish Line:
 - 10 Smooth and Regular
 - 8 Minor Irregularities
 - 5 Moderate Irregularities
 - 0 Gross Irregularities
 - h. Soft Tissue or Adjacent Tooth Damage:
 - 0 No Significant Damage
 - 2 Minor Damage Requiring Minimal Treatment
 - FAIL Gross Damage Requiring Tooth Restoration or Tissue Treatment (fails the exercise)

II. Full Crown Impression – 30 Points

- a. Cleanliness
 - 10 Impression Free of Debris and Blood
 - 8 Minor Amount of Debris Not Affecting Accuracy
 - 5 Moderate Debris Which Could Affect Accuracy
 - 0 Gross Debris Definitely Compromising Accuracy
- b. Detail:
 - 10 Surface Detail Clearly Outlining Preparation and Adjacent Tooth Structure
 - 8 Minor Surface Discrepancies Not Affecting the Outcome
 - 5 Moderate Surface Discrepancies Affecting the Outcome of the Restoration
 - 0 Gross Surface Discrepancies Making the Restoration Defective
- c. Margins:
 - 10 All Margins of the Preparation are Clearly Visible
 - 8 Minor Lack of Clarity
 - 5 Moderate Lack of Clarity
 - 0 Margins Unreadable Making the Impression Unusable

III. Full Crown Temporary – 20 Points

- a. Fit:
 - 4 Retention and Draw – Seats Passively on Preparation
 - 2 Seats Passively but Retention Not Optimum
 - 0 Retention and / or Draw Compromise the Integrity of the Temporary
- b. Surfaces:
 - 2 Surfaces Smooth and Well Polished
 - 1 Surfaces Smooth but Lack Polish
 - 0 Surfaces Rough, Pitted, Lack Polish
- c. Margins:
 - 4 Margins Smooth to Explorer
 - 2 Margins With Slight Open Areas and / or Open Areas
 - 0 Margins Have Significant Open Areas and / or Overhangs
- d. Anatomy:
 - 2 Anatomy Proper for Tooth Restored
 - 0 Anatomy and Contours Unacceptable
- e. Proximal Contact:
 - 4 Resists Floss and is Visibly Closed
 - 2 Slight Hyper / Hypo Contact But Visibly Closed
 - 0 Proximal Contact is Visibly Open
- f. Occlusion:
 - 4 Tooth and Restoration in Normal Contact
 - 2 Slight Hyper / Hypo Contact
 - 0 Gross Hyper / Hypo Contact

16. Criteria for Evaluation / Point Distribution – Amalgam Restoration

- I. Amalgam Preparation – 50 Points
 - a. Caries Remaining (fails the exercise)
 - b. Unrecognized Pulp Exposure (fails the exercise)
 - c. External Outline Form:
 - 10 Outline Properly Extended
 - 8 Outline Minimally Over / Under Extended
 - 5 Outline Moderately Over / Under Extended
 - 0 Outline Grossly Over / Under Extended
 - d. Internal Outline Form:
 - 10 Sufficient Outline of Preparation
 - 8 Minimally Over / Under Prepared
 - 5 Moderately Over / Under Prepared
 - 0 Grossly Over / Under Prepared
 - e. Finish of Margins:
 - 10 Smooth and Regular
 - 8 Minimal Irregularities
 - 5 Moderate Irregularities
 - 0 Irregular and Ill-Defined
 - f. Retention:
 - 10 Acceptable Retention Form
 - 8 Minimally Over / Under Prepared
 - 5 Moderately Over / Under Prepared
 - 0 Grossly Over / Under Prepared
 - g. Pulpal Protection:
 - 3 Appropriate for Preparation
 - 0 Inappropriate for Preparation
 - h. Adjacent Tooth Damage:
 - 4 No or Minimal Damage
 - 0 No Restoration Required
 - FAIL Gross Damage Requiring Restoration (fails the exercise)
 - i. Isolation:
 - 3 Acceptable for Procedure
 - 0 Unacceptable for Procedure

II. Finished Amalgam Restoration – 50 Points

- a. Surfaces:
 - 10 Surfaces Smooth
 - 8 Surfaces Slightly Rough
 - 5 Surfaces Moderately Rough
 - 0 Surfaces Very Rough

- b. Margins:
 - 10 Margins Not Detectable With Explorer
 - 8 Margins Slightly Over / Under Extended
 - 5 Margins Moderately Over / Under Extended
 - 0 Margins Grossly Over / Under Extended

- c. Anatomy:
 - 10 Anatomy Proper for Tooth Restored
 - 8 Anatomy Moderately Restored
 - 5 Anatomy Lacks Definition
 - 0 Anatomy and Contours Unacceptable

- d. Proximal Contact:
 - 10 Good Proximal Contact
 - 5 Minimal Contact
 - 0 Open Contact

- e. Occlusion:
 - 10 Restoration in Normal Contact
 - 5 Occlusion Slightly Hyper / Hypo Contact
 - 0 Occlusion Grossly Hyper / Hypo Contact

17. Criteria for Evaluation / Point Distribution – Composite Restoration

- I. Composite Preparation – 50 Points
 - a. Caries Remaining (fails the exercise)
 - b. Unrecognized Pulp Exposure (fails the exercise)
 - c. External Outline Form:
 - 10 Outline Properly Extended
 - 8 Outline Minimally Over / Under Extended
 - 5 Outline Moderately Over / Under Extended
 - 0 Outline Grossly Over / Under Extended
 - j. Internal Outline Form:
 - 10 Sufficient Outline of Preparation
 - 8 Minimally Over / Under Prepared
 - 5 Moderately Over / Under Prepared
 - 0 Grossly Over / Under Prepared
 - k. Finish of Margins:
 - 10 Smooth and Regular
 - 8 Minimal Irregularities
 - 5 Moderate Irregularities
 - 0 Irregular and Ill-Defined
 - l. Retention:
 - 10 Acceptable Retention Form
 - 8 Minimally Over / Under Prepared
 - 5 Moderately Over / Under Prepared
 - 0 Grossly Over / Under Prepared
 - m. Pulpal Protection:
 - 3 Appropriate for Preparation
 - 0 Inappropriate for Preparation
 - n. Adjacent Tooth Damage:
 - 4 No or Minimal Damage
 - 0 No Restoration Required
 - FAIL Gross Damage Requiring Restoration (fails the exercise)
 - o. Isolation:
 - 3 Acceptable for Procedure
 - 0 Unacceptable for Procedure

II. Finished Composite Restoration – 50 Points

- a. Surfaces:
 - 10 Surfaces Smooth
 - 8 Surfaces Slightly Rough
 - 5 Surfaces Moderately Rough
 - 0 Surfaces Very Rough

- b. Margins:
 - 10 Margins Not Detectable With Explorer
 - 8 Margins Slightly Over / Under Extended
 - 5 Margins Moderately Over / Under Extended
 - 0 Margins Grossly Over / Under Extended

- c. Anatomy:
 - 10 Anatomy Proper for Tooth Restored
 - 8 Anatomy Moderately Restored
 - 5 Anatomy Lacks Definition
 - 0 Anatomy and Contours Unacceptable

- d. Proximal Contact:
 - 10 Good Proximal Contact
 - 5 Minimal Contact
 - 0 Open Contact

- e. Occlusion:
 - 10 Restoration in Normal Contact
 - 5 Occlusion Slightly Hyper / Hypo Contact
 - 0 Occlusion Grossly Hyper / Hypo Contact

B. Periodontal Exercise Criteria

1. Substitute Patients

You must present patients acceptable to the examiners. A second patient must be available in the event the first patient is unacceptable. If using the second patient, you will be required to complete the examination in the remaining scheduled time. You must have paperwork that you have completed for each patient presented. A complete full-mouth radiograph series, completed by you, must be available for each patient presented.

The Board does *not* furnish patients for the clinical examinations, *nor* does it accept excuses from candidates who have not procured acceptable patients. If your patients do not qualify, *you will not be tested.*

2. Patient Guidelines - Please read carefully:

You have been instructed by the Delaware Board of Dentistry and Dental Hygiene to provide a full mouth scaling and root planing with prophylaxis on a patient of at least 18 years of age, having at least 20 erupted natural teeth with at least 4 molars, each molar having at least one proximal contact. The teeth must display subgingival calculus, supragingival calculus and stain. All 3 types of deposits may or may not be on the same teeth.

Guidelines for the Periodontic exercise are:

- You are required to provide a patient with clinical evidence of no less than early periodontitis (pocket depth 3-6 mm).
- The patient must have readily detectable clinical and radiographic supragingival and subgingival calculus in both anterior and posterior segments.
- Patients with a significant number of pockets greater than 6 mm (advanced periodontitis) will not be acceptable for this exercise.
- The patient shall have received no periodontal treatment (surgery, scaling, root planning or polishing) for a period of at least 6 months prior to the exam.
- You must be able to manage the patient properly, including control of pain and bleeding.

3. Radiographs

a. Type:

- i. Film

- ii. Digital

b. Mounting:

- i. Film: Each radiograph must be mounted in proper anatomic relation to all other radiographs. Candidates may use their own mounts or the mounts provided by the Board. Only the patient's name and candidate ID#, along with the date of exposure, should appear on the mount. No allowable errors.

- ii. Digital: Radiographs must be printed on photo quality paper and arranged in proper anatomic relation in the same manner as film radiographs. However, digital radiographs do not need to be mounted. Only the patient's name and candidate ID#, along with the date of exposure, should appear on the paper. All other information should be removed or masked, if possible, prior to printing. If unable to remove, the candidate will be asked to cover information the day of the examination.

c. Cone Cut:

A cone cut will affect the diagnostic quality of the radiograph and will be recorded as an error. No allowable errors.

d. Film Placement:

A radiograph must incorporate completely those structures appropriate to the area of exposure.

i. Proper Horizontal Radiograph Placement:

- aa. Molar radiographs show the most distal root of the most posterior tooth.

- bb. Premolar radiographs include the distal of the canine.

- cc. Anterior radiographs show the appropriate teeth reasonably centered on the radiographs.

ii. Proper Vertical Radiograph Placement:

- aa. All periapical radiographs show the entire crown and 2-3 mm of bone surrounding the apices.

- bb. All bitewing radiographs have a centered occlusal plane.

When you incur more than the allowable 3 errors, 2 points per error will be deducted up to a total of 4 points.

e. Enlongation / Foreshortening:

Periapical radiographs must display the entire tooth from crown to apex with a minimum of distortion and 2-3 mm of bone surrounding the apices.

When you incur more than the allowable 3 errors, 2 points per error will be deducted up to 4 points.

f. Interproximal Overlapping:

All contacts must be clearly defined on at least 1 periapical radiograph in the full series. On bitewing radiographs, all contacts must be clearly defined between the molars on the molar

bitewing and the premolars on the premolar bitewing.

When you incur more than the allowable 3 errors, 1 point per error will be deducted up to 5 points.

g. Density / Contrast / Developing:

If the density, contrast, developing and print quality affect the diagnostic quality of the full series, it will be recorded as an error.

When you incur more than the allowable 2 errors, 1 point per error will be deducted up to 3 points.

4. Charts / Diagnostic Casts

You must present to the Board charts and diagnostic casts of the patient, with patient's name and candidate's ID#, completed prior to the examination.

5. Procedures / Instruments / Materials

The procedures, instruments and materials used are your choice, as long as they are currently accepted and taught by accredited dental programs and you have been trained in their use. It is your responsibility to provide the instruments used in the examination process. You may choose to use conventional hand instruments or sonic or ultrasonic instruments to complete the deposit removal on your patient. **Instruments are not provided by the facility; you must provide your own instruments.** Regardless of your choice of instrument method, the evaluation of your performance is based on the final treatment of your patient as judged by the published evaluation criteria.

6. Criteria for Evaluation / Point Distribution - Data Collection

All papers are to be identified by candidate ID# and patient name only.

a. Patient Health History / Oral Inspection

You are required to record and review a complete and accurate medical history for each patient on the forms provided.

Examiners must be alerted to conditions that might contraindicate treatment or require alteration of procedures such as a blood dyscrasia, heart condition, valvular infections, rheumatic fever, uncontrolled diabetes, hepatitis, or any communicable disease. A written clearance by your patient's physician will be required for any systemic condition that may jeopardize the health of your patient, operator or examiner. You are expected to record and review a complete and accurate oral inspection for each patient on the form provided.

b. Dental Charting and Occlusal Classification

You must chart the status of your patient's dentition using the provided format.

All the restorations, missing teeth and obvious carious lesions, which can be detected visibly, radiographically or by penetration with light pressure on the explorer, shall be identified.

You must assess and record the status of your patient's occlusion and wear patterns using the provided format.

See the provided color-coded chart for key and examples.

- Blue: Existing restorations, fixed prostheses, missing dentition, completed root canal treatment, implants; gold-/// blue; amalgam-solid blue; composite-outline in blue

- Red: Obvious caries, fractures, defective restorations. Circle impacted or partially erupted dentition and apical pathology
- Black: Mobility written in Roman numerals I, II, III, just above tooth number on maxilla and just below tooth number on mandible
- Notes in Comments Column: Supernumerary and congenitally missing dentition, temporary restorations, partial dentures, orthodontic appliances, and any other significant dental findings

c. Periodontal Charting

You must chart the depth of the gingival sulcus for all teeth. The depth of each sulcus / pocket must be measured to the nearest millimeter on 6 aspects (MB, B, DB, ML, L, DL) of each tooth.

Chart the following for all dentition:

- Chart all pocket depths in blue ink, pocket depths greater than 3mm in red ink
- Pocket depth charting (see ex tooth #32); Differential must not exceed 2mm
- Draw in black to denote gingival margin
- Draw in blue to denote mucogingival junction
- Draw in blue "V" all frenal attachments

Data Collection: 5 points. 2 allowable errors.

CANDIDATE ID#: _____

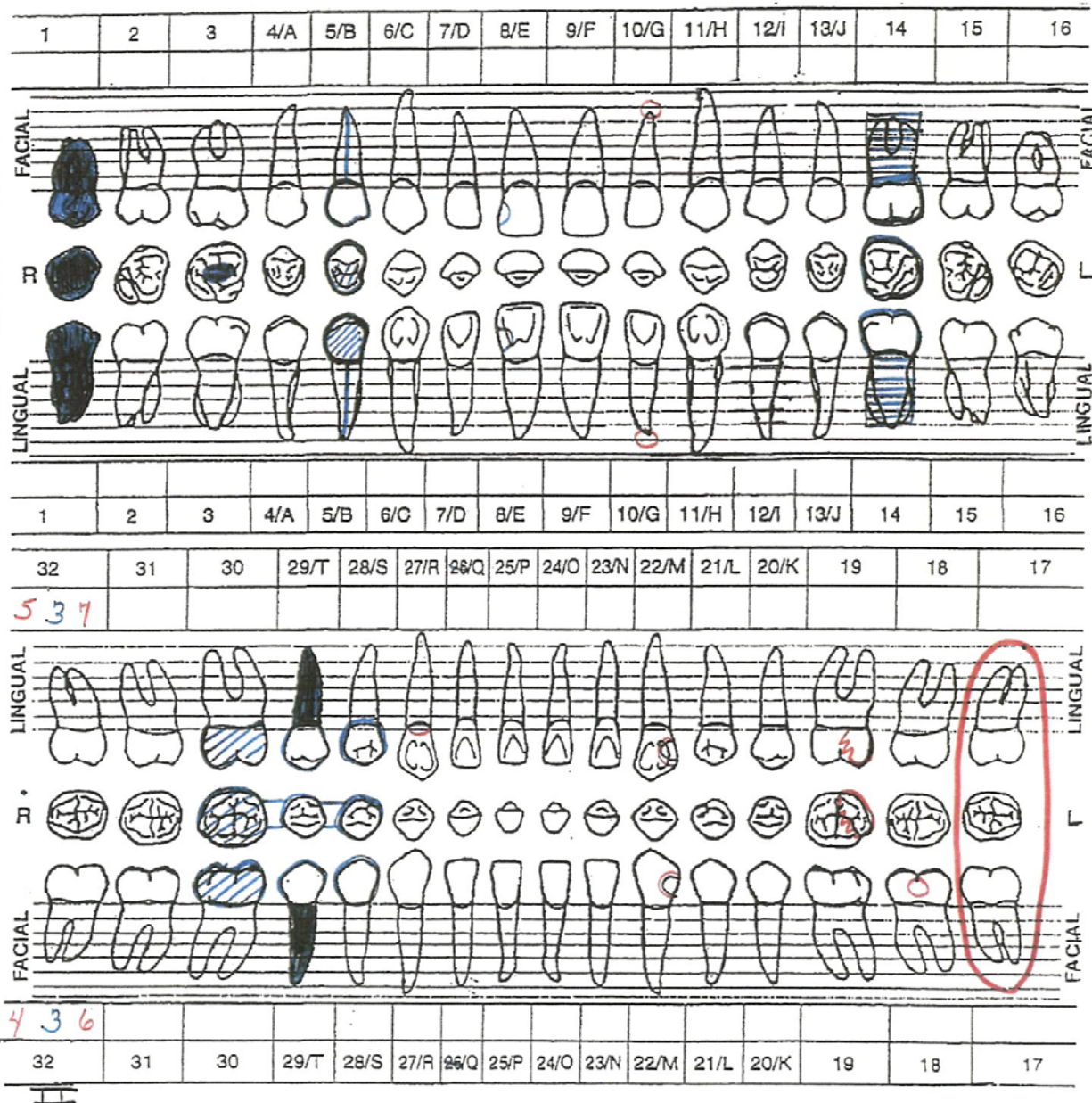
EXAM DATE: _____

PATIENT NAME: _____

KEY TO CODED CHART:

- #1: Blue, missing
- #3: Blue, O amalgam
- #5: Blue, root canal & full crown, 3/4 visible
- #8: Blue, DFL composite
- #10: Red, apical abscess (needs root canal)
- #14: Blue, implant with crown
- #17: Red, impacted
- #18: Red, B caries

- #19: Red, DOL fracture
- #22: Red, Blue DFL composite with caries
- #27: Red, L caries
- #28: Blue, porcelain crown
- #29: Blue, missing- Pontic
- #30: Blue, gold crown
- #28: Blue, 30 bridge
- #32: class II mobility Probing depth example



7. Criteria for Evaluation / Point Distribution - Prophylaxis

a. Supragingival Calculus

You must effectively remove all deposits so that all surfaces are visually clean when air-dried, tactile smooth and free of plaque when disclosed.

4 allowable errors will be permitted. For each error above the allowable, 5 points per error will be deducted up to 20 points.

b. Subgingival Calculus

You must effectively remove calculus so that no deposits are detectable with an explorer or visible when deflected with air.

10 allowable errors will be permitted. For each error above the allowable, 5 points per error will be deducted up to 60 points.

c. Stain

You must effectively remove extrinsic stain from all surfaces.

3 allowable errors will be permitted. For each error above the allowable, 5 points per error will be deducted up to 10 points.

d. Tissue Condition

You must effectively utilize an instrumentation method so that unwarranted soft tissue trauma (abrasions or lacerations) does not occur as a result of the prophylaxis.

10 points. 3 allowable errors will be permitted.

8. Criteria for Evaluation / Point Distribution - Alginate Impression Exercise

a. Hard tissue shall be adequately reproduced.

b. There shall be no more than three bubbles in each impression on hard surfaces and these shall be smaller than 1.5 mm.

c. Soft tissue shall be adequately reproduced.

d. There shall be no more than four voids in the soft tissue of each impression and these are less than 3 mm in size.

e. The buccal-labial border extensions shall be acceptable.

f. The posterior border extensions shall be acceptable.

g. The impression material shall be adequately supported.

h. The impression material shall be evenly distributed in the tray.

i. There shall be no more than one area of tray exposure and, if so, it is in a non-critical area.

j. The impression shall be clean and free of debris, blood, etc. You must insure that the impression shall be adequately disinfected.

Alginate Impression Exercise: 5 points.

C. DOR & Jurisprudence Examinations

1. Diagnosis, Oral Medicine & Radiology (DOR) Exam

The DOR exam is 100 multiple choice questions based on radiographs and photos you will view in a slideshow format. The DOR exam is given at the end of the second exam day, and takes approximately 90 minutes to complete. This is a pass/fail exercise. A minimum of 75% is required to pass the DOR Exam.

2. Jurisprudence Exam

The Jurisprudence Examination is an open-book exam located on the Board's website, <https://dpr.delaware.gov/>. The Jurisprudence Exam is comprised of 30 multiple choice questions based on the laws, rules, and regulations governing the Delaware Board of Dentistry & Dental Hygiene. You may take the Jurisprudence Exam at any time after your application for licensure has been submitted. In addition to the Practical and DOR exams, you must pass the Jurisprudence Exam before a license can be issued.

AFFIDAVIT OF EXAM APPLICANT

I, _____, do hereby certify under oath the following:

I understand that all incomplete restorations, that were part of this exam, will be completed by me at a future date.

Witnessed my signature, the _____ day of _____, 20_____.

Signature of Applicant: _____

Patient name _____

Signature of Patient: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public: _____

NOTARY SEAL

My Commission Expires: _____