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DENTISTRY EXAMINING BOARD
Room 121A, 1400 E. Washington Avenue, Madison
Contact: Berni Mattsson 608-266-8741
May 2, 2012

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Pledge of Allegiance
- B. **Adoption of Agenda (1-2)**
- C. **Approval of Minutes – March 7, 2012 (3-10)**
- D. Secretary Matters
- E. Executive Director Matters
- F. **Board Discussion Items including any received after printing of agenda**
 - 1) Division of Enforcement Matters
 - 2) **Education and Examination Issues/ Matters**
 - a. Dental Hygiene Regional Exams Research – **APPEARANCE 8:40 A.M – Aaron Knautz, Office of Education and Examinations (11-44)**
 - 3) Credentialing Matters
 - a. Update on Providing List of Recently Licensed/Denied Applicants
 - b. Updated Credentialing Liaison Authority Draft for Review
 - c. Update on Temporary License and Temporary Permit to Work Without Compensation
 - d. Update on DE 2.01(1)(c) regarding dental endorsement applications and failing any examination within the last 3 years
 - 4) Practice Questions/Issues
 - 5) Legislation/Administrative Rule Matters
 - a. Update on Chs. 1,2 (Active Practice, Faculty Licenses); De 2,6,7 (Advertising, CPR); and DE 2, 13 (Continuing Education)
 - 6) Liaison Reports
 - 7) Report from the Sleep Apnea Work Group
 - 8) Speaking Engagement, Travel, Public Relation Requests
- G. Informational Items
- H. New Business

I. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1) (a), Stats.; consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

J. Deliberation of Proposed Stipulations, Final Decisions and Orders including any received after printing of the agenda

- 1) 11 DEN 054 – Paramjit S. Sidhu, DDS (45-52)
 - a) Attorney Susan Gu
 - b) Case Advisor Mark Braden

K. Case Closings including any received after printing of the agenda (53-54)

- 1) 10 DEN 040 (55-58)
- 2) 10 DEN 089 (59-64)

L. Deliberation of other items received after printing of agenda

- 1) Case Closings
- 2) Case Status Report
- 3) Proposed Decisions
- 4) Interim Orders
- 5) Summary Suspensions
- 6) Objections and Responses to Objections
- 7) Complaints
- 8) Administrative Warnings
- 9) Matters Relating to Costs
- 10) Monitoring Cases
- 11) Appearances from Requests Received or Renewed
- 12) Examination Issues
- 13) Application Issues
- 14) PAP Cases
- 15) Motions

M. Discussion Items

- 1) Report on Discussion with the Dean of Marquette University School of Dentistry
- 2) Report on Discussion with the WDA

N. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

O. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

P. Other Board Business

Q. Next Meeting Date: July 11, 2012

ADJOURNMENT

**DENTISTRY EXAMINING BOARD
MINUTES
MARCH 7, 2012**

PRESENT: Linda Bohacek, RDH; Mark Braden, DDS; Eileen Donohoo, RDH; John Grignon, DDS; Adriana Jaramillo (arrived at 8:36), DDS; Lyndsay Knoell, DDS; Sandra Linhart, RDH; Kirk Ritchie, DDS; William Stempski, DDS

STAFF: Berni Mattsson, Executive Director; Lydia Thompson, Legal Counsel; Karen Rude-Evans, Bureau Assistant; other DSPS staff

GUESTS: Lori Pelke, Midwest Dental; Mara Brooks, Mark Paget, Susanna Mikkelson and Tim Durtsche, WDA; Matt Crespin and Alex Eichenbaum, CHAW; Stan Brysh, Meriter Hospital; Sharri Crowe, WDHA; Amir Seifi, Marquette; Peter Theo

CALL TO ORDER

Lyndsay Knoell, Chair, called the meeting to order at 8:30 a.m. A quorum of eight (8) members was confirmed.

PLEDGE OF ALLEGIANCE

The Board members, staff and guests rose and recited the Pledge of Allegiance

ADOPTION OF AGENDA

Amendments:

- Item J4a –PRACTICE QUESTIONS POLICY, remove “Lydia Thompson”
- Item K – INFORMATIONAL ITEMS
- Case Status Report – insert at the end of the agenda in closed session
- Updated Board Roster – for Board information only

MOTION: John Grignon moved, seconded by Lyndsay Knoell, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF JANUARY 4, 2012

Corrections:

- On page 1, under CALL TO ORDER, delete “Vice”
- On page 2, under BOARD COMMITTEE AND LIAISON APPOINTMENTS, add Linda Bohacek to the Credentialing Liaisons

MOTION: John Grignon moved, seconded by Lyndsay Knoell, to approve the minutes of January 4, 2012 as corrected. Motion carried unanimously.

ACKNOWLEDGEMENT AND THANK YOU TO WILLIAM STEMPSKI

Lyndsay Knoell acknowledged William Stempski and thanked him for his service and dedication during his term on the Dentistry Examining Board. This is Dr. Stempski's last meeting.

BOARD COMMITTEE AND LIAISON APPOINTMENTS

Discussion of Credentialing Liaison and Delegating Certain Credentialing Authority

Lydia Thompson reviewed the proposed document to identify and delegate certain credentialing authority to the credentialing liaisons. The Board made revisions and Ms. Thompson will provide the revised document for the May 2, 2012 meeting.

SECRETARY MATTERS

There was no report at this time.

EXECUTIVE DIRECTOR MATTERS

Board Member Guidebook

Executive Director Berni Mattsson reviewed the Board Member Guidebook with the Board. Board members were asked to complete and return the signature page.

CRDTS ISSUES

Review Request for Recommendation as a Deputy Examiner – Dr. Christopher Dix

Eileen Donohoo reviewed the information from Dr. Christopher Dix with the Board.

MOTION: Eileen Donohoo moved, seconded by John Grignon, to recommend to CRDTS to approve Dr. Christopher Dix as a Deputy Examiner. Motion carried unanimously.

NERBS ISSUES

Request for Comments from NERB on a Potential Consultant Member

MOTION: Eileen Donohoo moved, seconded by Lyndsay Knoell, to recommend to NERB to approve Dr. William Skarie as a Consultant Member. Motion carried unanimously.

NATIONAL DENTAL EXAMINERS ADVISORY FORUM DESIGNEE

MOTION: Lyndsay Knoell moved, seconded by John Grignon, to approve Eileen Donohoo as the Board's designee to attend the National Dental Examiners Advisory Forum on April 23, 2012. Motion carried unanimously.

BOARD DISCUSSION ITEMS

DIVISION OF ENFORCEMENT MATTERS

Discussion of the Jurisdiction of Unlicensed Practice Cases

Berni Mattsson reviewed this information with the Board.

EDUCATION AND EXAMINATION MATTERS

Discussion of Acceptance of State Examinations for Licensure by Endorsement

The Board discussed the acceptance of state examinations in lieu of a regional examination for licensure by endorsement. The Office of Education and Examinations would provide a comparison as to whether a state examination was substantially equivalent to the CRDTS exam available during the same time frame. Applications would then be reviewed by the Board on a case-by-case basis.

Mark Braden brought up DE 2.04(1)(c) regarding dental endorsement applications, which reads:

- c) The applicant has not failed the central regional dental testing service clinical and laboratory demonstration examination, or any other dental licensing examination, within the previous 3 years.

The Board asked legal counsel to research the intent behind this rule and see if a revision would be necessary.

CREDENTIALING MATTERS

There were no matters to discuss.

PRACTICE QUESTIONS/ISSUES

Practice Questions Policy

Lydia Thompson and Berni Mattsson reviewed the practice questions policy with the Board.

MOTION: Eileen Donohoo moved, seconded by Mark Braden, to accept the Dentistry Examining Board practice questions policy and post to the Department's website. Motion carried unanimously.

LEGISLATION/ADMINISTRATIVE RULES

There were no matters to discuss.

LIAISON REPORTS

There were no liaison reports.

REPORT FROM SLEEP APNEA WORK GROUP

Adriana Jaramillo and Sandra Linhart reported information from the sleep apnea work group. Snoring is a symptom but is not a diagnosis. Sleep apnea must be diagnosed by a sleep physician. Mark Braden noted that central sleep apnea cannot be treated with an oral appliance, and the only way to diagnose central or obstructive sleep apnea is with a sleep study.

The discussion was tabled to the next meeting. The sleep apnea work group (Adriana Jaramillo, Eileen Donohoo, Sandra Linhart and Mark Braden) will meet within the next month to revise the position statement and will send the document to Lydia Thompson for review.

REPORT FROM THE LASER USE BY DENTAL HYGIENISTS WORK GROUP

Sandy Linhart reviewed the position statement regarding laser use by dental hygienists. The Board made some language changes.

MOTION: Linda Bohacek moved, seconded by John Grignon, to approve the position statement regarding laser use by dental hygienists as amended. Motion carried unanimously.

DISCUSSION OF THE BUDGET LAPSE REPORT

Karen Van Schoonhoven, DSPS Budget Director, addressed the Board regarding the Budget Lapse Report. Dr. Knoell asked for a report on the amount of money lapsed from the Board's licensure fees.

SPEAKING ENGAGEMENT, TRAVEL AND PUBLIC RELATION REQUESTS

None.

INFORMATIONAL ITEMS

Informational items were reviewed.

NEW BUSINESS

There was no new business.

PUBLIC COMMENTS

None.

CLOSED SESSION

MOTION: Eileen Donohoo moved, seconded by Sandra Linhart, to convene to Closed Session to deliberate on cases following hearing (Wis. Stat. § 19.85(1) (a)), to consider licensure or discipline (Wis. Stat. § 19.85(1) (b)), to consider individual histories or disciplinary data (Wis. Stat. § 19.85(1) (f)), and to confer with legal counsel (Wis. Stat. § 19.85(1) (g)). Roll call vote: Linda Bohacek-yes; Mark Braden-yes; Eileen Donohoo-yes; John Grignon-yes; Adriana Jaramillo-yes; Lyndsay Knoell-yes; Sandra Linhart-yes; Kirk Ritchie-yes; William Stempski-yes. Motion carried unanimously.

Open Session recessed at 10:37 a.m.

RECONVENE TO OPEN SESSION

MOTION: Lyndsay Knoell moved, seconded by Adriana Jaramillo, to reconvene into open session. Motion carried unanimously.

The Board reconvened into open session at 1:11 p.m.

VOTING ON ITEMS CONSIDERED/DELIBERATED IN CLOSED SESSION

FACULTY APPLICATION AND PERSONAL INTERVIEW

AMIR SEIFI

MOTION: Eileen Donohoo moved, seconded by Adriana Jaramillo, to approve the faculty license application of Amir Seifi when all requirements are met. Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

**MARK A SCHANTZ, II, DDS
09 DEN 088**

MOTION: Lyndsay Knoell moved, seconded by John Grignon, to adopt the Proposed Stipulation, Final Decision and Order in the disciplinary proceedings against Mark A. Schantz, II, DDS. Motion carried unanimously.

**JOSEPH C FERRARO, DDS
09 DEN 098**

MOTION: Lyndsay Knoell moved, seconded by John Grignon, to adopt the Proposed Stipulation, Final Decision and Order in the disciplinary proceedings against Joseph C. Ferraro, DDS. Motion carried unanimously.

ADMINISTRATIVE WARNINGS

MOTION: Linda Bohacek moved, seconded by Eileen Donohoo, to issue the administrative warning in case **10 DEN 048 against respondent J.L.V., DDS.** Motion carried unanimously.

MOTION: John Grignon moved, seconded by Linda Bohacek, to issue the administrative warning in case **11 DEN 089 against respondent S.A.S., DDS.** Motion carried unanimously.

MONITORING

ROBERT B PULTZ, DDS

MOTION: Linda Bohacek moved, seconded by John Grignon, to deny the request for full licensure from Robert B. Pultz, DDS. Dr. Pultz must comply with all practice limitations under items C.19 through C.20 and C.23 through C.28 of the Final Decision and Order dated January 31, 2007. Further, Dr. Pultz shall arrange for his professional mentor to provide formal written reports to the Department monitor on a monthly basis for three consecutive months. The Board will not consider any request for full licensure until such time as full compliance has been gained. Motion carried unanimously.

RAYMOND L SCHNEIDER, SR, DDS

MOTION: Linda Bohacek moved, seconded by John Grignon, to approve the request for full licensure from Raymond L. Schneider, Sr. DDS. Motion carried unanimously.

CASE CLOSING(S)

MOTION: Lyndsay Knoell moved, seconded by Adriana Jaramillo, to close case **10 DEN 099** for compliance gained. Motion carried. John Grignon was excused during deliberation and abstained from voting.

MOTION: John Grignon moved, seconded by Adriana Jaramillo, to close case **11 DEN 071** for no violation. Motion carried unanimously.

AUTHORIZATION FOR SPEAKING ENGAGEMENTS

MOTION: Eileen Donohoo moved, seconded by Lyndsay Knoell, to designate John Grignon, with Mark Braden as the alternate, to speak to the Dean of the Marquette School of Dentistry, on behalf of the Board, regarding the following issues: faculty licenses, clinical instruction, and Mission of Mercy participation; including an invitation to appear before the Board at a future meeting, as appropriate. Motion carried unanimously.

MOTION: John Grignon moved, seconded by Adriana Jaramillo, to designate Lyndsay Knoell to speak to the WDA, on the Board's behalf, regarding the Mission of Mercy program specific to temporary licensure issues and Marquette faculty and students. Motion carried unanimously.

OTHER BOARD BUSINESS

Karen Van Schoonhoven returned to the meeting with a report on the monies lapsed from the Dentistry Examining Board licensure fees.

ADJOURNMENT

MOTION: Eileen Donohoo moved, seconded by Lyndsay Knoell, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:39 p.m.

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Aaron Knautz- Exams Specialist		2) Date When Request Submitted: 4/12/12 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 5/2/12	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Dental Hygienist regional exam research	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: As previously requested, this is the comparisons research of the regional exams for dental hygienists.			
11) Authorization			
 Signature of person making this request		4-12-12 Date	
 Supervisor (if required)		4-12-2012 Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Dental Hygiene Clinical Exams Analysis/Comparison as of July 2011

	CRDTS	California	CITA	NERB	SRTA	WREB
Candidate Manual	56 pages Forms: Yes	14 pages Forms: No	76 pages Forms: Yes	75 pages Forms: Yes	68 pages Forms: Yes	46+11= 57 pgs Forms: Yes
Computer Exam	No	No	No Must prove Nat Bds passed	Yes Prometric Centers	Yes At school same day as clinical	Yes Pearson Vue Centers
Candidate Orientation	- Online prior to exam - 45 min PPT w/ sound - no req to prove it was watched -After Cand Ck-In brief Q&A	- After Cand Ck-In brief orientation	- Online prior to exam -37 min PPT w/ sound - must submit form at exam affirming orient was watched	<u>Clinical Exam</u> - Online prior to exam - 16 min PPT w/ sound - Day prior to exam – mand <u>Computer Ex</u> None	<u>Clinical & Comp Exams</u> - Online prior to exam - Self pace PPT w/ no sound - no req to prove it was watched -After Cand Ck-In brief Q&A	<u>Clinical Exam</u> - After Cand Ck-In brief orientation -Must sign form if missed <u>Computer Ex</u> - Online prior to exam 1 - 10 min PPT w/ sound
Exam and Treatment Time Frame	1 st : 1½ hr max Pwk prior to ck-in 2 nd : 2½ hrs	1 st : 45min Pwk and probe prior to ck-in and all cand must be in line at same time 2 nd : 2 hrs	1 st : Pwk ck'd -- - candidates clear floor till examiners done w/ all pts 2 nd :30min Pwk and IE/O & pres to desk) 3 rd : 1 ½ hrs	1 st :Pwk ck'd - - CFE on floor who assigns 2 probe teeth 2 nd : Probe prior to ck-in 3rd:1½ hrs	1 st Patients ck'd by 3 examiners - candidates clear floor till examiners done w/ all pts 2 nd : 1½ hrs	1 st : 1 hr max Pwk prior to ck-in 2 nd : 2 hrs
Timing	Staggered all	Same 1 st Staggered 2 nd	Same 1 st & 2 nd Staggered 3 rd	Staggered all	Same all	Staggered all
Examiner & Cand Clinics	Separate	Separate	Same- Pwk ck Separate 2 nd /3 rd	Separate	Same (Cands clear floor)	Separate
Resubmits Allowed	Yes Original + 3 NQP= dismiss cand	Yes Original + 2 NQP= dismiss cand	No (Criteria Not Met) CNM= dismiss cand	No <u>CNM=cont w/ exam</u>	No <u>CNM=cont w/ exam</u>	Yes Original + 2 NQP= dismiss cand
Patient does not qualify protocol	- On the clock after 1 st reject - 1.5 hr limit -7 1 st rejection -7 2 nd rejection -0 3 rd rejection 4 th NQ fail - if NQP, cand fails	-On the clock after 1 st reject - no mention of time limit - no mention of penalties for resubmits - if NQP, cand can withdraw	-Pwk not qualify= -5 (3x) -In mouth: -Of 12 surfs: - If 9 or more conf = accept -If 8 or less conf = immed dismiss cand & pt -if NQP, cand fails	-Pwk not qualify= -10(1x) -In mouth: -Of 12 surfs: -If 9 or more conf, cand can pass -If 8 or less conf, cand cannot pass* *Examiners and candidate do not know. Exam conts even though cand has failed. NERB pgs. 9&10 do not adq explain	-In mouth: -Of 12 surfs: -If 8 or more conf, cand can pass -If 7 or less conf, cand cannot pass* *Examiners and candidate do not know. Exam conts even though cand has failed. SRTA explains this scoring to cand on p. 36	- On the clock after 1 st reject - 1 hr limit -4 1 st rejection -3 2 nd rejection 3 rd NQ fail - if NQP, cand fails

Dental Hygiene Clinical Exams Analysis/Comparison as of July 2011

	CRDTS	California	CITA	NERB	SRTA	WREB
Does candidate document deposits for submission?	No Just teeth #s	No Just quad(s)	Yes 12 surfaces for grading	Yes 12 surfaces for grading	No Just quad and add'l teeth #s	No Just quad and add'l teeth #s
Subgingival Deposit Removal	Comprehensive: All surfaces of teeth submitted must be treated as all surfaces are eligible for grading	Comprehensive All surfaces of teeth submitted must be treated as all surfaces are eligible for grading	Limited Only 12 surfaces selected by candidate are graded except SRTA manual says cand MAY scale all surfaces but only 12 selected surf will be evaluated (p. 66)	Limited Only 12 surfaces selected by candidate are graded except NERB manual says entire tooth MUST be scaled but there is no mechanism to grade anything except 12 surf (pgs. 27,28& 31)	Comprehensive All surfaces of teeth submitted must be treated as all surfaces are eligible for grading	Comprehensive All surfaces of teeth submitted must be treated as all surfaces are eligible for grading
Definition Post Teeth	Post= molars and premolars	Post= molars and premolars	Post= molars and premolars	Post= molars and premolars	Post= molars and premolars	Post= molars and premolars
Teeth Criteria	Any 6-10 teeth w/ no more than 3 anteriors	1 quad (min 6) or 2 quads	Any 6-8 teeth; 4 teeth must be posteriors	1 quad (no min) + up to 4 contiguous post teeth in another quad for 6-8 teeth total	1 quad (min 6) w/ at least one perm molar + up to 4 more post from one other quad	1 quad (min 6) + 4 teeth anywhere
*Subgingival Deposit Criteria	14 deposits picked by examiners	min13 max 24 deposits picked by examiners	12 deposits picked by candidate	12 deposits picked by candidate	12 deposits picked by examiners	12 deposits picked by examiners
*SRTA calculus on anterior teeth can be supra to qualify	3 molars 6 more post 5 anywhere	Mod to heavy sub calc must be present on more than half of the subging tooth surfaces and there must be some sub calc on every tooth	4 intrpr post 4 more post 4 anywhere	3 intrpr molars 2 intrpr post 3 post 4 anywhere Only one distal surface of a 2nd or 3rd terminal molar may be used as one of the three molar proximal surfaces	3 intrpr molars 2 intrpr post 7 anywhere * *calculus on anterior teeth can be supra to qualify	3 molars 5 more post or max ant 4 anywhere
Proximal Contact Criteria	None	None	All selected teeth must have at least one approx. tooth w/in 2mm	Selected post teeth must have at least one approx. tooth w/in 2mm	One molar must have a proximal contact w/ one other tooth (explorer will not pass freely)	In sub quad, one molar must have a prox contact w/ one other tooth (explorer will not pass freely)

Dental Hygiene Clinical Exams Analysis/Comparison as of July 2011

	CRDTS	California	CITA	NERB	SRTA	WREB
Pocket Depth Criteria	Strongly discourages multiple probing depths in excess of 6mm	Two molars + 1 more post tooth must have an interprox 4-6 mm pockets BUT only 2 surf may exceed 6 mm	None	Three pockets of 4 mm (+/- 1 mm) in teeth selected	None	No pockets >6mm
Instruments	Provided by CRDTS in 2012 -UNC Probe -11/12 ODU	Provided by candidate -Color coded Marquis 3mm -3A & 11/12	Provided by candidate -PCV12 HU-Fr PH6 ColorVue -11/12 ODU	Provided by candidate -123-5-7Probe -11/12 ODU	Provided by candidate -123-5-7 Probe -11/12 ODU	Provided by candidate -UNC Probe -11/12 ODU
Qualifying Calculus Definition	p. 28 CandMan Adj: distinct, jump, bump, binds, catches, ledges, spiny	p. 9 CandMan Adj: Demonstrable, moderate to heavy ledges	p.58 CandMan Adj: definite jump, bump, ledges, spiny	p.28 CandMan Adj: none Only says "explorer detectable"	p.29 CandMan p.41 CandMan Adj: distinct, jump, bump, heavy	p.5 CandMan Adj: Heavy, significant, binds, readily detected
Radiographs	BWs w/ 1 yr FMX w/ 3 yrs or Pano w/ 3 yrs PrintDigital No size specified Pano in lieu of BWs OK	4 BWs w/ 1 yr 18 FMX w/1 yr (which incl 4 BWs) PrintDigital No smaller than size 1 Ant and size 2 Post Pano advised w/ FMX	BWs w/ 6 mos FMX w/ 2 yrs PrintDigital BW's 4x6 on one page FMX on one page if possible, two pages max Panos not allowed	BWs w/ 1 yr FMX w/ 3 yrs PrintDigital No size specified Panos not allowed	BWs w/ 1 yr FMX w/ 3 yrs PrintDigital On one page as close to film size as possible Pano in addition to FMX if 3 rd molar in selection	BWs and PAs of selected teeth w/ 1 yr PrintDigital On no more than 2 pages Pano in addition to FMX if 3 rd molar in selection
Scoring	Calc Detection - TrtSub PenPts up to -14	Calc Detection - None	Calc Detection *If 4 or more of 12 surf denied at ck-in = Auto Fail and dismissal	Calc Detection - 12 surf @ 3 pts each =36 - If 4 or more of 12 surf denied at ck-in -3 pts/error & a 15 penalty applied & cand cannot pass	Initial case presentation Pwk crita met (all or none) = 5 Calc criteria in mouth met (all-or none) = 8 Calc Detection - 3 teeth rand assigned for 12 surf @ 1½ pts each = 18	Calc Detection - TrtSubPenPts up to -7

Dental Hygiene Clinical Exams Analysis/Comparison as of July 2011

Scoring cont.	CRDTS	California	CITA	NERB	SRTA	WREB
	<p>Calc Removal - 14 surf @ 4 pts each = 56</p>	<p>Calc Removal - 13-18 surf @ 6 pts each - 19-24 surf @ 5 pts each</p>	<p>Calc Removal - 12 surf @ 5 pts each = 60 *If 4 or more of 12 surf conf at ck-out = Auto Fail AND/OR *If any combo of 4 or more errors w/ detection and removal = Auto Fail</p>	<p>Calc Removal - 12 surf @ 3 pts each = 36 - If 4 or more of 12 surf conf at ck-in -3 pts/error & a 15 penalty applied & cand cannot pass</p>	<p>Calc Removal - 12 surf @ 4¼ each = 51</p>	<p>Calc Removal - 12 surf @ 6 pts each = 72</p> <p><i>Calc Removal and Tissue Trauma combined Max = 75</i></p> <p><i>Probe Depth and Recession combined Max = 25</i></p>
	<p>- If no other errors: Cand can miss 6 of 14 surf and still pass.</p>	<p>- If no other errors: Cand can miss ~ 5 surf and still pass.</p>	<p>- If no other errors: Cand can miss 3 of 12 surf and still pass.</p>	<p>- If no other errors: Cand can miss 4 of 12 surf and still pass.</p>	<p>- If no other errors: Cand can miss 4 of 12 surf and still pass.</p>	<p>- If no other errors: Cand can miss 4 of 12 surf and still pass.</p>
	<p>I/E Oral - 7 cat @ 2 pts each = 14</p>	<p>I/E Oral - None</p>	<p>I/E Oral - 5 cat @ 2 pts each = 10</p>	<p>I/E Oral - None (Comp) (HH Intra Oral no calibration, no criteria, no grading)</p>	<p>I/E Oral - None (Comp)</p>	<p>I/E Oral - None (Comp)</p>
	<p>Probing - 12 surf @ 1 pt each = 12</p>	<p>Probing - all teeth in sub 4 pts each</p>	<p>Probing - 24 surf @ ½ pt each = 12</p>	<p>Probing - 12 surf @ 1 ½ each = 18</p>	<p>Probing - 6 surf @ 2 pts each = 12</p>	<p>Probing - all teeth in sub quad 1¼ pts each up to max 22.5 pts</p>
						<p>Recession - all teeth in sub quad 2½ pts each up to max 25 pts</p>
	<p>Tissue Trauma - Any surf @ 2 pts each = 12</p>	<p>Tissue Trauma - Any surf @ 5 pts each</p>	<p>Tissue Trauma - Any surf @ 2 pts each = 12</p>	<p>Tissue Trauma - Any surf @ 1 pt each = 4</p>	<p>Tissue Trauma - Any surf @ 1 pts each = 3</p>	<p>Tissue Trauma - Any surf @ 6 pts each</p>
	<p>TiTr Critical Error = 4 or more ind errors OR 1 major per list of others</p>	<p>Gross Trauma - Assume it's critical fail</p>	<p>TiTr Critical Error = 4 or more ind errors OR 1 major laceration that req suture</p>	<p>TiTr Critical if 1 major per list under CritDef</p>	<p>TiTr Critical Error = 4 or more ind errors OR 1 major per list of others *p.33 ex chart</p>	<p>TiTr Critical Error = 5 or more ind errors</p>
	<p>Supra Removal - 6 rand teeth @ 1 pt each = 6</p>	<p>Supra Removal - calc only 3 pts each</p>	<p>Supra Removal - 12 surf @ ½ pt each = 6</p>	<p>Supra Removal - 6 rand teeth @ 1 pt each = 6</p>	<p>Supra Removal (Final Case Present) - all teeth @ 1 pt each = 3</p>	<p>Supra Removal - None but supra calc graded as scaling error</p>
	100 pts		100 pts	100 pts	100 pts	sorta 15 100 pts

Dental Hygiene Clinical Exams Analysis/Comparison as of July 2011

	CRDTS	California	CITA	NERB	SRTA	WREB
Time Penalties for Final Eval	-10 pts for 1-14 min late -99 for 15 min late	-99 pts for 1 min late	-99 pts for 1 min late	-99 pts for 1 min late	N/A – all stop at same time	1 pt for each min late
Clinical Intra/Extra Oral Assessment	Yes Descriptive 1. H/N 2. LN 3. TMJ 4. FOM 5. OM/AR/LP 6. Palate 7. Tongue	None	Yes Descriptive 1. H/N/LN 2. TMJ 3. OM/AR/LP 4. Tongue 5. FOM/Palate	None	None	None
Periodontal Pocket Depths Recorded	Yes -Assign 4 teeth -Eval 2 teeth - 1 pt/error AFTER scaled +/- 1mm error allowed	Yes -All teeth in sub evaluated (1to2quads) - 4 pts /error BEFORE scaled +/- 2mm error allowed	Yes -Assign 4 teeth -Eval 4 teeth - ½ pt/error AFTER scaled +/- 1mm error allowed	Yes -Assign 2 teeth -Eval 2 teeth - 1½ pts/error AFTER scaled +/- 1mm error allowed	Yes -Assign 2 teeth -Eval 3 surf on each tooth - 1 pt/error BEFORE scaling +/- 1mm error allowed	Yes -All teeth in sub quad evaluated - 1¼ pts/error up to 22.5 pts AFTER scaling +/- 1mm error allowed
Topical	<u>Yes</u> No Auth No Doc	? no mention	<u>Yes</u> No Auth Yes Doc	<u>Yes</u> Yes Auth Yes Doc	<u>Yes</u> No Auth No Doc	<u>Yes</u> No Auth No Doc
Oraqix	<u>Yes</u> Yes Auth Yes Doc	? no mention	<u>Yes</u> No Auth No Doc	<u>Yes</u> Yes Auth Yes Doc	<u>Yes</u> No Auth No Doc	<u>Yes</u> No Auth No Doc
Local Anesthesia	<u>Yes</u> Yes Auth Yes Doc - Anticipated and - Actual used	Yes ? no mention ? no mention - No bilateral mand blocks - Pts MUST be offered LA	<u>No</u>	<u>No</u>	<u>Yes</u> Yes Auth Yes Doc - Anticipated Only (Can be admin prior to ck-in)	<u>Yes</u> Yes Auth Yes Doc - Actual used only (Can be admin prior to ck-in)
Bisphos Policy	No IV Yes Oral	If currently taking, med clearance req	No IV Yes Oral	No IV No Oral	No IV w/in past 18 months Yes Oral	No IV Yes Oral
Blood Pressure Guidelines	OK > 159/94 MC = 160/95 to 179/109 NO < 180/110	<160s or 100d must have med clearance	OK > 159/94 MC = 160/95 to 179/109 NO < 180/110	OK > 159/94 MC = 160/95 to 179/109 NO < 180/110	NO<160s/100d	OK > 159/99 MC = 160/100 to 179/109 NO < 180/110
Minimum Patient Age	16 years	18 years	16 years 19 Alabama 21 Puerto Rico	18 years	18 years	18 years
Exam Fee	\$890	\$575	\$900	\$975	\$975	~\$875 base fee ~\$ 50computer

Dental Hygiene Clinical Exams Analysis/Comparison as of July 2011

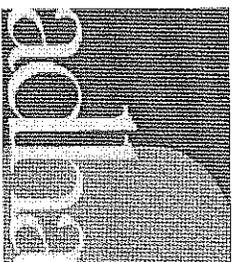
	CRDTS	California	CITA	NERB	SRTA	WREB
Radiograph wording	<p>- Although the candidate is not required to personally expose the radiographs, the candidate IS responsible for recognizing and submitting radiographs that are of diagnostic quality reflecting the current condition of the patient.</p> <p>- Radiographs must be of diagnostic quality</p> <p>- Radiographs of diagnostic quality demonstrate sufficient contrast and density to enable recognition of pathology and exhibit minimal overlap and distortion.</p> <p>Consequences: Can't start exam till good</p>	<p>- must be of diagnostic quality</p> <p>- must be properly mounted</p> <p>- must have apices of teeth submitted</p> <p>Consequences: Can't start exam till good</p>	<p>- BWs must extend 2 mm beyond distal of the second molar and have at least 2 mm of the crest of the alveolar bone for post teeth</p> <p>- must be of diagnostic quality</p> <p>- must demonstrate sufficient contrast to clearly reveal the extent of caries and other pathoses</p> <p>Consequences: 5 pt penalty</p>	<p>- must be of diagnostic quality</p> <p>- must demonstrate sufficient contrast to clearly demonstrate any pathoses</p> <p>- Initial submission of radiographs of poor quality will result in a request for a new radiograph at the site. (ie: no penalty)</p> <p>If a subsequent required retake radiograph is not of diagnostic quality there will be a point deduction. If a third radiograph is not of diagnostic quality, the examination is stopped.</p> <p>Consequences: - Acc 5 pt pen - Sub 15 pt pen - Def 30 pt pen</p>	<p>- Present diagnostic-quality radiographs or demonstrate recognition of films that are not of diagnostic quality</p> <p>- Rather than exposing patients to unnecessary retakes, SRTA provides an area on the Periodontal Charting/Radiograph Critique Form for candidates to self-evaluate any radiographs presented with the patient that are not of diagnostic quality. Candidates presenting radiographs that do not meet all standards for diagnostic quality will complete this form to demonstrate awareness of errors on the film(s). This form must be completed and presented with the patient during check-in. Use the information in (Standards for Diagnostic-Quality Radiographs) to describe errors. p.27</p> <p>Consequences: 5 pt penalty</p>	<p>- Each posterior tooth must be visible on both a bitewing and posterior periapical.</p> <p>- The density and contrast of the radiographs must be such that the anatomical structures may be diagnosed</p> <p>- The following must be visible for each tooth in the treatment submission:</p> <ol style="list-style-type: none"> 1. The full crown. 2. The DEJ. Open contacts (ability to see the DEJ) not visible in one film but visible in another film are acceptable. Examiners look in the patient's mouth to determine the inability to open a contact(s) due to malalignment of individual teeth. 3. The alveolar crestal bone. 4. The apex and bone circumscribing the entire root. <p>Consequences: 4 pt penalty</p>
Latex Pts	Yes	Yes	No	No	Yes	No
Other:	<p>Eval for both ck-in and final by 3 independ examiners.</p>	<p>p.11 "checked by at least 2 examiners"</p> <p>p.10 "measurements on probe sometimes vary"</p> <p>- candidate MUST have and bring their own dental</p>	<p>Not sure</p> <p>- ID badge must be worn on outside of gown and it is "bar coded"</p> <p>- very detailed requirements for interpreters</p>	<p>Eval for both ck-in and final by 3 independ examiners.</p>	<p>Not sure</p> <p>p. 29 Calc dete skill. 3 teeth assignd to explore for ANY calc, not just QualCalc pgs 30-32</p>	<p>Eval for ck-in at least 2 examiners and some calc found by 1 examiner OK and final by 3 independ examiners.</p> <p>- med clear req for pregnant pts regardless of no anes being used</p> <p>- no sharing of pts on premed same or subseq days 17</p>

Dental Hygiene Clinical Exams Analysis/Comparison as of July 2011

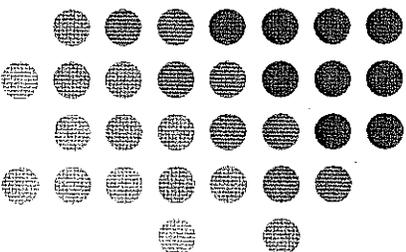
Other cont:	CRDTS	California	CITA	NERB	SRTA	WREB
		<p>assistant if using ultrasonic to assist w/ high speed evac</p> <p>- no mention of any penalty points</p> <p>- Pts w/ an INR above 3.0 may be rejected</p> <p>- Med clearance for preg pts and must include approval for topical, local and treatment</p>	<p>- p. 36 CITA will not accept a patient whose face, neck, temples and ears are not fully visible at all times.</p>		<p>p.31 - candidates found using previously recorded info results in auto fail ... BUT</p> <p>p.45 prior to exam perio chart must be completed</p> <p>p.36 Critical Fail for "major" infect control violations. Examples incl: - forms visibly contaminated with blood - use of non-sterile instruments - uncapped needles on bracket tray - and other violations that may pose risk for injury or exposure</p> <p>- cand have area to record comments to examiners</p> <p>- pts must be free of plaque, soft debris and food matter before ck-in</p>	<p>- interpreter allowed in grading area only if requested by an examiner</p> <p>- Cand Limitation of Liability Agree Form must be signed by cand to show they accept resp if an exposure occurs</p> <p>- Keeps pt radiographs</p> <p>- soft scale or calc softening agents are prohibited</p> <p>- instructs cand to perform perio measure after scaling</p> <p>- candidates must provide own Qual Pract for LA if they are not qualified to do it</p>

DENTAL HYGIENE CLINICAL EXAMINATIONS SUMMARY

March 2011



American
Dental
Hygienists'
Association



Regional and state clinical dental hygiene examinations are administered to evaluate the clinical competency of candidates for dental hygiene licensure. Clinical examinations provide a reliable third party assessment of candidates' clinical skills and are used by state dental boards in making valid licensing decisions.

All exams consist of skill-specific patient treatment in a clinical setting. Additionally, some exams include a written or electronic patient-based component. Clinical licensure exams are administered at various times throughout the year at various host institutions.

This document was created by the American Dental Hygienists' Association (ADHA) to assist candidates for dental hygiene licensure by providing a general overview of regional and state clinical examinations required for licensure for the practice of dental hygiene.

Included in this Dental Hygiene Clinical Examination Summary are the regional testing agencies known as

- *Council of Interstate Testing Agencies (CITA),*
- *Central Regional Dental Testing Service (CRDTS),*
- *North East Regional Board of Dental Examiners (NERB),*
- *Southern Regional Testing Agency (SRTA) and*
- *Western Regional Examining Board (WREB)*

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

Clinical Exams Accepted for Initial State Licensure

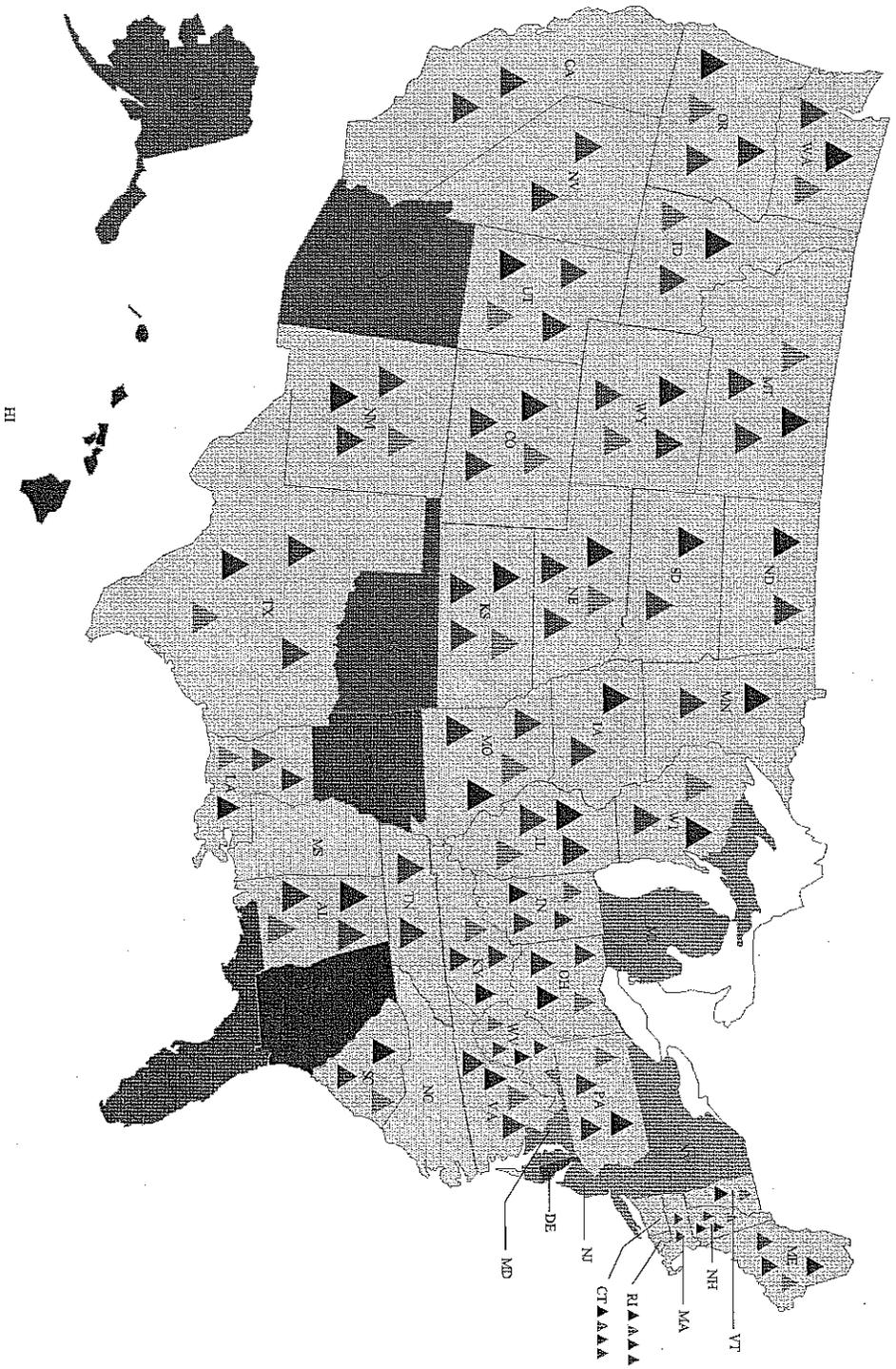
<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
Alabama Colorado District of Columbia Kansas Kentucky Louisiana Maine Massachusetts Mississippi Missouri Montana Nebraska New Hampshire North Carolina North Dakota Oregon Pennsylvania Texas Virginia West Virginia Wyoming	Alabama Colorado Connecticut District of Columbia Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Missouri Montana Nebraska New Hampshire New Mexico New York North Dakota Ohio Oregon Pennsylvania Rhode Island South Carolina South Dakota Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	Alabama Colorado Connecticut District of Columbia Idaho Illinois Indiana Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Missouri Montana New Hampshire New Jersey New Mexico New York Ohio Oregon Pennsylvania Rhode Island South Carolina Texas Utah Vermont Virginia Washington West Virginia Wisconsin Wyoming	Alabama Arkansas Colorado Connecticut District of Columbia Illinois Indiana Kansas Kentucky Louisiana Maine Massachusetts Missouri Montana New Hampshire New Mexico Ohio Oregon Pennsylvania Rhode Island South Carolina Tennessee Texas Utah Virginia West Virginia Wyoming	Alabama Alaska Arizona California Colorado Connecticut Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Massachusetts (FL, NV) Minnesota Missouri Montana (accepts NV, CA) Nebraska Nevada (independent) New Hampshire New Mexico North Dakota Ohio Oklahoma Oregon (CA, FL, NV) Pennsylvania Rhode Island South Dakota Tennessee Texas Utah Virginia Washington West Virginia Wisconsin Wyoming
<u>Independent</u>				
California Delaware Florida Nevada				

ADHA defines *Initial Licensure* as state licensure sought immediately following graduation from an accredited dental hygiene program.

Please note that recognizing jurisdictions and licensing requirements are subject to change. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.



Clinical Examinations Accepted for Initial Licensure



-  CITA
-  CRDITS
-  NERB
-  SRTA
-  WREB
-  Independent Testing Agency
-  Multiple Testing Agencies
-  Accepts CITA, CRDITS, NERB, SRTA
-  D.C.

Please note that recognizing jurisdictions and licensing requirements are subject to change. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.

** Information is based upon individual calls to the respective State Boards of Dentistry.*



ADHA defines Initial Licensure as state licensure sought immediately following graduation from an accredited dental hygiene program.

Date: February 7, 2011

Exam Schedules

CITA

www.ctiaexam.com/

CRDTS

<https://www.crdts.org>

NERB

<http://www.neb.org>

SRTA

<http://www.srta.org>

WREB

<http://www.wreb.org>

\$900.00
plus site fees dependent
on host institution

\$890.00
plus site fees dependent
on host institution

\$975 - both exams
(Clinical AND Electronic)
\$525 - one exam
(Clinical OR Electronic)
\$130 - Local Anesthesia
exam
\$125 - Nitrous Oxide
exam

\$975.00 for both exams.
\$875.00 for Clinical
\$100.00 for Electronic
plus site fees dependent
on host institution

\$960.00 - \$1,200.00
Clinical exam
\$270.00 - \$325.00
Local Anesthesia exam
Computer exam -
\$55.00
\$475.00 - \$530.00
Restorative exam
plus site fees dependent
on host institution

\$900.00
plus site fees dependent
on host institution

\$890.00
plus site fees dependent
on host institution

\$975 - both exams.
(Clinical AND Electronic)
\$525 - one exam
(Clinical OR Electronic)
\$130 - Local Anesthesia
exam
\$125 - Nitrous Oxide
exam

\$975.00 for both exams.
\$875.00 for Clinical
\$100.00 for Electronic
plus site fees dependent
on host institution

\$960.00 - \$1,200.00
Clinical exam
\$270.00 - \$325.00
Local Anesthesia exam
\$475.00 - \$530.00
Restorative exam
plus site fees dependent
on host institution

Retest Fees

Fees

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Liability Insurance

CITA
 Professional liability insurance coverage included in exam fee.

CRDTS
 Professional liability insurance coverage included in application fee.

NERB
 Professional liability insurance coverage included in exam fee.

SRTA
 Candidates may apply for coverage with exam application at no additional charge. Candidate may also secure personal coverage at his/her expense.

WREB
 Professional liability insurance coverage included in exam fee. Also required for administration of local anesthetic; included in exam fee.

Proof of graduation from a Commission on Dental Accreditation (CODA) OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program OR Letter of Certification from program director verifying candidate is sufficiently clinically competent, in good standing, and anticipated to fulfill school requirements for graduation prior to or within 45 days after the date of the CITA exam.

Proof of graduation from an accredited dental hygiene program OR Letter of Certification completed by program director verifying anticipated graduation date within 60 days of examination Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic.

Proof of graduation from a Commission on Dental Accreditation (CODA) accredited OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program OR Written certification from program director of CODA or CDAC accredited program verifying candidate's expected graduation within 45 days of scheduled clinical exam Copy of current Basic Life Support (BLS) certification.

Copy of candidate's diploma from a Commission on Dental Accreditation (CODA) accredited dental hygiene program OR Letter from program director, dean or school stating candidate is academically in good standing and allowing candidate to sit for exam.

Verification of successful completion of a degree program (for dental hygiene exam) or course (for anesthesia and restorative exams) from an accredited dental hygiene program OR Certification of enrollment in final semester from the school dean or dental hygiene program director.

Application Requirements

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.



Patient Treatment Selection Requirements

CITA

- Candidate must select 6-8 teeth upon which the candidate will designate twelve (12) surfaces of explorer-detectable subgingival calculus for removal
- Four of the teeth and at least 8 surfaces must be in posterior teeth, four of these posterior surfaces must be interproximal
- Selected teeth must have at least one approximating tooth within a 2mm distance

CRDTS

- Candidate must select 6-10 teeth, including no more than 3 anteriors, with at least 14 surfaces of qualifying subgingival calculus.
 - Of the 14 qualifying surfaces, at least 9 must be on posterior teeth, and of those, at least 3 surfaces must be on molars.
- Prohibited treatment selections (if in the areas of selected treatment):**
- Grade III or IV furcations
 - Grade III mobility
 - Class IV periodontal disease
 - Ortho brackets or bonded retainers
 - Implants
 - Partially erupted 3rd molars
 - Retained deciduous teeth

NERB

- Candidate must select 6-10 permanent teeth with 12 surfaces of subgingival calculus.
- Of the 12 surfaces, 8 must be on posteriors
- 5 must be interproximal surfaces
- Three of these interproximal surfaces must be on molars.
- All posterior teeth must have at least one approximating posterior tooth within 2mm distance.
- Selection must include three pockets of 4mm or greater, each on a different tooth.

SRTA

- Candidate must select one full quadrant and up to 4 additional teeth with a minimum of 12 surfaces of qualifying subgingival calculus.
- The selected quadrant must contain at least 6 natural teeth; at least one tooth in the quadrant must be a permanent molar with at least 1 proximal contact.
- Of the 12 surfaces, a maximum of 6 can be on anterior teeth; a minimum of 5 on proximal posteriors and a minimum of 3 must be on molars.
- Candidates are encouraged to avoid choosing teeth with excessive decay.

WREB

- Candidate must select one full quadrant and up to 4 additional teeth, including 1 molar with a proximal contact and at least 6 natural teeth.
 - Selection must include a minimum of 12 surfaces of qualifying subgingival calculus.
 - At least 3 of the 12 surfaces must be on molars, no more than 4 of the 12 may be on anteriors.
- Prohibited treatment selections (if in the areas of selected treatment):**
- Probing depths >6mm
 - Class III furcations
 - Class III mobility
 - Ortho bands
 - Overhanging margins; temp. or faulty subgingival restorations
 - Gross caries

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.



Radiographic Component

CITA

Complete Mouth Series (exposed within 2 years) with horizontal or vertical bitewings (exposed within 6 months) reflecting current clinical conditions

Radiographs of poor diagnostic quality result in point deductions and could affect patient acceptability.

CRDTS

Complete Mouth Series (exposed within 3 years) with horizontal or vertical bitewings (exposed within 1 year)

OR
A panoramic radiograph (exposed within 3 years) and horizontal or vertical bitewings (exposed within 1 year)

Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability.

NERB *

Complete Mouth Series (exposed within 3 years) including bitewings (exposed within 1 year).

Radiographs are non-graded; however radiographs of poor diagnostic quality will result in point deduction or discontinuation of exam.

SRTA

Complete Mouth Series (exposed within 3 years) with horizontal or vertical bitewings (exposed within 1 year).

Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability.

WREB

Horizontal or vertical bite-wings with anterior and posterior periapicals that include all teeth in treatment submission.

Radiographs taken within 12 months; not necessarily exposed by candidate.

Radiographs that do not meet Evaluation Criteria listed in Candidate's Guide are assessed a four-point penalty.

Proof of candidate's successful completion of the Dental Hygiene National Board Examination administered by the Joint Commission on National Dental Examinations (JC/NDE) is required.

No computer-based exam included.

100 multiple-choice simulated patient questions - 2 hrs in length.

Taken at Prometric Testing Centers by appointment.

Multiple-choice questions – 60 minutes in length.

Electronic examination taken at the same site on the same day as the clinical exam.

Case-based exam containing multiple choice, multiple response and development of a care plan – 90 minutes in length.

Taken at Pearson VUE Centers prior to clinical exam.

Computer Component

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.



Administration of Local Anesthesia

<u>CITA</u>	<u>CRDTS</u>	<u>NERB *</u>	<u>SRTA</u>	<u>WREB</u>
<p>Local anesthetic administration is not permitted.</p> <p>Topical anesthetic administration only.</p>	<p>Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required.</p> <p>Qualified practitioner may administer local in lieu of candidate.</p> <p>A subgingival anesthetic gel may be used.</p> <p>Not evaluated as part of the exam.</p>	<p>Injectable local anesthetic is not permitted.</p> <p>Topical anesthetic administration only.</p>	<p>Admission of local anesthetic by candidates who have successfully completed a course on local anesthesia from a CODA accredited program is permitted.</p> <p>Qualified practitioner may administer local in lieu of candidate who is not qualified to administer.</p>	<p>Administration of local anesthetic by candidate is permitted.</p> <p>Successful completion of <i>WREB Written and Clinical Local Anesthesia</i> examination required prior to the clinical exam.</p> <p>Qualified practitioner may administer local in lieu of candidate.</p>

* Currently, NERB is the only agency that administers the American Dental Hygiene Licensing Examination (ADLEX), the dental hygiene examination approved by the American Board of Dental Examiners, Inc (ADEX). ADEX is a private not-for-profit consortium of state and regional dental boards throughout the United States and its territories, whose mission is to provide the dental community with test construction and administration standardization for national uniform dental and dental hygiene licensure examinations.

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.



Exam Scoring

CITA	CRDTS	NERB	SRTA	WREB
<p>Score of 75% or higher on each required to pass.</p> <p>Dental Hygiene National Board Exam AND</p> <p>CITA Clinical Exam:</p> <ul style="list-style-type: none"> • Extra/Intraoral Evaluation 10 pts • Perio probing 12 pts • Scaling 60 pts • Plaque/Stain removal 6 pts • Tissue management 12 pts <p>Total -- 100 pts</p> <p>Penalty pts may be assessed for:</p> <ul style="list-style-type: none"> • Treatment Selections that do not meet the described criteria • Infection control infractions • Patient management and treatment infractions 	<p>Score of 75% or higher required to pass:</p> <p>Patient-Based Exam:</p> <ul style="list-style-type: none"> • Extra/Intraoral assessment 14 pts • Perio Probing 12 pts • Subgingival Calculus removal 56 pts • Supragingival Deposit removal 6 pts • Tissue Management 12 pts <p>Total -- 100 pts</p> <p>Penalty pts may be assessed for:</p> <ul style="list-style-type: none"> • Treatment Selections that do not meet the described criteria • Violation of standards as defined in Candidates Guide <p>A Critical Error of <i>tissue trauma</i> will result in failure of the exam.</p>	<p>Score of 75% or higher on each required to pass:</p> <p>Computer Simulated Clinical Examination AND</p> <p>Patient Treatment Clinical Examination:</p> <ul style="list-style-type: none"> • Calculus detection 36 pts • Calculus Removal 36 pts • Pocket depth measurement 18 pts • Plaque/stain/supra removal 6 pts • Hard and Soft Tissue Management 4 pts <p>Total -- 100 pts</p> <p>Penalty point deductions are cumulative and may be assessed for violations of standards and behaviors as defined in Candidate's Manual.</p>	<p>Score of 75% or higher on each required to pass:</p> <p>Electronic Examination AND</p> <p>Clinical Examination:</p> <p>Includes judgment and clinical skills</p> <ul style="list-style-type: none"> • Case Presentation & Requirements 13 pts • Calculus Detection 18 pts • Calculus Removal 51 pts • Minor tissue trauma 3 pts • Periodontal Assessment 12 pts • Final Case Presentation 3 pts <p>Total -- 100 pts</p> <p>Extrinsic stains and plaque are NOT evaluated.</p> <p>Major tissue trauma or a major infection control violation will result in loss of all points.</p>	<p>Score of 75% or higher required to pass:</p> <p>Clinical Examination:</p> <ul style="list-style-type: none"> • Probing depths/Recession 15 pts • Extra/Intraoral exam 10 pts • Calculus Removal/Tissue trauma 75 pts <p>Total -- 100 pts</p> <p>Points may be deducted for:</p> <ul style="list-style-type: none"> • X-ray penalty • 1st patient unacceptable • 2nd patient unacceptable <p>No acceptable patient submitted will result in failure of the exam.</p> <p>Penalties may be assessed for late patient check-in or check-out.</p>

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.



Contact Information

CITA

1003 High House Road
Suite 101
Cary, NC 27513

Phone:
(919) 460-7750

Fax:
(919) 460-7715

Email:
info@citaexam.com

Website:
www.citaexam.com

CRDTS

1725 SW Gage Blvd.
Topeka, KS 66604

Phone:
(785) 273-0380

Fax:
(785) 273-5015

Email:
info@crdts.org

Website:
www.crdts.org

NERB

8484 Georgia Avenue
Suite 900
Silver Spring, MD 20910

Phone Number:
(301) 563-3300

Fax Number:
(301) 563-3307

Website:
www.nerb.org

All inquiries/comments
must be submitted in
writing to the NERB
Central Office

SRTA

4698 Honeygrove Rd.
Suite 2
Virginia Beach, VA 23455

Phone:
(757) 318-9082

Fax:
(757) 318-9085

Email:
help@srtta.org

Website:
www.srtta.org

WREB

23460 North 19th Ave.
Suite 210
Phoenix, AZ 85027

Phone:
(602) 944-3315

Fax:
(602) 371-8131

Email:
generalinfo@wreb.org

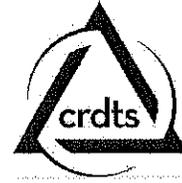
Website:
www.wreb.org

Information compiled by:

The American Dental Hygienists' Association, Division of Education
444 North Michigan Avenue, Suite 3400
Chicago, IL 60611
312-440-8930
education@adha.net



September 26, 2011



TO: Katie Christianson
WI Department of Safety and Professional Services
Office of Examination
PO Box 8935 Madison WI 53708-8935
Phone (608) 267-3280
katie.christianson@wi.gov

FROM: Kim Laudenslager
CRDTS Director of Hygiene Examinations
Phone (303) 909-1003
Kim@CRDTS.org

RE: State Dental Board of Wisconsin questions regarding the regional exams for dental hygienists
Responses from CRDTS (Central Regional Dental Testing Service, Inc.)

1. Do you have an extra/intra oral exam?
 - a. If no, why not?

Yes, CRDTS does require candidates to perform a clinical oral assessment procedure on their patient. The importance of this skill being tested clinically is reinforced by (1) a 2005 national occupational analysis in which the extra/intra oral exam (oral assessment) has one of the highest ratings for oral & life criticality; (2) Standard #1 of the ADHA Standards for Clinical Dental Hygiene Practice (Page 6); and (3) the opinions of CRDTS psychometricians and measurement specialists, Dr. John Littlefield and Dr. Thomas Haladyna that this "skill set" is a very important part of our exam.

2. How do you palpate lymph nodes on a computer exam? How do you palpate anything?

CRDTS agrees that the skills and manual technique required for a clinical oral assessment cannot yet be tested with a 3D simulated and/or 2D computer exam. CRDTS also believes that while National Boards (as developed and administered by the ADA's Joint Commission on Dental Examinations) does an excellent job of testing the didactic knowledge-based skills required for an oral assessment, it lacks the clinical fidelity required of such an important skill set. At best, a computer exam can test a candidate's *knowledge* of the anatomical features and sequence of observations in the conduct of an extra/intra oral exam, and it is an excellent vehicle for testing oral pathology. But it does not test the manual skills of palpation, observation or documentation of a patient's baseline conditions. Therefore, CRDTS continues to require a clinical extra/intra oral assessment as part of our exam.

3. Do your candidates have to travel to take that computer exam?

Not applicable. CRDTS does not have a computer portion to our exam. The hygiene exam is a one-part clinical exam only.

4. Are they required to take a national computer exam before your regional exam?

No. CRDTS believes that the National Board examination is a sufficient sample of the knowledge base necessary for the practice of dental hygiene. As a clinical testing agency, we do not require candidates to report their National Board scores to CRDTS prior to taking our exam. That said, all CRDTS Member States require applicants to pass National Board exams prior to obtaining licensure in their state.

5. Do you allow your candidates to resubmit if their patient does not qualify?

- a. When and how do you tell them they don't qualify? (for instance by mail after the exam)
- b. Do they continue to take test not knowing if their patient qualifies?

Yes, candidates are allowed to resubmit the same and/or a new patient if their initial treatment selection is deemed unacceptable. Candidates are allowed to submit an initial submission plus three additional submissions for a total of four treatment submissions.

Each treatment submission is evaluated by three independent examiners and candidates are told immediately after each submission if their treatment selection does or does not qualify (ie: meet the CRDTS patient exam acceptability criteria). If, after four submissions, the candidate still does not have an acceptable treatment selection, they fail the exam and are immediately dismissed and not allowed to continue with the exam.

A time limit is imposed for resubmissions, and a penalty is assessed for the first two unacceptable treatment selections. CRDTS' psychometricians and measurement specialists tell us that these penalties are an important part of testing this skill set (ie: calculus detection).

6. Do you have a hygiene Examination and Review Committee?

- a. If yes, does each state board have one member on that committee?

Yes, CRDTS has a very active Dental Hygiene Examination Review Committee (DHERC). The DHERC membership consists of the chair (non-voting except in a tie), one representative from each CRDTS Member State (currently 17) and one dental hygiene faculty member from one of the member states. In addition, consultants may be appointed by the DHERC Chair, as needed.

7. Do you allow your candidates to use local anesthetic or just topical on their patients?

- a. If you do use local anesthetics,
 - i. Do they just try out local anesthetic at one site and not another?
 - ii. How do you justify legally allowing students to use local anesthetic at one site and not another?
 - iii. How can you allow that and not set yourself for litigation problems when one test site has patients anesthetized and others not? "But I failed because my patient wasn't numb!" NOT calibrated exam then.

CRDTS has allowed the use of both topical and injectable (block and infiltration) local anesthetics in the hygiene exam at ALL exam sites for ALL candidates for the past 24 years (since 1988). In addition, CRDTS has allowed the use of non-injectable subgingival anesthetics (ex: Oraqix) and anesthetic patches for at least the past 10 years.

In states that allow hygienists to administer local anesthesia, CRDTS allows candidates who have provided proof of training to do it themselves. In states that do not allow hygienists to administer local anesthesia, the testing site provides a dentist(s) to administer the local anesthesia for those candidates who request it. In all cases it is ultimately the candidate's decision to use or not use an anesthetic on their patient so there is no disparity from one exam to the next with regard to protocol or policy on this issue. In other words, all candidates have equal access to pain control as they deem appropriate for their patient.

WREB Response

Ms. Christianson,

Thank you for your email and your boards interest in WREB's Dental Hygiene examination. Please be aware that our website, www.wreb.org has a plethora of information and most questions can be answered by visiting the website and/or reviewing the Dental Hygiene Candidate and Policy Guides which can also be found online.

Below are the answers to your questions:

1. Do you have an extra/intra oral exam?
 - a. If no, why not?

Yes, in 2011 this portion of WREB's clinical exam was moved to our Process of Care computer based exam. The extra/intra oral video demonstrates a clinician performing aspects of an extra/intra oral examination. The video tests items pertaining to the accuracy or inaccuracy of the examination being performed. WREB recognizes that there are variations in the technique for extra and intraoral examination. For this exam, WREB has referenced Wilkins, E. M. (2009) *Clinical Practice of the Dental Hygienist* (10th ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.

2. How do you palpate lymph nodes on a computer exam? How do you palpate anything?

There are seven (7) videos that show the process of the extra and intraoral examination some of which inquire as to whether the clinician is palpating correctly or incorrectly.

Types of palpation include:

Digital: Use of the single finger.

Bidigital: Use of finger and thumb of the same hand.

Bimanual: Use of the finger or fingers and thumb from each hand applied simultaneously in coordination.

Bilateral: The two hands are used at the same time to examine corresponding structures on opposite sides of the body.

3. Do your candidates have to travel to take that computer exam?

WREB's Process of Care computer based examination is held at Pearson VUE testing centers, generally located within 30 miles of a hygiene school.

4. Are they required to take a national computer exam before your regional exam?

If you are asking whether candidates need to take the National Board exam prior to taking the WREB exam, the answer is no. Candidates are not required to have passed that exam prior to sitting for our exam, they are however required to pass it prior to applying for licensure in any state. No computer exams other than the WREB Process of Care exam are required.

5. Do you allow your candidates to resubmit if their patient does not qualify?
 - a. When and how do you tell them they don't qualify? (for instance by mail after the exam)
 - b. Do they continue to take test not knowing if their patient qualifies?

Yes, candidates are allowed a maximum of three (3) patient submissions. Subsequent submissions may be the same patient with additional teeth or a different quadrant or a new patient.

Immediately. If a candidate's submission is rejected, the examiners will ask for a Chief Examiner. The Chief will escort their patient back to the clinic and review with the candidate the reason why their patient was rejected. The candidate will receive an Instruction to Candidate form. If the backup patient is accepted the candidate may continue the examination.

No. Candidates do not continue with the exam if they do not submit a qualifying patient. If no patient is submitted who meets the examination requirements, the candidate fails the exam.

6. Do you have a hygiene Examination and Review Committee?
- a. If yes, does each state board have one member on that committee?

Yes, the Hygiene Exam Review Board (HERB) has representation from all WREB active member states which develops and approves the examinations based on input from the subject committees.

7. Do you allow your candidates to use local anesthetic or just topical on their patients?
- a. If you do use local anesthetics,
 - i. Do they just try out local anesthetic at one site and not another?
 - ii. How do you justify legally allowing students to use local anesthetic at one site and not another?
 - iii. How can you allow that and not set yourself for litigation problems when one test site has patients anesthetized and others not? "But I failed because my patient wasn't numb!" NOT calibrated exam then.

Yes. Pages 2-3 of the Candidate Guide details the requirements and qualifications necessary for a candidate and/or a licensed practitioner to administer local anesthetic to a WREB board patient.

All sites allow the use of local anesthetic. If a candidate has passed the WREB written and clinical anesthesia exam or if licensed/certified to administer anesthesia in the state where the exam is administered, they may administer local anesthetic to their patient. The Chief Examiner must first confirm that they have the proper credentials.

The policy is the same at all sites.

All sites allow local anesthetics to be administered. If the candidate is not qualified to do so, they must have a practitioner (dental hygienist or dentist) who is licensed/certified in that state administer the local anesthetic for them, after the Chief Examiner has approved their credentials.

Please feel free to contact me if you have further questions or concerns.

Respectfully,

Robin Krych
WREB Dental Hygiene Manager

October 4, 2011

Katie Christianson
Wisconsin Department of Safety and Professional Services
Office of Examination
PO Box 8935
Madison, WI 53708

Dear Ms. Christianson;

Thank you for the opportunity to answer your questions about the ADEX Dental Hygiene Licensing Examination administered by the Nevada State Board of Dental Examiners, Florida, and the NERB. Wisconsin is a state dental board member of the NERB as well as a member of ADEX; as such your representatives shape the examination and administrative procedures and we value your input. The letter summarizes our responses to the questions raised in your email to Ellis Hall on September 21, 2011. Please contact us at any time with any further questions. We would also be happy to attend a meeting with the Wisconsin Dental Board.

1. Do you have an extra/intra oral exam?

Yes. In fact to our knowledge, the ADEX Dental Hygiene Licensing Examination administered by the NERB, Florida and Nevada is the only dental hygiene licensing examination we know of that comprehensively examines the dental hygienists knowledge, judgment, and clinical skills; including very important area of the recognition of potentially pathologic conditions which would require further evaluation and potential referral. Specifically the clinical performance portion of the examination requires the candidate to record any significant extra/intra oral findings on the 2nd page of the medical history, which is evaluated during the Case Acceptance and Pretreatment Grading Evaluation section. However, very few patients presented during the examination process in almost any examination have pathology and therefore a candidate may not be tested on their ability to recognize a pathologic condition. However, only a tiny fraction of the patients have serious pathology that requires treatment. For example, it is very unusual for a patient to have symptoms of cancer. hence, limiting the assessment to just the patient's candidates bring to the test site is not an adequate way to measure a candidate's ability to identify such conditions.

A principle of testing requires that an examination actually evaluates every candidate with a critical mass of both positive and negative before a decision can be made on competence and ability. The ADEX examination is the only dental hygiene licensing examination that includes a comprehensive computerized examination on the application of clinical knowledge and judgment to clinical practice. The examination blueprint includes questions on both technique and recognition of potential pathologic conditions and all candidates challenging the ADEX Dental Hygiene Licensing examination are subjected to this evaluation.

The ADEX examination is structured to include this very important examination technique and it is important to point out that Physicians, General Pathologists, Oral Pathologists, Oral and Maxillofacial Surgeons, Dentists, Oncologists, and indeed all other health-care professionals involved in the treatment of pathology are exclusively tested through computerized and didactic examinations as this is the only accepted modality for an even playing field and thorough evaluation.

2. How do you palpate lymph nodes on a computer examination? How do you palpate anything?

The "hands on" clinical head and neck examination is performed during the patient base portion of the examination. In keeping with sound and fair measurement principles, the patient-based portion of the examination is done by necessity anonymously. Because of this required psychometric protocol, the candidate is not observed in any examination process performing the palpation; in fact, because most patients present with no pathology at all there is no real assurance the candidate ever actually performed a lymph node examination. For instance, because almost no patients present with pathology, it is highly unlikely that a candidate will bring a patient to the test site with an enlarged lymph node. This is one of the reasons a comprehensive computerized examination is required on the ADEX Dental Hygiene examination. We have attached a White Paper written by four nationally recognized psychometricians on this issue.

Given these considerations, the CSCE contained several questions regarding intraoral pathology that a candidate might encounter in a practice setting. There are several reasons for doing this. First as noted earlier very few patients have any of the conditions candidates need to be able to check and identify. This is especially so for the patient's candidates bring to the testing site. Second, the only way to test whether a candidate can detect and identify condition is to have those conditions present; i.e., available to be detected.

Third, the oral health section is not standardized because one candidate might bring a patient to the examination site who has no conditions to detect (which is most typical) or a condition that is harder to detect than one in another candidate's patient. Forth, because candidates bring their own patients to the test site, there is no way to prevent them from having those patients prescreened by someone else. Thus if a candidate's patient has one of the conditions, there is no way of knowing whether the candidate or someone else detected it.

In short, limiting the assessment of a candidate's ability to detect and identify oral abnormalities to one uncontrolled non-standardized and most likely non-representative observations is highly unlikely to provide a reliable and valid measure of a candidate's ability in this area. In contrast, including questions about extra and intra-oral conditions on the CSCE examination, such as oral pathological lesions, the physical findings are standardized across all candidates and the candidates themselves must answer the questions. This method provides a controlled, standardized and representative valuation of the candidate's knowledge regarding a number of different conditions.

To put the considerations above in perspective, an analysis of previous exams found that over 99.9% of the candidates would pass the extra/intra oral examination portion of an oral health exam without ever looking in a patient's mouth simply by saying there were no abnormalities.

3. Do your candidates have to travel to take that computer exam?

The ADEX computerized examinations are delivered in the same format as the National Board in Dental Hygiene, National Board in Dentistry, the United States Medical Licensing Examination Series, and all dental and medical specialty certifying and recertification examinations. This Practice is consistent with the important psychometric principal that examination be delivered to all candidates under the same conditions in a secure facility. This also enhances candidate flexibility as they make an appointment to take the examination at their own convenience and schedule. As with all fully secure computer-based examinations, candidates need to travel to the testing center where the examination is offered and proctored. The CSCE examination is offered through the Prometric testing system (the same venue as the national boards), the largest such company in the US and Canada with the most number of testing centers. The travel distance for the average candidate to a Prometric Testing Center is generally less than with any other computer testing company.

4. Are they required to take a national computer exam before you regional examination?

We don't require candidates to take a national computer examination, such as the National Board Examination, before taking our regional examination. The requirement to take the National Board and when they must be taken is determined by the state dental board in the state where the candidate is applying for licensure. The National Boards test a separate skill set and therefore is scheduled independently and may be taken either before or after the examination given by NERB as required by the individual state in which they are seeking licensure.

5. Do you allow your candidates to resubmit if their patient does not qualify?

- a. **When and how do you tell them they don't qualify? (for instance by mail after the exam)**
- b. **Do they continue to take the test not knowing if their patient qualifies?**

Candidates may change their minds and decide to submit a different patient selection up until the patient is sent in for to the Clinic Floor Examiner for Case Selection Evaluation. After that they may not submit another patient. As Case Selection is a critical part of the examination – including the ability to detect calculus in the first place – a failure at this point means that the candidate has made a critical error. If this occurs they have failed the examination and submitting another patient would be inappropriate. The thought process is that detection of calculus in the first place and correct evaluations of the other Case Selection Criteria is at least as important to overall patient care as successful debridement, polishing or accurate pocket depth determination. In other words, a vital skill for any health-care provider is to first determine whether a treatment is required and appropriate for a patient prior to delivery of that treatment.

As the examiners independently evaluate the patient, no one examiner at the exam site knows if there has been a confirmed critical Case Acceptance deficiency and as there is generally no harm to the patient in continuing the examination or not notifying the candidates or the patient at that time. (If a critical error is found in the medical history or blood pressure, then the examination is stopped to protect the patient.) In addition, the candidate benefits in completing the examination, even if they have already failed due to a critical error on Case Acceptance. On any retake, the candidate will have the experience of having previously taken the full examination.

Terminating the examination for other than a potential harm to the patient can be disruptive to the other candidates taking the examination in proximity to the affected candidate placing their success in jeopardy and potentially creating an uneven examination environment for those candidates. In addition, not terminating the examination protects the candidate from a potential process error and preserves the candidates due process and right of appeal.

If a candidate has failed due to Case Acceptance they are notified in the critique they receive in the mail or by email following the examination.

Failure notification in most examination processes in dental hygiene occurs by notifying the candidates when results are released. This is not different that a candidate who might fail the calculus removal portion of any examination, they are not notified at the examination site that does not happen until the results are released.

6. Do you have a hygiene Examination and Review Committee?

If yes, does each state board have one member on that committee

ADEX Dental Hygiene Examination Committees are composed of 22 dental hygienists from around the country. There are 2 committees whose representatives are chosen by specific process appropriate for their focus. The ADEX Dental Hygiene Examination Committee is composed of a dental hygienist from each ADEX district chosen by the state dental boards in that district as well as a Dental Hygiene Educator, a dentist, and a state dental board Public Member. The ADEX district in which Wisconsin is a member is fortunate to have Nan Dreeves, RDH from Wisconsin as its examination committee representative.

The ADEX computerized examination CSCE committee has 11 dental hygienists chosen for their specific content expertise and recognized national ability. The committee includes several dental hygienists who have authored nationally recognized textbooks almost universally used in dental hygiene accredited educational programs.

The ADEX Dental Examination Committee has 36 member dentists who work on the four patient-based clinical sections. ADEX actually includes more dental hygiene representation per clinical section than the dental representation.

ADEX is a national examination development organization. It is governed by the member state dental boards; with the aspiration that all state dental boards in the United States will become members. Therefore, a representative process for participation the examination committees had to be implemented. As you may be able to appreciate, if all state dental board become members, it would be very unwieldy for 53 dental hygienists to serve on a single committee formulating the examination.

7. Do you allow your candidates to use local anesthesia or just topical on their patients?

a. If you do allow use local anesthetics,

- 1. Do they just try out local anesthesia at one site and not another?**
- 2. How do you justify legally allowing students to use local anesthetics at one site and not another?**
- 3. How can you allow that and not set yourself up for litigation problems when one test site has patient is anesthetized and others are not? "But I failed because my patient wasn't numb!" NOT a calibrated exam then.**

State dental boards within the NERB region determine the appropriateness and under what situations their licensees, including dental hygienists, can perform certain procedures such as injectable local anesthesia. There was no enabling legislation authorizing injectable local anesthesia in almost 30% of NERB states until 2010. (The appropriate regulations authorized by statute have not been put in place in 2 states even now) although the ADEX examination for dental hygiene licensure has allowed local anesthesia since 2005, many NERB states do not allow this procedure to be done. NERB appropriately respected the states authority to regulate the practice of its licensed health-care professionals. Now that all states within the NERB region have adopted statutory authority for the boards to promulgate their regulations the NERB is in the process of implementing injectable local anesthesia as an option for dental hygiene licensure candidates during the 2012 examination process.

It is important to note that although the candidates are given this option and are not required to utilize injectable local anesthesia in any examination process, dental or dental hygiene. Thus, there will be by necessity variability within the dental hygiene examination based on the candidates option on whether or not to utilize injectable local anesthesia. There is significant evidence that this mirrors actual private dental hygiene practice as only a minority of patients are actually administered injectable local anesthesia for dental hygiene care, topical anesthesia, *Oraqix* or no anesthesia all are common treatment modalities. This is important when considering examination fidelity.

As NERB Chair and ADEX President we again want to thank Wisconsin for their participation an invaluable input into the ADEX Examinations and NERB administration and we look forward to your suggestions and perspectives over the coming years.

If you have any further questions please do not hesitate to contact me, Bruce Barrette, DDS, ADEX President, or Nancy St. Pierre, RDH ADEX Dental Hygiene Examination Committee Chair.

Sincerely,

Bruce Barrette, DDS

Bruce Barrette, DDS
ADEX President

Guy Shampaine, DDS

Guy Shampaine, DDS
NERB Chair

SRTA Response

From: Jan Jolly [mailto:janblancett@sbcglobal.net]
Sent: Tuesday, September 20, 2011 7:45 PM
To: Christianson, Katie - DSPS
Cc: cyap@srta.org; 'White Kathleen'; 'Jessica Bui'
Subject: RE: Questions Regarding Dental Hygienist Regional Exam

Mrs. Christianson,
I am the Dental Hygiene Examination Coordinator for the Southern Regional Testing Agency. I will attempt to answer each of your questions below. See my responses in bold blue font.

Jan Jolly, RDH

"With every mistake we must surely be learning." George Harrison, 1968

From: Christianson, Katie - DSPS [mailto:Katie.Christianson@wisconsin.gov]
Sent: Tuesday, September 20, 2011 2:44 PM
To: 'jbui@srta.org'
Subject: Questions Regarding Dental Hygienist Regional Exam

Thank you for taking the time to answer these questions for the WI Dental Board. Feel free to contact me at the number below if you have any questions.

In regards to the dental hygienist exam....

1. Do you have an extra/intra oral exam? *[Jan Jolly]* Only on the computerized module. It is not possible to require candidates to present patients with a standardized set of intra/extra oral characteristics. For example, we can require patients to be presented with a certain number of surfaces of qualifying calculus but cannot require a candidate to present a patient with pathology to demonstrate knowledge of intra/extra oral abnormalities. If Candidate A has a patient with a lesion to be documented and Candidate B's patient's intra/extra oral condition is totally within normal limits, the examination is, at that point, not standardized and, therefore, not valid. Instead, we require that candidates recognize the intra/extra oral areas being examined in photographs, which require all candidates show the exact same knowledge and judgment skills in a standardized format.
 - a. If no, why not? *[Jan Jolly]* See response above.
2. How do you palpate lymph nodes on a computer exam? How do you palpate anything? *[Jan Jolly]* See response above. Candidates must all be given the same examination for the exam to be fair and valid. We cannot require a patient to have palpable lymph nodes to sit for the exam. Computer

images of a hygienist examining different lymph nodes are presented and the candidate must identify which node is being examined.

3. Do your candidates have to travel to take that computer exam? *[Jan Jolly]* No. The computer exam is given in the computer labs at the school where the clinical examination is being held. If the candidate is scheduled to take the clinical exam in the morning, they take the computer exam in the afternoon at the same location. No travel is required other than what is required for them to take the clinical exam.
4. Are they required to take a national computer exam before your regional exam? *[Jan Jolly]* No. State licensure boards require successful passage of the National Board Examination in order to grant licensure but it is not a pre-requisite for taking the SRTA exam. Many of our exams are scheduled prior to the dates of the National Boards.
5. Do you allow your candidates to resubmit if their patient does not qualify? *[Jan Jolly]* If a candidate presents a patient that does not qualify (too young, is allergic to latex, has a history of injectable bisphosphonate therapy, is presented without radiographs, is in the 1st or 3rd trimester of pregnancy, etc.) the candidate is informed right then and cannot submit another patient. These requirements are spelled out in great detail in the Candidate Guide so presenting a patient who is not eligible demonstrates an extreme lack of professional judgment and the candidate fails the exam. They must then re-apply to take the exam.
 - a. When and how do you tell them they don't qualify? (for instance by mail after the exam) *[Jan Jolly]* At the exam when we dismiss the patient.
 - b. Do they continue to take test not knowing if their patient qualifies? *[Jan Jolly]* No. They do not complete the exam if they present an unqualified patient (see above.)
6. Do you have a hygiene Examination and Review Committee? *[Jan Jolly]* Yes
 - a. If yes, does each state board have one member on that committee? *[Jan Jolly]* Yes
7. Do you allow your candidates to use local anesthetic or just topical on their patients? *[Jan Jolly]* Local and topical both
 - a. If you do use local anesthetics,
 - i. Do they just try out local anesthetic at one site and not another? *[Jan Jolly]* I'm not sure what you mean by "site." Do you mean testing

site? Or a site in the patient's mouth? If you mean test location, all candidates can use local at all testing sites. If you mean in the patient's mouth, they only anesthetize the quadrant that they have selected to treat and any additional teeth they have chosen.

- ii. How do you justify legally allowing students to use local anesthetic at one site and not another? *[Jan Jolly]* All SRTA testing sites are in states where local anesthesia is legal for hygienists and taught in all testing locations. Local is allowed by all candidates who have completed a local anesthesia course in a CODA accredited school. SRTA has no testing sites where local is prohibited.
- iii. How can you allow that and not set yourself for litigation problems when one test site has patients anesthetized and others not? "But I failed because my patient wasn't numb!" NOT calibrated exam then. *[Jan Jolly]* See above. If a candidate has not completed a local anes course in a CODA accredited program, they are allowed to bring a dentist or hygienist who is licensed in the state where the exam is held to administer the anesthesia for them. This is normally a faculty member at the testing site. All candidates have the opportunity to either administer local themselves or to arrange to have someone numb their patient for them.

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September 30, 2011

Ms. Katie Christianson
WI Department of Safety and Professional Services
Office of Examination
PO Box 8935
Madison, WI 53708-8935

Dear Ms. Christianson:

Our office recently received your email requesting CITA to provide answers to specific questions that the Wisconsin Dental Board had regarding CITA's dental hygiene examination. Please find below the responses to those questions. Please note that a Dental Hygiene Candidate Examination Manual is also available for viewing and downloading from the CITA website at (<http://www.citaexam.com>).

Do you have an extra/intra oral exam?

Yes, CITA has as part of the dental hygiene clinical examination an Intra/Extra Oral Examination. Candidates examine and palpate the patient's head, face, neck, lymph nodes, palate, oral pharynx, oral mucosa, alveolar ridge and lips. Candidates also examine the function of the temporomandibular joint, as well as examining the tongue and the floor of the mouth

Do your candidates have to travel to take a computer exam?

CITA does not administer a computer examination. As Part I of the CITA examination, CITA accepts the successful completion of the Dental Hygiene National Board Examination.

Are they required to take a national computer exam before your regional exam?

Candidates are not required to complete the dental hygiene National Board Examination prior to taking the CITA clinical examination. To obtain CITA Status, candidates must successfully complete the dental hygiene National Board Examination within one (1) year of successfully completing CITA's dental hygiene clinical examination.

Page Two
Ms. Katie Christianson

Do you allow your candidates to resubmit if their patient does not qualify?

The treatment selection portion of the CITA dental hygiene examination requires candidates to submit a patient that satisfies the requirements outlined in the CITA Dental Hygiene Candidate Examination Manual. If during the patient approval process, the candidate has not satisfied the published requirements, the candidate has two (2) additional attempts to correct the issues and/or submit another patient for approval. If after the additional two (2) attempts, the candidate has not resolved the issues, the candidate will automatically fail the examination and will be dismissed from the examination at that time.

Do you have a hygiene Examination and Review Committee?

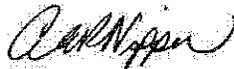
Yes we have an Examination Committee and a Periodontal and Dental Hygiene Committee. All committees are composed of representatives (dentists and dental hygienists) from each member state of CITA.

Do you allow your candidates to use local anesthetic or just topical on their patients?

Currently, candidates for the CITA dental hygiene examination may only use topical anesthetic during the examination.

Please do not hesitate to contact me if you have additional questions.

Sincerely,



Celeste R. Nipper
Executive Director