Introduction
This document provides additional information for the WREB 2020 COVID-19 All-Simulation Dental Exam that supplements information found in the General Section of the standard 2020 Dental Exam Candidate Guide. Like sections of the Candidate Guide for the standard Dental Exam, candidates may refer to this document during the exam.

Exam Content: Required Sections
For the 2020 COVID-19 All-Simulation Dental Exam, candidates are required to complete the following:

Comprehensive Treatment Planning (CTP) – A three (3) hour computer-based Authentic Simulation Clinical Exam using case materials provided by WREB. The exam is administered through Prometric Testing Centers. The exam consists of three (3) patient cases of varying complexity, one of which is a pediatric patient. For each case, candidates assess patient history, photographs, radiographs, and clinical information; create and submit a treatment plan; and then answer questions related to each case.

Operative Simulation – A three and a half (3.5) hour exam during which two (2) operative (restorative) procedures are performed on simulated teeth. For purposes of the simulation, the procedures are divided into two tasks: Preparation and Restoration:

1. Preparation consists of preparing:
   • a Class III (ML in tooth 9)
     The Class III preparation must include the proximal contact area where caries would be expected.
   • a Class II (conventional design MO in tooth 14)
     The Class II preparation must include a pulpal floor and can, but need not, cross the tooth’s oblique ridge

2. Restoration consists of restoring:
   • a Class III (ML) preparation in tooth 9 with composite
   • a Class II (conventional MO) preparation in tooth 14
     The restorative material for the Class II is the candidate’s choice and can be either amalgam or composite.

Endodontics – A three (3) hour exam consisting of two (2) procedures on simulated teeth:

1. Anterior Tooth Procedure: Treat one maxillary central incisor including access, instrumentation, and obturation.
**Exam Content: Elective Sections**

Candidates may also elect to complete the following, (if the state(s) to which they are applying for licensure requires this section):

**Prosthodontics** – A three and a half (3½) hour exam consisting of two (2) procedures on simulated teeth:

1. Preparation of an anterior tooth for a full-coverage crown.
2. Preparation of two abutments to support a posterior three-unit fixed partial denture prosthesis.

**NOTE:** The standard, patient-based **Periodontal Treatment** section will not be available for the WREB COVID-19 All-Simulation Dental Examination. Some state boards accept the Comprehensive Treatment Planning (CTP) Exam in lieu of periodontal treatment. Candidates should review the requirements of the state(s) for which they want to be licensed to ensure that all state requirements are satisfied.

Additional details regarding general requirements and for the CTP Authentic Simulation Clinical Exam (ASCE), Operative Simulation, Endodontics, and Prosthodontics sections are provided in WREB’s **2020 CTP Candidate Guide** or the respective sections of the **2020 Dental Exam Candidate Guide**.

The Operative Simulation Section may satisfy state board requirements for licensure. Candidates should review the requirements of the state to which they will apply for licensure to ensure all requirements will be satisfied. If both patient-based **Operative** and **Operative Simulation** options are available at an exam site, candidates will need to declare by an advance deadline the format they plan to take and will be committed to this format.

**Passing Requirements**

Completion of the exam requires passing the three (3) core sections (CTP, Operative (or Operative Simulation), and Endodontics) within a twelve-month period. The Operative Simulation section is a core exam substitute for the Operative section. The twelve (12) month window begins with the first attempt at the clinical (or clinical simulation) exam. The CTP Section is typically taken in the fall prior to the clinical exam. If any of the three core sections is failed, the WREB Exam is failed until the failed section(s) is/are passed. If all core sections are not passed within twelve (12) months of the first clinical (or clinical simulation) attempt, all three core sections must be taken again.

Failure of one (1) clinical section allows the opportunity to retake just the failed section within the twelve (12) month window. Exceptions to this policy will apply when the twelve (12) month period spans different testing years and significant changes to the exam occur.

If candidates complete and pass the core exam requirements with the Operative Simulation section, they can challenge the standard patient-based Operative Section in the future and append the results to their Individual Score Report (if needed for licensure).
A candidate can challenge the standard patient-based Operative Section, score 3.0 or better on their first Class II and pass the section with one patient-based procedure. The candidate later could challenge the Operative Simulation Section also if, for example, a simulated Class III as well as a patient-based Class II procedure were needed for licensing. However, a candidate would not be able to take only the Class III in the Operative Simulation Section; they would need to challenge and pass the entire Operative Simulation Section to add a simulated Class III procedure to their Individual Score Report.

Results for all sections attempted, core and elective, whether passing or failing, will be reported to state boards. Reports to state boards will clearly indicate whether the section was completed on a patient or in simulation. State requirements vary. Candidates are responsible for knowing the licensing requirements of the state(s) where they plan to practice.

**Remediation**

The same remediation requirements apply for every section of the All-Simulation Dental Exam as for the standard Dental Exam. (For additional detail see the General Section of the 2020 Dental Candidate Guide.) Each attempt at Operative, whether patient or simulation, will count towards the Operative section attempts.

**Scoring Information**

Scoring for the All-Simulation Dental Exam parallels that for the sections of the standard Dental Examination. Like CTP, Operative, Endodontics, and Prosthodontics sections, the Operative Simulation section is scored on a criterion-referenced rating scale of 1 to 5 where a final score of three (3.00) or higher is required to pass. The Class II and Class III must both be completed to pass the Operative Simulation section. Additional detail regarding scoring is found in the General Section of the standard 2020 Dental Exam Candidate Guide.
Provisional Results
As a result of COVID-19 mandates and site-specific requirements to reduce disease transmission, All-Simulation Dental Exam locations may not offer onsite grading. Provisional results and onsite retake opportunity will generally not be available at All-Simulation Dental Exams in 2020.

Final Results
The release of final results for the 2020 COVID-19 All-Simulation Exam may take up to four weeks. It is WREB policy to notify candidates of final exam results as soon as possible. Final results will be posted online and can be accessed with the candidate’s username and password. Candidates will receive an email notice when their final results are available.

Postoperative Endodontic radiographs validated undiagnostic or missing by the Grading Examiners may delay the release of individual candidate results.

Exam results are confidential and will not be given over the telephone or by email. They will only be posted to candidate profile on the secure WREB website.

Notification of passing the WREB Exam does not constitute licensure in any of the participating states. It is illegal to render patient treatment until all state licensing requirements are met and the license certificate or letter is received from the state. Links to member states are posted on the WREB website.

Testing Candidates with Disabilities
The WREB Exam is designed to provide an equal opportunity for all candidates to demonstrate their knowledge and ability. Detailed information regarding WREB’s policy regarding special accommodations is found in the General Section of the 2020 Dental Exam Candidate Guide.

Dismissal for Improper Performance or Unethical Conduct
As for the standard Exam, the ways a candidate could be dismissed from the All-Simulation Dental Exam for improper performance or unethical conduct as well as potential consequences that could follow are clearly articulated in the General Section of the 2020 Dental Exam Candidate Guide.

Appeals and Irregularities
Any candidate who does not pass the WREB Exam may appeal their results. For information regarding the Appeals Policy, contact the WREB office or visit the WREB website. Information about WREB’s policy regarding irregularities is found in the General Section of the 2020 Dental Exam Candidate Guide.

WREB Exam Security and Identification Verification
Each candidate MUST present acceptable and valid identification (ID) to be admitted to the All-Simulation Dental Exam. Questions about identification requirements should be directed to the WREB Dental Department BEFORE the exam.
Each candidate must provide a personal photo during the exam registration process. This becomes a component of their individual candidate profile at WREB and will be included on all score reports to schools and state licensing boards. The profile photo is used to create an individual WREB Candidate ID Badge for the exam. This profile photo and personal identification documentation will be used to verify candidate identity at the exam. The requirements for acceptable personal identification documentation are found in the General Section of the standard 2020 Dental Exam Candidate Guide.

Display of the Candidate ID Badge is required for admission to any WREB clinic-based exam section or session of the All-Simulation Dental Exam.

Admission to the exam does not imply that the identification presented was valid. If it is determined that the candidate’s ID was fraudulent or otherwise invalid, this will be reported to the appropriate governing agencies or boards. Any candidate or other individual who misrepresents information or alters documentation to fraudulently access or attempt an exam, is subject to dismissal.

**Exam Personnel and Anonymity**

WREB has two (2) categories of examiners: Grading Examiners and Floor Examiners. If there is grading onsite, Grading Examiners are segregated from candidates. There is no direct contact between Grading Examiners and candidates. Candidates are required to assist in keeping the exam anonymous by observing all signs and instructions. Grading Examiners may not be onsite for the 2020 COVID-19 All-Simulation Exam.

Floor Examiners do not serve in a grading capacity so there is no anonymity between Floor Examiners and candidates. Floor Examiners facilitate administration of the exam. They answer questions, clarify procedures, approve certain phases of procedures, and can help solve any problems that arise during the exam. The number of Floor Examiners assigned to an exam may vary and depends on the size and character of the exam.

Among other things, Floor Examiners assist at All-Simulation exams by:

- Supplying extra forms, such as Worksheets
- Providing setup checks
- Monitoring proper candidate dress and identification
- Monitoring candidate use of Universal Precautions and simulation protocol
- Monitoring social-distancing and site-specific precautions to prevent disease transmission
- Distributing communication forms
- Assisting with the solution of problems that arise

Any Floor Examiner in the vicinity can assist a candidate. Candidates needing assistance should ask the first available Floor Examiner they see and should always bring their worksheet when asking questions regarding procedures.
**General Guidelines**

A. Only candidates are allowed in the simulation lab or session. Candidate ID badges must be visible on the chest or collar on the outer most layer (i.e., disposable gown) during the simulation. Assistants are not allowed for any section of the 2020 COVID-19 All-Simulation Exam. Candidates will not be allowed in the simulation lab for their scheduled exam sections without their Candidate ID Badge.

B. The exam uses the American System of tooth identification. Permanent teeth are recorded clockwise from the upper right quadrant to the lower right quadrant.

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<thead>
<tr>
<th>Right</th>
<th>Left</th>
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<tbody>
<tr>
<td>1 2 3 4 5 6 7 8</td>
<td>9 10 11 12 13 14 15 16</td>
</tr>
<tr>
<td>17 18 19 20 21 22</td>
<td>23 24 25 26 27 28 29 30 31 32</td>
</tr>
</tbody>
</table>

C. Worksheets must be completed in ink – not pencil. If a worksheet is not neat, legible and in ink, a new worksheet may be required.

D. Electronic devices, including cell phones and smart watches, are prohibited in the Operative Simulation, Endodontics, and Prosthodontics exam sections.

E. Procedures presented for grading may be photographed or digitally scanned by WREB personnel. These photographs are for use in training and calibrating examiners. They have no relation to the grading process and cannot be released to patients or candidates.

F. The school provides information regarding the facility, supplies, hotels, and other topics which can assist in preparing for the exam. This information is provided directly by the school; WREB is not responsible for its accuracy. Links to specific “Site Information” are available at wreb.org, under [Dental Candidates].

**Infection Control Guidelines**

Candidates are expected to maintain acceptable professional standards during the exam. Failure to do so may result in dismissal from the exam.

For the 2020 COVID-19 All-Simulation Exam, Personal Protective Equipment (PPE) requirements may be adjusted, based on CDC recommendations, local availability, state mandates, and site-specific requirements. For patient-based examinations, more stringent requirements may be imposed including, but not limited to, the use of N95 masks and face shields or their equivalent. Candidates should be cognizant of social-distancing protocol and implementation of other features to minimize disease transmission throughout the exam.

Food and beverages (except bottled water) are prohibited in the simulation sessions.

Assistants are **not** allowed for any section of the 2020 COVID-19 All-Simulation Exam. Requirements regarding the use of assistants for any patient-based section of the exam are found in the General Section of the standard 2020 Dental Exam Candidate Guide.

Each candidate is restricted to the use of their assigned operatory or dental unit.
**Equipment and Materials**

Equipment information specific to each school can be found in the “Site Information” at wreb.org, under [Dental Candidates]. Although schools supply some expendable materials, candidates are responsible for ensuring that they have all materials necessary to perform the required procedures, including high-speed and low-speed handpieces. Schools may have equipment available for rent if candidates choose not to bring their own. Information on rental equipment is included in the “Site Information.” Instruments must be acceptable even if rented.

A. NOTE: Not all sites will provide PVS material for fabrication of the required matrices in the Prosthodontics Section. Candidates may need to supply their own. Expendable materials provided may also vary for the Operative Simulation section. Please refer to the expendable materials list in the “Site Information.”

B. Materials provided are brands used by the school. Any candidate who wishes to use a specific brand, must bring their own. Candidates will need to provide any materials not specifically listed in the “Site Information.”

C. Radiograph developer and fixer are supplied in the simulation lab at schools with conventional radiographic facilities. Automatic and/or hand developers are provided by the school. A list of other materials provided in the simulation lab can be found in the “Site Information.” Candidates must supply any items needed to perform the Operative Simulation, Endodontics, and Prosthodontics section procedures which are not specifically listed in the “Site Information.”

D. Each candidate will be furnished with a simulation station or operatory unit and operator’s stool. Personnel are available throughout the exam to resolve malfunctions of units and equipment provided by the school. If candidates experience an equipment malfunction, they should notify maintenance personnel and a Floor Examiner immediately. The Floor Examiner may determine that the candidate is eligible for time compensation if the equipment malfunction cannot be resolved within 15 minutes. Time is not compensated for delays of less than 15 minutes. Time is determined from the point at which a Floor Examiner is notified. Many equipment malfunctions are due to improper use. Candidates should become familiar with the equipment prior to the exam and follow all directions carefully. WREB cannot be responsible and will not compensate candidates for time lost due to the malfunction of a candidate’s personal equipment or rental equipment.

The white *Candidate Packet* that is distributed at the standard dental exam will not be provided at all-simulated sections. For the All-Simulation Exam, candidates will receive their Candidate ID badges at the time specified on their candidate exam schedule. Additional exam materials will be provided for each simulation section.

**Clinical Examination Overview**

The candidate’s exam officially starts when they are handed the bag of materials in Operative Simulation, Endodontics, or Prosthodontics section. Withdrawal for any reason after this point constitutes failure of the applicable section.
**Simulation Schedule (Operative Simulation, Endodontic, and Prosthodontic Procedures)**

Candidates are divided into groups for the Operative Simulation, Endodontics, and Prosthodontics sections. These groups are designated by a Candidate ID Number which will be assigned and posted on wreb.org approximately three (3) weeks prior to the exam. The Exam Schedule will specify the exact dates and times assigned for the Operative Simulation, Endodontics, and Prosthodontics sections.

All simulation procedures for each section (Operative Simulation, Endodontics, Prosthodontics) are accomplished in a single session. Refer to the specific section procedures in the 2020 Dental Exam Candidate Guide for more information.

For the 2020 COVID-19 All-Simulation Exam, the number of clinic days may be expanded or reduced depending on the size of the exam and capacity of the test site. Once Candidate ID Numbers and Exam Schedules are posted, they cannot be changed; there are no exceptions.

For the Operative Simulation, Endodontics, and Prosthodontics sections, either cell-phone time or a separate official clock will be designated in the simulation lab. Exam schedules and finish deadlines may vary depending on the exam site. Candidates complete the All-Simulation Exam when they submit their materials for their last simulation section.

**Onsite Retakes**

Onsite retakes generally will not be available for the 2020 COVID-19 All-Simulation Exam.

**Late Penalties**

Late penalties for sections of the 2020 COVID-19 All-Simulation Dental Exam are the same as for the standard dental examination and are specified here along with detail found the in the standard 2020 Dental Exam Candidate Guide for each section.

Operative Simulation, Endodontics, and Prosthodontics:

<table>
<thead>
<tr>
<th>Late Time</th>
<th>Deduction</th>
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<tbody>
<tr>
<td>1 to 5 minutes late</td>
<td>0.2 deduction</td>
</tr>
<tr>
<td>6 to 10 minutes late</td>
<td>0.4 deduction</td>
</tr>
<tr>
<td>11 to 15 minutes late</td>
<td>0.6 deduction</td>
</tr>
<tr>
<td>16 or more minutes late</td>
<td>Loss of all points for the section.</td>
</tr>
</tbody>
</table>

**Termination**

It is possible that the exam might be terminated due to a situation beyond the control of WREB, such as loss of power or act of nature, terrorism, or war. If this should occur, incomplete procedures cannot be carried over to a future exam. WREB cannot be held liable for terminating the exam under these circumstances.
OPERATIVE SIMULATION

Operative Simulation Overview

The Operative Simulation Section consists of one extended session during which two (2) operative (restorative) procedures are performed on simulated teeth. The procedures are:

1. Preparation and restoration of an anterior tooth (Class III – 9 ML)
2. Preparation and restoration of a posterior tooth (Class II – 14 MO)

For purposes of the simulation, the procedures are divided into two tasks: Preparation and Restoration:

1. Preparation consists of preparing:
   - a Class III (ML in tooth 9)
     The Class III preparation must include the proximal contact area where caries would be expected
   - a Class II (conventional design MO in tooth 14)
     The Class II preparation must include a pulpal floor and can but need not cross the tooth’s oblique ridge

2. Restoration consists of restoring:
   - a Class III (ML) preparation in tooth 9 with composite
   - a Class II (conventional MO) preparation in tooth 14
     The restorative material for the Class II is the candidate’s choice and can be either amalgam or composite.

These procedures are performed on simulated teeth mounted in a manikin positioned to simulate working on a patient. The teeth have no simulated caries; no modification requests are needed. Candidates are asked to prepare the teeth as they ideally would for minimal caries requiring restoration beginning at the contact area and extending their preparations to satisfy WREB criteria for a score of “5”, then stop. Both preparation and restoration (placement of the restorative material) must be accomplished under (with) a rubber dam. When treatment is completed, the arch containing the prepared or restored teeth is submitted for grading. Occlusion is not functionally evaluated.

Time allocated for the simulation is three and a half (3.5) hours. Candidates are allowed an additional 30 minutes to set up before the session begins.

WREB provides the maxillary arches containing the teeth needed for preparation and restoration. The candidate provides everything needed that is not provided by the test site (school), including a suitable opposing arch. Following preparation, the arch containing the prepared teeth is submitted for grading and a second arch is provided with teeth already prepared for restoration. When placement of the finish restorations is completed, this second arch is also submitted for grading.
WREB examines candidates with varying educational backgrounds and schools may teach different preparation and restoration techniques. WREB does not look for one specific technique and scores performance according to the applicable *Operative Simulation Scoring Criteria Rating Scale* found later in this document.

**Supplies**

The Acadental ModuPRO® One arch and teeth will be used for the Operative Simulation Section. Candidates will receive a ziplock bag in the simulation lab containing:

1. An *Operative Simulation Worksheet* (sample, pp. 21-22)
2. A maxillary Acadental ModuPRO® One arch containing the teeth to be treated.

Candidates will need to provide:

1. The mandibular ModuPRO® One or similar opposing arch.
2. The articulator, if applicable.

**Exam Procedure**

Candidates will report to the simulation lab at the appointed time and must bring with them their personal handpieces, burs, and anything else needed to complete preparations or restorations on the simulated teeth, including the ModuPRO® One opposing arch or equivalent needed to set up the simulation. All electronic devices, including cell phones and smart watches, are prohibited in the simulation lab.

This Guide, as well as the 2020 Dental Exam Candidate Guide, may be brought into the simulation lab and referred to during the exam. Notes, textbooks, or other informational material must not be brought into the simulation lab. No magnification other than loupes is allowed.

Upon entering the lab, each candidate will learn their assigned station or unit, go to their unit, deposit their things, and begin to set up (lay out their instrumentation). Each will receive a zip-lock bag containing an *Operative Simulation Worksheet* and maxillary ModuPRO® One arch containing the teeth to be prepared.

The candidate may not leave the simulation lab without the express permission of the Floor Examiner.

The candidate will write their Candidate ID on the lingual aspect of the maxillary arch with an indelible pen (Sharpie® or equivalent), then properly mount the arches in the manikin (with or without the articulator), place the manikin head in a normal position to simulate a patient, and fill out the *Operative Simulation Worksheet* indicating their choice of restorative material (amalgam or composite) for the Class II restoration. When the arch is marked, correctly mounted, and the *Worksheet* is completed, the candidate will turn on their unit light to signal that they are ready for the setup check. Although both preparations and finishes are to be completed with rubber dam isolation, it is not required for a setup check.

Candidates have thirty (30) minutes to set up their workstations, ensure handpieces are working, mark and mount the sextants and arches in the manikin, fill out the *Worksheet*, and obtain the
required setup check before the simulation session officially starts. Candidates should be mindful of the social-distancing protocol specified for the exam site when interfacing with a Floor Examiner or receiving a setup check. If mechanical problems with a unit or workstation are encountered, the Floor Examiner must be immediately notified.

The Floor Examiner will perform the setup check and initial the Operative Simulation Worksheet. Needed for the setup check are:

1. The Operative Simulation Worksheet properly completed with Candidate ID legibly written and restorative material choice clearly designated.
2. The maxillary arch, properly mounted, with the Candidate ID indelibly written on its lingual aspect.
3. A mandibular arch properly mounted to complete set up of the simulation.
4. Both arches appropriately mounted (with or without the articulator) in the manikin.
5. The manikin in a normal patient head position and not overextended but open no more than a normal vertical dimension.
6. Workstation (operatory) light on.
7. Mirror available for Floor Examiner use.

If anything needs to be corrected, the Floor Examiner will ask the candidate to make the necessary correction and return to recheck things before initialing the Worksheet. If everything is in order, the Floor Examiner will verify the candidate’s material choice, initial the Worksheet, and ask the candidate to turn off the light and wait to begin until start of the exam is announced.

The setup check is required but does not constitute start of the exam. Candidates must not start treatment until they have received the setup check initials of the Floor Examiner and the Floor Examiner has announced the start of the exam. The Floor Examiner’s announcement will be something like, “You may now begin your preparations.” Starting to prepare teeth before being authorized to begin will result in failure of the Operative Simulation Section.

After receipt of the setup check, the arch is not to be removed from the manikin head until the preparations or restorations are completed and ready to submit. Removal of the arch at any other time requires the permission of the Floor Examiner. Candidates who need to leave the simulation for any reason must notify the Floor Examiner. Any candidate who leaves the simulation lab or removes the arches at any time during the exam is subject to failure if permission of the Floor Examiner was not first obtained.

The Floor Examiner will be available throughout the session to answer questions relative to administration of the exam and the proper completion of forms. The Floor Examiner is also responsible for monitoring exam security; they will circulate through the simulation lab and observe candidates while the exam is underway. The Floor Examiner will monitor the session to ensure that candidates:

- Adhere to required simulation protocol
- Employ Universal Precautions and appropriately use their PPE
- Perform all treatment (preparation and restoration) using rubber dam isolation
- Work independently
Candidates should inform the Floor Examiner immediately if a problem arises. For example, they should immediately notify a Floor Examiner if there is clinic equipment malfunction/failure. Lost time due to school equipment failure may be compensated if it is more than fifteen (15) minutes from the time it is reported to the Floor Examiner. There is no compensation if less than 15 minutes is lost or if the problem is the candidate’s own equipment failure. Similarly, if a tooth loosens in the arch or any other problem arises, the candidate should stop treatment and inform the Floor Examiner immediately.

Assistants are not permitted for the Operative Simulation Section. Candidates may not assist each other. This includes critiquing another candidate’s work or discussion of treatment. All candidates are expected to pass the exam on their own merit without assistance.

Candidates are to work independently, observe Universal Precautions, and work in a manner that simulates performing procedures on a patient throughout the simulation. Any unprofessional, unethical, or inappropriate behavior could result in immediate dismissal and failure of the Operative Simulation Section. If, after receiving notice of a violation, a candidate repeatedly violates simulation protocol or Universal Precautions, they will be dismissed from the simulation and will fail the Operative Simulation Section.

The finish deadline for each exam session is fixed. Candidates who report late to an assigned session will have less than the allotted time to complete their treatment. WREB cannot extend the time for individual candidates. Candidates who complete their treatment early may submit their materials (Worksheet and arch) to the Proctor at the check-in desk and leave the simulation lab.

**Completion**

When preparation treatment is completed, the candidate will:
- remove the rubber dam,
- remove the maxillary arch containing the teeth that have been prepared,
- place this, along with the Worksheet, back in the zip-lock bag, and
- return these materials to the Proctor at the check-in desk.

After submission of the arch with preparations, an arch with pre-prepared teeth ready for restoration will be dispensed to the candidate. This also will need to be marked with the Candidate ID using an indelible pen and then mounted in the manikin. An additional set-up check from the Floor Examiner will be needed before continuing. When the restorations are completed and both the arch used for the preparations and the arch used for placement of the restorations have been submitted, the candidate then is free to gather their materials and leave the simulation lab.

When submitting completed materials, it is the candidate’s responsibility to make sure the zip-lock bag contains:
1. The completed *Operative Simulation Worksheet*.
2. The maxillary arch (with Candidate ID written on the lingual with permanent black marker) containing the teeth that have been prepared or restored
Candidates who leave the simulation lab will be subject to failure of the Operative Simulation if any of the required items are missing.

The Simulation Floor Examiner will announce to remind candidates still working of remaining time at intervals of approximately 30 minutes, 15 minutes, 5 minutes, and 1 minute before the submission deadline; however, completing the exam and submitting everything required on time remains wholly the candidate’s responsibility. Late penalties will be assessed if the allotted time is exceeded. A penalty will be deducted from the Operative Simulation score for every five (5) minutes beyond the deadline the submission is late. After 15 minutes, all points for the Operative Simulation are forfeited.

**Cavity Preparation**

Beveling for composite preparations is not a WREB requirement. However, if placed, bevels will be considered part of the outline and extension of the preparation.

Treatment of the preparation with chemical agents of any kind is prohibited.

The Class II preparation design must be conventional and include a pulpal floor.

**Restoration**

Placing a material other than what was indicated on the Worksheet will result in failure of the Operative Simulation Section.

Grading Examiners will check interproximal contacts with Floss Singles®.

**Definitions**

The following definitions are provided to assist your understanding of the scoring criteria.

**Retentive Grooves**: For the amalgam preparation, there may be distinct retentive grooves of no more than 0.5 mm depth that follow the DEJ and extend from the gingival floor up to and/or include the occlusal surface.

**Class II Conventional Preparation**: The conventional Class II preparation has a pulpal floor and extends from the proximal box into some or all the grooves and fissures of the occlusal surface.

**Fissure**: A developmental cleft resulting from the incomplete fusion of adjoining dental lobes that is usually found at the base of a groove.
**Fissurotomy**: The selective, shallow removal of demineralized or healthy dental enamel in the vicinity of a fissure to facilitate cleansing and to reduce the harboring of bacteria and risk of caries extension. Sometimes performed in preparation for the placement of a preventive resin restoration or sealant, a fissurotomy is not acceptable for the WREB Operative Section or its Operative Simulation.

**Major Tissue Trauma**: Any undue iatrogenic damage to extraoral and/or intraoral tissues resulting in significant injury to the simulated patient. Examples include lacerations greater than 3.0 mm, amputated papillae, and large tissue tags, unanticipated damage to the simulated gingiva, or arch, or damage to the adjacent tooth.

**Reference Material**

OPERATIVE SIMULATION SCORING

The Operative Simulation Exam is graded by three (3) independent Grading Examiners. The examiners grade according to the applicable *Simulated Scoring Criteria Rating Scales* on pages 17-20. Examiners may utilize 2.5 X magnification or greater for grading. The recorded score for each category is based on the median (middle) score of the three (3) scores assigned by the Grading Examiners. The median grades are weighted and summed for the preparation and finish respectively, then averaged for the total procedure score. The average of the two procedure scores must be 3.00 or higher to pass the section. No onsite retakes are available for the Operative Simulation Exam.

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<thead>
<tr>
<th>PREPARATION WEIGHTING</th>
<th>FINISH WEIGHTING</th>
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<tbody>
<tr>
<td>Outline and Extension:</td>
<td>Anatomical Form:</td>
</tr>
<tr>
<td>46%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Internal Form:</td>
<td>Margins:</td>
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<tr>
<td>39%</td>
<td>36.5%</td>
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<tr>
<td>Operative Environment:</td>
<td>Finish, Function, and Damage:</td>
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<td>15%</td>
<td>27%</td>
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LATE PENALTIES

<table>
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<tr>
<th>Time Late</th>
<th>Penalty</th>
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<tbody>
<tr>
<td>1 to 5 minutes late</td>
<td>0.2 deduction</td>
</tr>
<tr>
<td>6 to 10 minutes late</td>
<td>0.4 deduction</td>
</tr>
<tr>
<td>11 to 15 minutes late</td>
<td>0.6 deduction</td>
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<tr>
<td>More than 15 minutes late</td>
<td>The applicable procedures (preparations or restorations) will not be graded. No points earned.</td>
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</table>

CRITICAL ERRORS

The following critical errors result in failure of the Operative Simulation Section:

- Preparing the wrong tooth
- Major tissue trauma (validated by two or more Grading Examiners)
- Restoring with a material other than indicated at the beginning of the simulation.

*Scoring continues on next page.*
UNUSUAL SITUATIONS

- Preparing the wrong surface (If a wrong surface is prepared, the assigned preparation must be included in the submission.)
  = Loss of all points for outline and extension and internal form for that preparation
- After completion of the setup check, the candidate fails to complete the simulated treatment or submit all the required materials.
  = Failure of the Operative Simulation

The following unusual situations result in failure of the Operative Simulation Section:
- Candidate leaves the simulation lab without Floor Examiner permission
- Candidate starts without a setup check or before start of the exam is announced
- Candidate repeatedly fails to use Universal Precautions
- Candidate repeatedly violates simulation protocol
### OPERATIVE SIMULATION CLASS II – COMPOSITE PREPARATION

#### SCORING CRITERIA RATING SCALE

<table>
<thead>
<tr>
<th>5–Optimal</th>
<th>4–Appropriate</th>
<th>3–Acceptable</th>
<th>2–Inadequate</th>
<th>1–Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OUTLINE &amp; EXTENSION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outline is generally smooth and flowing and does not weaken tooth in any manner.</td>
<td>Outline is slightly irregular but does not weaken tooth. Isthmus is slightly wider than required.</td>
<td>Outline moderately weakens marginal ridge or a cusp. Isthmus is too wide or too narrow.</td>
<td>Outline severely weakens marginal ridge or a cusp. Outline is misshapen and/or forces improper angle of exit.</td>
<td>Outline is grossly improper and/or lacks any definite form.</td>
</tr>
<tr>
<td>Proximal and gingival extensions are visually open less than 1.0 mm</td>
<td>Proximal and/or gingival extensions are slightly overextended.</td>
<td>Proximal and/or gingival extensions are moderately overextended.</td>
<td>Proximal and/or gingival extensions are in contact or obviously overextended.</td>
<td>Proximal and/or gingival extensions are grossly overextended.</td>
</tr>
<tr>
<td>Optimal treatment of fissures.</td>
<td>Near optimal treatment of fissures.</td>
<td>Adequate treatment of fissures. Neither the tooth nor restoration is compromised.</td>
<td>Inadequate treatment of fissures will compromise the tooth or restoration.</td>
<td>Lack of treatment of fissures will seriously compromise the tooth and restoration.</td>
</tr>
<tr>
<td>Proximal cavosurface angles are equal to or slightly greater than 90°. The integrity of both tooth and restoration is maintained.</td>
<td>Cavosurface angles are not optimal, but do not compromise the integrity of the tooth or restoration. Cavosurface has small areas of minor roughness.</td>
<td>Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration.</td>
<td>Improper cavosurface angles or rough cavosurface will cause the final restoration to fail.</td>
<td>Cavosurface angles are grossly improper. Cavosurface has multiple major areas of roughness and/or enamel weakness that will cause the restoration to fail.</td>
</tr>
<tr>
<td><strong>INTERNAL FORM</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pulpal floor depth as determined by the lesion or defect does not exceed 2.0 mm from the cavosurface. Axial wall depth at the gingival floor is 1.0 mm-1.5 mm.</td>
<td>Pulpal floor and/or axial wall is slightly shallow or deep.</td>
<td>Pulpal floor and/or axial wall is moderately shallow or deep.</td>
<td>Pulpal floor and/or axial wall is critically shallow or critically deep.</td>
<td>Walls and/or floors are grossly deep.</td>
</tr>
<tr>
<td>Conventional design: Internal form is smooth and flowing and has no sharp angles that could weaken or cause voids in the final restoration.</td>
<td>Conventional design: Internal form is mostly smooth and flowing, but some minor roughness and/or sharp angles are present.</td>
<td>Conventional design: Internal form is generally smooth and flowing, but some moderate roughness and/or sharp angles are present.</td>
<td>Conventional design: Internal form is rough and unfinished with major areas of roughness or sharp angles that will lead to restoration failure.</td>
<td>Conventional design: Internal form is grossly rough and/or has gross sharp angles that will lead to restoration failure.</td>
</tr>
<tr>
<td><strong>OPERATIVE ENVIRONMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No damage to the adjacent tooth.</td>
<td>Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact.</td>
<td>Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed.</td>
<td>Damage to the adjacent tooth will be difficult to polish out and still maintain appropriate proximal contour. The adjacent tooth will likely require restoration.</td>
<td>Damage to the adjacent tooth will require restoration.</td>
</tr>
<tr>
<td>OUTLINE &amp; EXTENSION</td>
<td>5–Optimal</td>
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<td>---------------------</td>
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</tr>
<tr>
<td>Outline provides optimal convenience form (access for caries removal and insertion of restorative material). Gingival extension is visually open up to 0.5 mm. Facial (or lingual) extension may break proximal contact up to 0.5 mm. Incisal contact is not broken. Includes proximal contact area.</td>
<td>Outline is slightly over or under extended.</td>
<td>Outline is moderately over or under extended. Outline is moderately irregular but does not weaken the tooth. Includes proximal contact area with slight variation.</td>
<td>Outline is severely over or under extended. Gingival wall is in contact or obviously overextended. Gingival margin is moderately overextended. Includes proximal contact area with moderate variation.</td>
<td>Outline is grossly improper and/or lacks any definite form. Gingival wall is grossly overextended.</td>
</tr>
<tr>
<td>Cavo surface forms a smooth continuous curve with no sharp angles.</td>
<td>Cavo surface is slightly irregular and rough; no sharp angles.</td>
<td>Cavo surface is moderately irregular and rough. A few sharp angles are present.</td>
<td>Cavo surface is severely irregular and/or with sharp angles.</td>
<td>Cavo surface has multiple gross irregularities that will cause the restoration to fail.</td>
</tr>
<tr>
<td>There are no acute cavo surface angles.</td>
<td>Cavo surface angles are not optimal, but do not compromise the integrity of the tooth or restoration.</td>
<td>Cavo surface angles possibly compromise the integrity of the tooth or restoration.</td>
<td>Cavo surface angles will lead to enamel fracture or fracture of the restoration.</td>
<td>Cavo surface angles are grossly inappropriate for the situation and will lead to fracture of the restoration.</td>
</tr>
<tr>
<td>INTERNAL FORM</td>
<td>Axial wall follows external contour of tooth. Depth does not exceed 1.0 mm beyond the DEJ.</td>
<td>Axial wall generally follows external contour of tooth. Depth does not exceed 1.5 mm beyond the DEJ.</td>
<td>Axial wall does not follow contour of tooth. Depth does not exceed 2.0 mm beyond the DEJ.</td>
<td>Axial wall depth exceeds 2.0 mm beyond the DEJ.</td>
</tr>
<tr>
<td>Internal line angles are rounded and smooth. Internal walls are well defined.</td>
<td>Internal walls are well defined and rounded but have some slight irregularities.</td>
<td>Internal walls are rounded, but moderately rough, irregular, and not defined. Moderately sharp line angles are present.</td>
<td>Internal walls are severely irregular and not defined. Angle of walls undermines enamel, jeopardizes incisal angle, or encroaches on the pulp.</td>
<td>Grossly irregular and sharp line angles show total disregard for the health of the tooth.</td>
</tr>
<tr>
<td>OPERATIVE ENVIRONMENT</td>
<td>No damage to the adjacent tooth. Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact. Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed.</td>
<td>Damage to the adjacent tooth will be difficult to polish out and still maintain appropriate proximal contour. The adjacent tooth will likely require restoration.</td>
<td>Damage to the adjacent tooth will require restoration.</td>
<td></td>
</tr>
</tbody>
</table>
### OPERATIVE SIMULATION CLASS II – AMALGAM PREPARATION

#### SCORING CRITERIA RATING SCALE

<table>
<thead>
<tr>
<th>5—Optimal</th>
<th>4—Appropriate</th>
<th>3—Acceptable</th>
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<tr>
<td><strong>OUTLINE &amp; EXTENSION</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Outline is generally smooth and flowing and does not weaken tooth in any manner.</td>
<td>Outline is slightly irregular but does not weaken tooth. Isthmus is slightly wider than required.</td>
<td>Outline moderately weakens marginal ridge or a cusp. Isthmus is too wide or too narrow.</td>
<td>Outline severely weakens marginal ridge or a cusp. Outline is misshapen and/or forces improper angle of exit.</td>
<td>Outline is grossly improper and/or lacks any definite form.</td>
</tr>
<tr>
<td>Proximal and gingival extensions are visually open less than 1.0 mm</td>
<td>Proximal and/or gingival extensions are slightly overextended.</td>
<td>Proximal and/or gingival extensions are moderately overextended.</td>
<td>Proximal and/or gingival extensions are in contact or obviously overextended.</td>
<td>Proximal and/or gingival extensions are grossly overextended.</td>
</tr>
<tr>
<td>Optimal treatment of fissures.</td>
<td>Near optimal treatment of fissures.</td>
<td>Adequate treatment of fissures. Neither the tooth nor restoration is compromised.</td>
<td>Inadequate treatment of fissures will compromise the tooth or restoration.</td>
<td>Lack of treatment of fissures will seriously compromise the tooth and restoration.</td>
</tr>
<tr>
<td>Proximal cavosurface angles are approximately 90°. The integrity of both tooth and restoration is maintained.</td>
<td>Cavosurface angles are not optimal, but do not compromise the integrity of the tooth or restoration. Cavosurface has small areas of minor roughness.</td>
<td>Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration.</td>
<td>Improper cavosurface angles or rough cavosurface will cause the final restoration to fail.</td>
<td>Cavosurface angles are grossly improper. Cavosurface has multiple major areas of roughness and/or enamel weakness that will cause the restoration to fail.</td>
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<td><strong>INTERNAL FORM</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Proximal walls are clearly convergent occlusally.</td>
<td>Proximal walls are barely convergent occlusally.</td>
<td>Proximal walls are parallel or divergent in one area.</td>
<td>Proximal walls are critically divergent occlusally.</td>
<td>Proximal walls are grossly divergent occlusally.</td>
</tr>
<tr>
<td>Pulpal floor is 1.5 mm-2.0 mm from the cavosurface and provides adequate bulk for strength of restorative material. Axial wall depth at the gingival floor is 1.0 mm-1.5 mm.</td>
<td>Axial wall and/or pulpal floor is slightly shallow or deep, but still provides adequate bulk for strength of restorative material.</td>
<td>Axial wall and/or pulpal floor is moderately shallow or deep, but still provides adequate bulk for strength of restorative material.</td>
<td>Axial wall and/or pulpal floor is critically shallow or deep and does not provide adequate bulk for strength of restorative material.</td>
<td>Walls and/or floors are grossly deep. Gross removal of tooth structure jeopardizes the tooth or pulp.</td>
</tr>
<tr>
<td>Conventional design: Internal form is smooth and has no sharp angles. Retentive grooves, if placed, are near ideal. Axial wall follows external contour of the tooth.</td>
<td>Conventional design: Internal form is mostly smooth, but some minor roughness and/or sharp angles are present. Retentive grooves, if placed, are adequate. Axial wall contour is near optimal.</td>
<td>Conventional design: Internal form is generally smooth, but some moderate roughness and/or sharp angles are present. Retentive grooves, if placed, are too deep or too shallow, or placed in an incorrect location. Axial wall contour is not optimal.</td>
<td>Conventional design: Internal form is rough and unfinished with major areas of roughness or sharp angles that will lead to restoration failure. Retentive grooves, if placed, are too deep or too shallow, or placed in an incorrect location, and will compromise the tooth or restoration.</td>
<td>Conventional design: Internal form is grossly rough and/or has gross sharp angles that will lead to restoration failure. Gross disregard for proper placement of retentive features will compromise the tooth and restoration.</td>
</tr>
<tr>
<td><strong>OPERATIVE ENVIRONMENT</strong></td>
<td></td>
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<tr>
<td>No damage to the adjacent tooth.</td>
<td>Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact.</td>
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<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Anatomical form is consistent and harmonious with contiguous tooth structure.</td>
<td>Slight variation in normal anatomical form is present.</td>
<td>Moderate variation in normal anatomical form is present.</td>
<td>Anatomical form is improper. Marginal ridge is poorly shaped.</td>
<td>Anatomical form is improper. Marginal ridge is improperly shaped.</td>
</tr>
<tr>
<td>Proper proximal contour and shape are restored.</td>
<td>There is slight variation of proximal contour and shape.</td>
<td>There is moderate variation of proximal contour and shape.</td>
<td>Proximal contour is poor. Embrasures are severely over or under contoured.</td>
<td>Grossly improper proximal contour or shape.</td>
</tr>
<tr>
<td>Normal proximal contact area and position are restored.</td>
<td>There is slight variation of normal contact area and position.</td>
<td>There is moderate variation of normal contact area and position.</td>
<td>Contact is visually open; contour is pointed and sharp; or so broad, flat or tight that floss will not pass easily through the contact.</td>
<td>Contact is grossly open; contour terminates far from the adjacent tooth or the restoration is bonded to the adjacent tooth.</td>
</tr>
<tr>
<td>Contact is visually closed and resists the passage of lightly waxed floss.</td>
<td>Contact is visually closed and resists the passage of lightly waxed floss.</td>
<td>Lightly waxed floss will pass through the contact with slight resistance.</td>
<td>A deep open margin is present, or critical excesses or deficiencies are present.</td>
<td>A marginal overhang catches floss.</td>
</tr>
<tr>
<td>MARGINS</td>
<td>There are no excesses or deficiencies anywhere along margins.</td>
<td>Slight marginal excesses and/or deficiencies are present.</td>
<td>Moderate marginal excesses and/or deficiencies are present.</td>
<td>A marginal overhang catches floss.</td>
</tr>
<tr>
<td>MARGINS</td>
<td>The surface is smooth with no pits, voids or irregularities.</td>
<td>Slight surface irregularities, pitting, or voids are present.</td>
<td>Moderate surface irregularities, pitting, or voids are present.</td>
<td>Critical surface irregularities, pitting, or voids are present.</td>
</tr>
<tr>
<td>FINISH, FUNCTION &amp; DAMAGE</td>
<td>There is no damage to hard or soft tissue.</td>
<td>Minor damage to hard or soft tissue is evident.</td>
<td>Moderate damage to hard or soft tissue is evident.</td>
<td>Severe damage to hard or soft tissue is evident.</td>
</tr>
<tr>
<td>FINISH, FUNCTION &amp; DAMAGE</td>
<td>The surface is smooth with no pits, voids or irregularities.</td>
<td>Slight surface irregularities, pitting, or voids are present.</td>
<td>Moderate surface irregularities, pitting, or voids are present.</td>
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<td>Moderate surface irregularities, pitting, or voids are present.</td>
<td>Critical surface irregularities, pitting, or voids are present.</td>
</tr>
<tr>
<td>Front</td>
<td>Back</td>
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<tr>
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</tr>
<tr>
<td><strong>OPERATIVE SIMULATION WORKSHEET</strong></td>
<td><strong>Setup Check</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candidate ID#: _____________ Date: _____________</td>
<td>Completed Simulated Operative Worksheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREPARATION</strong></td>
<td>Maxillary arch has Candidate ID Number written on palate with permanent black marker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class II</td>
<td>Arches/articulator properly mounted in manikin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 MO Preparation</td>
<td>Manikin in normal patient treatment position with normal vertical dimension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restorative Material: Composite</td>
<td>Light on</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose and circle restorative material: Amalgam</td>
<td>Mirror available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checklist of required items after treatment (in ziplock bag)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed Simulated Operative Worksheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Treated maxillary arch with Candidate ID Number written on palate with permanent black marker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deliver ziplock bag to the WREB Proctor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note to Examiners (if necessary) | Grading Examiner Initials
---|---

2020 This worksheet must be turned in with your preparations.
SIMULATED OPERATIVE WORKSHEET

Candidate ID#: ____________
Date: ____________

FINISH RESTORATION

Class II
14 MO

Class III
9 ML

Setup Check
☐ Completed Simulated Operative Worksheet
☐ Maxillary arch has Candidate ID Number written on palate with permanent black marker
☐ Arches/articulator properly mounted in manikin
☐ Manikin in normal patient treatment position with normal vertical dimension
☐ Light on
☐ Mirror available

Checklist of required items after treatment (in ziplock bag)
☐ Completed Simulated Operative Worksheet
☐ Treated maxillary arch with Candidate ID Number written on palate with permanent black marker
☐ Deliver ziplock bag to the WREB Proctor before leaving the simulation lab.

Note to Examiners (if necessary)

Grading Examiner Initials

2020 This worksheet must be turned in with your restorations.