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The Mission of WREB is to develop and administer competency assessments for state agencies that license dental professionals.
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GENERAL EXAMINATION POLICIES

The following information and policies apply to all WREB exam types unless otherwise noted.

Philosophy Statement

The WREB examination (exam) has been developed, administered, and reviewed in accordance with applicable guidelines from the American Dental Association, the American Association of Dental Boards, the American Psychological Association, the National Council on Measurement in Education and the American Educational Research Association. The exams were developed to provide a reliable clinical assessment for state dental licensing agencies’ use in making valid licensing decisions.

Since WREB member states cover a large geographical region and Candidates come from an even larger area, efforts have been made to make the exam unbiased with respect to regional practice and educational differences. WREB seeks educational diversity in the makeup of the exam review committees, including practitioners and educators who evaluate test content and develop the scoring criteria.

WREB Examiners are experienced practitioners from diverse backgrounds and locations. They are calibrated and tested prior to each exam. Examiners are individually evaluated to assure they are able to grade according to the established criteria.

WREB Examination Security and Identification Verification

You MUST present acceptable and valid identification (ID), as described below, in order to be admitted to a WREB Local Anesthesia, Dental Hygiene or Restorative examination. If you have questions about the following identification requirements, contact the WREB Dental Hygiene Department before attending the exam.

During the exam registration process, you submit a personal photo. This becomes a component of your individual Candidate Profile at WREB and will be included on all score reports to schools and
state licensing boards. Your profile photo is used to create an individual Candidate ID Badge for the exam. Your profile photo and identification verification document will be validated at the exam site by WREB personnel. Identification must be verified prior to admittance to any WREB Candidate Question and Answer (Q&A) Session and Written and Clinical examinations.

At the examination, you must appear in person and provide **two (2) original, valid, non-expired forms of identification; one of which must be primary, and one may be secondary.** All forms of identification must indicate the same name that was submitted to the WREB office during registration.

Primary IDs must display your name, photo and signature. Acceptable forms of valid primary ID are:
- Government-issued driver’s license
- Passport
- Military ID
- Alien registration card
- Government-issued ID
- Employee ID
- School ID (must have either an expiration date and be current or have a current date of school year)

Secondary IDs must display your name and signature. Acceptable forms of valid secondary ID are:
- Social Security card
- Bank credit card
- Bank ATM card
- Library card

Admittance to the examination does not imply that the identification you presented was valid. If it is determined that your ID was fraudulent or otherwise invalid, WREB will report to the appropriate governing agencies or board any Candidate or other individual who has misreported information or altered documentation in order to fraudulently attempt an examination.

**Anonymity of the Examination**

The Dental Hygiene and Restorative examinations are conducted anonymously. The examination materials are numbered with pre-
assigned identification numbers. Your name must not appear on any of the examination material. School identification must not appear on any examination materials, equipment, or instruments. Clothing should not have any identifying labels that specify the school. Forms seen by grading Examiners should display only the Patient’s first name.

To ensure an unbiased examination, anonymity is maintained between you and the grading Examiners. Please observe all signs and instructions relating to the examining area. The Chief Examiner and WREB staff serve as liaisons between you and the grading Examiners.

The Local Anesthesia clinical examination is administered by Examiners and is not an anonymous examination.

**Professional Liability Insurance**

AAIC Insurance Company, through the Professional Protector Plan in cooperation with WREB, will extend WREB professional liability coverage to you at no charge during the exam. The limit amounts are $1,000,000/$3,000,000 for the patient-based portion of the 2020 WREB Local Anesthesia and Dental Hygiene exams. WREB will forward the names and addresses of all Candidates to AAIC.

**Infection Control Guidelines**

WREB requires that Candidates, Observers and Practitioners adhere to exam site host (school) policies and procedures regarding infection control as well as CDC guidelines. During registration, you sign a *Limitation of Liability Agreement* acknowledging acceptance and responsibility for an occupational exposure.

Professional clinic attire or scrubs are required for all Dental Hygiene examinations; color and style are not restricted. Open-toed shoes or sandals are not permitted (socks covering ankles must be worn). Arms and legs must be covered. Jackets are not required but recommended; some exam site hosts (schools) may require a lab jacket.
1. The exam site host (school) provides gloves and masks but is unable to accommodate individual preferences. Gloves, appropriate protective eyewear (with side shields), and a mask are worn for all examination procedures (including Restorative). A face shield may be worn in lieu of protective eyewear. Personal eyewear is acceptable for Patients with over glasses or side shields.

2. Site-specific information regarding each exam site host (school) policies and procedures, and disposal of pharmaceutical and biohazardous materials is located on the Exam Site Information page of the WREB website. You should familiarize yourself with the exam site host (school) information prior to the examination. The Restorative Chief Examiner monitors proper mercury hygiene during the examination.

3. Instruments that become contaminated (i.e., dropped on the floor or otherwise contaminated) during the Local Anesthesia and/or Dental Hygiene examination must be replaced with sterile instruments. You are encouraged to bring extra instruments.

4. If a form becomes contaminated with blood or saliva, the contaminated area must be covered with tape and inserted into a sheet protector.

**Examination Policies**

1. During registration, you signed a *Limitation of Liability Agreement* releasing WREB and host sites from responsibility for treatment rendered to Patients during the examination.

2. WREB provides immediate (preliminary) exam results onsite. If you are unsuccessful in your exam attempt and meet the retake requirements, you have the option to retake the exam onsite. The WREB Site Coordinator will assist with registration for the onsite retake session, generally scheduled during the last testing session of the examination.
3. The WREB Candidate ID Badge, provided at the exam site, must be worn and remain visible during the Clinical examination. The badge cannot be worn outside the exam site and must be surrendered upon completion of your examination at each site. Official exam results will be withheld if the badge is not returned upon exam completion.

At any time during the examination, you may be asked and should be prepared to present your primary ID and WREB Candidate ID Badge to a School Coordinator, Site Coordinator or Chief Examiner.

4. Only authorized Candidates and scheduled Observers are permitted to attend onsite Candidate Question and Answer (Q&A) Sessions and Clinic tours.

5. Electronic devices are not to be activated or used by you during any aspect of the examination. This includes but is not limited to, smart phones, watches or devices that can photograph, record, or transmit a signal. Dental Hygiene Patients are not allowed to bring any electronic device into the Examiner Clinic. If your Patient is found to have a device in the Examiner Clinic, the Patient will be escorted back to you. If the Patient refuses to surrender the device, they will not be evaluated.

6. You may not wear earplugs or any type of listening device during any aspect of the Written or Clinical examinations.

7. Restorative and Local Anesthesia certification (not previously submitted) will be collected onsite and prior to the examination. You will not be allowed to take the examination with incorrect or incomplete documentation.

8. WREB does not sponsor nor endorse examination preparation courses. You bear all risk for any misunderstanding resulting from the use of or reliance on unofficial information or material. WREB strongly discourages the use of Patient procurement services. WREB does not allow these services to be onsite during any examination.
9. You are responsible for the conduct of those individuals brought to the examination (clinic and waiting areas included). You are not allowed to enter the clinic until your scheduled clinic time.

10. You will fail the examination if your Patient is unable to be evaluated by the Examiners.

11. Your Patient is essential to your examination success. Treat all patients with care and compassion regarding their welfare and comfort. Shared Patients must receive adequate breaks and nourishment and hydration between treatment sessions.

12. WREB personnel may not prescribe or dispense medication, treat, or recommend treatment to any Patient.

13. Examination forms are available in English only. If necessary, you may utilize an interpreter to complete the Patient Medical History/Patient Consent form. WREB does not require nor provide interpreters.

14. You may not use an assistant for any aspect of the exams.

15. WREB personnel cannot make onsite exceptions to accommodate your Patient’s or your personal problems prior to or during the examination.

16. Under certain circumstances, you have the option of withdrawing from the clinical examination as a “No Show” Candidate. You will forfeit your examination attempt and fees, but the examination attempt will not be recorded as a failure. Refer to the Local Anesthesia, Dental Hygiene and Restorative Candidate Guides for specific "No Show" policies.

**Testing Candidates with Disabilities**

The WREB examination is designed to provide an equal opportunity for all Candidates to demonstrate their knowledge and clinical abilities. The examination is administered to accurately reflect an individual’s aptitude, or other skills measured by the examination, rather than an individual’s impaired sensory, manual, or speaking skills, except where those skills are the factors the examination purports to measure.
WREB makes every reasonable effort to accommodate persons with disabilities. If special accommodations or alternate arrangements are required, WREB will attempt to make the necessary provisions, unless providing such would fundamentally alter the measurement of skills and knowledge the examination is intended to test, would result in an undue burden, or would provide an unfair advantage to the Candidate with a disability.

The appropriate professional (physician, psychologist, etc.) must complete Sections 5, 6, and 7 of the Special Accommodations Request Form obtained on the Policies & Procedures page from the WREB website, specifying what special accommodation is requested and attesting to the need for the accommodation. This must be received in the WREB office no later than 45 days prior to the examination.

WREB reserves the right to authorize the use of any modifications in such a way as to maintain the integrity and security of the examination.

**Remediation**

Candidates who have multiple unsuccessful examination attempts are required to obtain remediation in the areas of deficiency prior to receiving permission to re-attempt an exam. For more information, refer to the appropriate remediation policy available on the Policies & Procedures page of the WREB website.

WREB policy requires remediation after the following:

- Local Anesthesia Written: Three (3) unsuccessful attempts
- Local Anesthesia Clinical: Two (2) unsuccessful attempts at two (2) separate examination sites (i.e., up to four [4] clinical injection level fails at two [2] separate clinical sites)
- Dental Hygiene Clinical: Three (3) unsuccessful attempts or excessive tissue trauma
- Restorative Clinical: Two (2) unsuccessful attempts at two (2) separate examination sites (i.e., up to four [4] preparation failures at two [2] separate clinical sites)

Prior to beginning the remediation process, Candidates are encouraged to contact their state board or licensing agency for
clarification regarding additional remediation requirements or acceptable programs.

**Irregularities and Appeals**

The purpose of the WREB Exam is to provide dental licensing boards with information regarding the Candidate’s competence in performing certain sampled skills that comprise part of the domain of skills needed to safely practice dentistry (dental hygiene) at an entry level. Accordingly, all Candidates are expected to pass the WREB Exam on their own merit without assistance.

An irregularity is a situation that raises a question regarding whether exam results are valid and accurately reflect the skills and abilities of a Candidate.

For example, such questions could arise when:
- unauthorized assistance occurs,
- there is evidence of the presence of an exam administration irregularity,
- there is disruption of exam administration, including by natural disasters and other emergencies, or
- there is any other information indicating that exam results might not be valid.

When an irregularity occurs, results for the Candidate(s) are withheld or voided. The Candidate is notified in writing and provided with information regarding WREB’s Appeals Policy. Results remain withheld or voided pending WREB investigation of the irregularity or resolution of the corresponding appeal. If WREB determines that withholding or voiding results is not warranted, then results will be released. If an appeal is denied or no appeal is filed, then exam results for the involved Candidate(s) could remain withheld or voided and other remedies imposed.

WREB will void previously released exam results when there is a reasonable and good faith basis to do so and will notify the parties to whom the results have been released.

WREB attempts to conduct the investigation of any irregularity in a professional, fair, objective, and, insofar as possible, a confidential manner. However, WREB considers irregularities,
other than natural disasters or emergencies beyond the control of the Candidate, to be a serious breach of the examination process that may have consequences beyond the withholding or voiding of results as, for example, may occur if information surfaces during investigation or is brought to the attention of school authorities or regulatory agencies by other sources.

A Candidate may elect to appeal their results upon failure of the examination. Prior to contacting the WREB office, visit the Appeals Process section of the Policies & Procedures page of the WREB website for information regarding the appellate process.

**Dismissal for Improper Performance or Unethical Conduct**

Dismissal, failure of the examination or a reduction in an examination score may result for improper performance or unethical conduct (relative to procedural skills, professional judgment, or both as defined below).

**Improper Performance** includes, but is not limited to:

- A case selection presenting conditions which jeopardize successful Patient treatment within the parameters of the examination.
- Failure to recognize or respond to systemic conditions which potentially impose a risk to the health or safety of the Patient, Candidate, or Examiners.
- Disregard for Patient welfare and/or comfort.
- Unprofessional, unkempt, or unclean appearance.
- Rude, abusive, uncooperative, or disruptive behavior.
- Failure to adhere to proper infection control procedures.
- A procedure which generates egregious trauma to hard or soft tissue.
- Failure to recognize or respond to proper handling of biohazardous or pharmaceutical material(s).
- Performance grossly inadequate in the validated judgment of the Examiners.
- Failure to adhere to published WREB guidelines.
- Altering the WREB-marked assigned preparations (Restorative Exam only).
• Intentionally loosening or replacing typodont teeth after Check-In or during examination (Restorative Exam only).
• Altering the natural treatment position of the typodont on the rod post (Restorative Exam only).
• Removal of the typodont from the rod post during the examination, unless instructed by the Chief Examiner (Restorative Exam only).

Unethical Conduct includes, but is not limited to:
• Copying test information from another Candidate.
• Disseminating written test item information to other Candidates, individuals, or agencies.
• Receiving coaching from anyone during the examination.
• Using unauthorized aids or reference material(s) during the examination.
• Pretreatment of a Patient outside of clinic hours or receiving assistance from another practitioner or educator in preparation for the examination process.
• Altering Patient records, radiographs, examination forms, or treatment records.
• Any conduct that compromises the standards of professional behavior or care.
• Falsification of an examination application.
• Discrepancy in identification or attempted falsification of identification.
• Dishonesty.

If a Candidate is found to have engaged in Improper Performance or Unethical Conduct prior to, during or after the examination, WREB reserves the right to take any reasonable action WREB deems appropriate, including, but not limited to, reporting the Candidate to (i) the various state licensing boards, (ii) the Candidate’s school, (iii) other dental or dental hygiene testing organizations, or (iv) other professional organizations.

If a Candidate engages in improper performance or unethical conduct, the Candidate must obtain permission from the WREB Board of Directors before retaking the exam at a later date.
WREB Contact Information

The WREB office is the only official source for examination information. Questions regarding WREB procedures and policies should be addressed to the WREB office and not to schools, state boards, state board members, or Examiners.

WREB Dental Hygiene Department
Phone: 623-209-5400, Option 2
Fax: 602-371-8131
E-mail: hygieneinfo@wreb.org
Website: wreb.org

Licensing Information

Questions regarding licensing and credentialing should be directed to the state board(s) where licensure is sought. Most states impose a time limit on how long after taking the examination that results are accepted for licensure. To determine if states other than the WREB member states accept the WREB examination, please contact the individual state boards directly. Visit the About Us page of the WREB website for state board contact information.
PREPARING FOR THE LOCAL ANESTHESIA EXAMINATION

General Information

The Local Anesthesia Examination has separate Written and Clinical components.

Take the time to study and familiarize yourself with this Candidate Guide and all the resources provided by WREB to better understand examination policies and procedures as well as criteria, forms, and armamentarium requirements. Contact the WREB office (hygieneinfo@wreb.org) or onsite WREB personnel with questions regarding any aspect of the examination.

Candidate guides, clinical examination review presentations, examination forms, and any applicable self-tests are available on the Exam Preparation page of the WREB website (wreb.org) under the Hygiene Candidates tab.

Site-specific information pertaining to the exam site host (school), such as handpiece compatibility, infection control protocols, etc. can be found on the Exam Site Information page of the WREB website.

Clinical Scheduling Requests. Scheduling requests may be submitted online during the application process or via email to hygieneinfo@wreb.org prior to the Application Deadline for a given exam for consideration. Scheduling requests cannot be guaranteed due to a number of extenuating factors (e.g. number of clinical days, volume of requests, etc.).

Scheduling request options may include:

- Specific clinical examination day/date
- Using a fellow Candidate as a Patient

If using a fellow Candidate as a Patient, the request must include 1) the names of both candidates, and 2) if a specific day is desired.

Examination Schedules. Approximately one (1) month prior to the clinical exam you will receive your individual examination schedule.
Exam Application

There are two online registration options available for the Local Anesthesia Examination:

1. **Written-Only Application**: assigned an immediate 45-day testing timeframe. After successfully completing the Written exam (passing score of 75.00 and above), if necessary, you may apply separately for any available Clinical examination by the published Application Deadline. Refer to the Exam Schedule page of the WREB website for exam dates and availability.

2. **Local Anesthesia Written and Clinical Simultaneous Application**: assigned a predetermined 45-day testing timeframe associated with a given Clinical examination. Predetermined Written testing timeframes are noted on the Exam Schedule page of the WREB website.

NOTE: Successful completion of the Written exam (passing score of 75.00 and above) is required prior to attempting the Clinical exam.

Contact the individual state licensing agency from which you are seeking licensure for their local anesthesia written and/or clinical licensure requirements.

**Written Examination**

The purpose of the WREB Local Anesthesia Written Examination is to evaluate your knowledge, application, and problem-solving skills regarding the safe and appropriate use of local anesthesia.

Once your application has been processed, you will receive notification via email that your Authorization Letter has been posted to the WREB website. The Authorization Letter contains all the information necessary to schedule your Written examination appointment with a Prometric Test Center.

The timed examination is 60 minutes. Multiple choice items are both discipline and case-based and have only one correct response. Up to five (5) field test questions are included, but not calculated in your final score.
Multiple test forms are used to ensure the integrity and security of the examination. To address any possible variation in difficulty level among the various examination forms, equating procedures are used to ensure Candidates of comparable competency will be equally likely to pass the examination.

A maximum of 100 points is possible on the Local Anesthesia Written examination. A final score of 75.00 or higher is required to pass the Local Anesthesia Written examination.

Subject matter includes:

- Anatomy (head and neck) and physiology
- Pharmacology of anesthetic agents and vasoconstrictors, clinical actions and maximum recommended doses of specific agents. Basic knowledge of nitrous oxide-oxygen.
- Method of delivery of local anesthesia, including armamentarium, selection of injection type, and administration technique
- Medical history interpretation; prevention, recognition, and management of possible complications, and life support

It is WREB policy to notify Candidates via email once official examination results are available, generally within 72 hours of Written exam completion. Official results are posted online and can be accessed using your secure username and password.

Local Anesthesia Written exam results are valid for up to twelve (12) months prior to attempting the WREB Local Anesthesia Clinical Exam.

**Written Examination Retakes.** Eligible Candidates may apply online for the Local Anesthesia Written Retake examination via the WREB website. The Written examination fee is $125 per attempt. Eligible Candidates may apply via the WREB website for a retake exam if they have not made three (3) previously unsuccessful Written examination attempts. Refer to the Remediation sections of this Candidate Guide or the WREB website for more information.

Once your application has been processed, you will receive notification via email that your Authorization Letter has been posted to the WREB website. The Authorization Letter contains all
the information necessary to schedule your Written examination appointment with a Prometric Test Center location.

**Clinical Exam Note:** If enrolled in a Clinical exam, allow adequate time to schedule and re-attempt your Written examination within the assigned or predetermined testing timeframe to **avoid forfeiture of your Clinical examination attempt and fee.** Refer to the *Cancellations and Refunds* section of the *Policies & Procedures* page of the WREB website for more information.

**Helpful Links**
WREB – Hygiene Candidates
wreb.org

Prometric Test Center – Test Takers
prometric.com/test-takers/search/wreb

**Clinical Examination**

The purpose of the WREB Local Anesthesia Examination is to evaluate your ability to utilize professional judgment and knowledge to competently administer both an inferior alveolar (IA) and a Posterior Superior Alveolar (PSA) nerve block injection on a Patient.

**Equipment and Materials**

**Armamentarium.** You must provide the following:

- Aspirating syringes (non-threading and self-aspirating syringes are not allowed)
- Hemostat or locking forceps
- Blood pressure measuring device
- Candidate and Patient appropriate protective eyewear with side shields (over-glasses or side shields, if wearing personal eyewear)

**Site Provided Equipment and Supplies.** The exam site host (school) provides expendable materials for Candidate use during the examination (see grid, pg. 16). The school is responsible for any deviation from this list. Materials provided are the brands used
by the school. If you wish to use a specific brand, you must bring it with you.

Do not assume that exam sites (schools) have extra instruments or equipment available for rent. Site-specific information can be found on the Exam Site Information page of the WREB website. Contact the exam site host (school) directly with any questions regarding site-specific equipment, rental availability, etc.

School personnel are available throughout the examination to resolve malfunctions of operatories and school equipment. Neither WREB nor school personnel will be responsible for time lost due to the malfunction of any personal equipment. You should familiarize yourself with available school equipment during the clinic tour.

<table>
<thead>
<tr>
<th>Expendable Local Anesthesia Materials provided by Exam Site Host (School)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2x2 gauze squares</td>
</tr>
<tr>
<td>Air/water syringe tips</td>
</tr>
<tr>
<td>Antimicrobial mouthwash</td>
</tr>
<tr>
<td>Anesthetic(s)</td>
</tr>
<tr>
<td>• Local anesthetic(s) with and without vasoconstrictor</td>
</tr>
<tr>
<td>• Topical anesthetic(s)</td>
</tr>
<tr>
<td>Autoclave bags, small</td>
</tr>
<tr>
<td>Autoclave bags, medium</td>
</tr>
<tr>
<td>Autoclave tape</td>
</tr>
<tr>
<td>Barrier covers/tape</td>
</tr>
<tr>
<td>Cotton-tip applicators</td>
</tr>
<tr>
<td>Drinking cups</td>
</tr>
<tr>
<td>Face Masks</td>
</tr>
<tr>
<td>Facial Tissue</td>
</tr>
</tbody>
</table>

**Patient Criteria**

It is your responsibility to submit a Patient that meets examination criteria. A Patient who is apprehensive, hypersensitive or uncooperative should not be selected.
**All medical clearances must be written on the physician, health care provider or dentist’s official letterhead, indicate clearance for the examination date range, and reflect any necessary alterations in treatment. Patients must meet all of the following criteria:

1. Must be 18 years of age or older.

2. **Cannot** be a dentist, dental hygienist, or dental hygiene educator.

3. **IA** – At least one mandibular premolar present on the contralateral side of the submitted quadrant.

   **PSA** – Second molar in the submitted quadrant.

4. **Current medical clearance from an appropriate health care provider if a Patient is pregnant.**

5. **Medical clearance and/or antibiotic coverage from an appropriate health care provider if the Patient has had a heart attack, stroke, or cardiac surgery within the past six (6) months.**

6. Preoperative blood pressure and pulse must be recorded on the Medical History/Patient Consent form and taken on the Patient no more than one hour prior to the scheduled clinical examination time.

   Systolic blood pressure of 159 or below and a diastolic blood pressure reading of 99 or below are acceptable. **A Patient with a systolic blood pressure reading of 160-180 or a diastolic blood pressure reading of 100-110 will only be accepted with written consent from the Patient’s physician or health care provider.**

   WREB does not allow a Patient with a systolic reading greater than 180 or a diastolic reading greater than 110.

7. No orofacial herpes at the vesicle, ulcerated vesicle, or prodrome stage.

   No intraoral sores or puncture marks in any of the two (2) potential penetration sites.
8. ASA I or II. ASA III status that does not alter dental hygiene care or pose a risk to the Candidate or Patient in a testing environment.

**NOTE:** According to the American Heart Association, antibiotic prophylaxis is not required for the administration of local anesthesia.

**The Patient must not have or have had any of the following:**

1. Active tuberculosis. Clinical symptoms would include: a bad cough that has lasted longer than two (2) weeks, pain in the chest, coughing up blood or sputum. A Patient who has tested positive for TB or is being treated for TB but does not have the clinical symptoms, is acceptable.

2. Intravenous bisphosphonates therapy.

3. Used cocaine or methamphetamine drugs within the past 24 hours.

4. Any health history condition, medication or drug history that might be adversely aggravated by the length or nature of the examination procedures.

Failure of the examination will result if the Patient is rejected for any of the above reasons.

If your first Patient is rejected for *intraoral lesions, active orofacial herpes, or high blood pressure* you must submit a different Patient. However, subsequent Patient submissions are subject to all Patient criteria for acceptance. If you are unable to submit a back-up Patient, you will be registered as a “No Show” Candidate.

**Grading Criteria**

You will be expected to perform both injections in a reasonable amount of time (within 20 minutes). If you are unprepared, or taking a considerable amount of time, the Examiners will remind you of the time restraints.
Critical Aspects of the Injection
There are nine (9) aspects of an injection evaluated by Examiners. Each aspect of the injection is classified as critical or less critical and must be performed to examination specifications. Eight (8) critical aspects of the injection have an asterisk (*). One (1) critical aspect validated by both Examiners, results in failure of the examination.

*1. **Proper Utilization of Medical History, Anesthetic and Syringe Selection**

**Contraindications/Medical History**

**Errors:**
- Contraindication(s) to local anesthetic
- Health history contraindication(s)
- Long-acting anesthetic
- High concentration vasoconstrictor

**Syringe Type**

**Errors:**
- Self-Aspirating or non-threading syringes

2. **Syringe Preparation and Handling** (see Less Critical Aspects of Injection, pg. 23)

*3. **Penetration Site**

**Needle Contamination**

**Error:**
- Needle touches any surface, facial anatomy or intraoral object (gauze, glove) prior to penetration. Proceeding with a contaminated needle results in failure of the injection.

**Three Penetrations Allowed**

Penetration of the tissue is considered an attempt. Three (3) penetrations are allowed to obtain the optimum angle and depth. If the third penetration attempt results in a first positive aspiration, a fourth penetration is permitted.
Error:
• Optimum depth and angle is not obtained in three (3) penetrations

**Optimum IA Nerve Block Penetration Site**
The penetration site is at the area bordered medially by the pterygomandibular raphe, laterally by the internal oblique ridge, and at the height of the coronoid notch.

**Errors:**
• Too superior
• Too inferior
• Too medial
• Too lateral

**Optimum PSA Nerve Block Penetration Site**
The penetration site is at the height of the vestibule in the mucobuccal fold, posterior to the zygomatic process of the maxilla (visually, this approximates the distal facial root of the 2nd molar).

**Errors:**
• Too anterior
• Too posterior
• Not in the mucobuccal fold

*4. **Angle and Depth**

**Optimum IA Angle and Depth**
When you have reached the optimum depth, the barrel of the syringe must be positioned over the premolars on the contralateral side and the needle parallel to the occlusal plane of the mandibular teeth.

The depth of insertion is 20 mm - 25 mm (approximately 2/3 the length of long needle or 4/5 the length of short needle).

**Errors:**
• Barrel too distal
• Barrel too mesial
• Angle too high
• Angle too low
• Too shallow
• Too deep

**Optimum PSA Angle and Depth**

When you have reached the optimum depth, the barrel of the syringe must be positioned 45 degrees to the occlusal plane and 45 degrees to the midline.

The depth of insertion is approximately 16 mm (**about 1/2 the length of a long needle or 3/4 the length of a short needle**).

**Errors:**

• Barrel of the syringe not at 45-degree angle toward midline and/or barrel of the syringe not at 45-degree angle to occlusal plane
• Too shallow
• Too deep

*5. Aspiration*

**Large Window Visible**

Upon aspirating, the large window must be toward the Candidate

**Error:**

• Small window toward the Candidate

**Aspiration Observed**

**Errors:**

• No visible movement of the stopper upon aspiration
• Harpoon is not engaged after aspiration is declared to be negative

**Proper Handling of Positive Aspiration**

A positive aspiration is observed and handled correctly.

**Errors:**

• Proceeding with the injection (after aspiration) and significant amount of blood is present in the cartridge
• Failure to recognize a positive aspiration
6. **Amount and Rate**

   **Deposition of Anesthetic Prior to Aspiration**

   **Error:**
   - More than 1/4 of the anesthetic is deposited, in the tissue, prior to reaching the optimum depth and before aspiration.

   **Rate of Administration is Acceptable**

   Acceptable rate of depositing anesthetic is approximately fifteen (15) seconds for two-stopper widths.

   **Error:**
   - The rate of depositing anesthetic is significantly less than fifteen (15) seconds.

7. **Tissue Management**

   Observed throughout the administration of the injection.

   **Errors:**
   - The needle is visibly bent upon removal from tissue
   - The degree of the bowing would likely result in excessive submucosal soft tissue injury
   - There is visible laceration of tissue upon approach or withdrawal of the needle with or without bleeding
   - The safety and well-being of Patient is compromised

8. **Recapping**

   Recapping is observed throughout the examination.

   **Proper Recapping Technique**

   A one-handed recapping technique is required. Once the needle is safely inside the needle cap (protected), the cap must be secured.

   **Errors:**
   - A two-handed recapping technique is observed during recapping.
   - Holding the needle cap with a hemostat or locking forceps
*9. **Sharps Disposal**
All needles and cartridges must be disposed of properly and according to exam site host (school) policy. Sharps Disposal is evaluated after the completion of both injections.

**Errors:**
- Sharps and cartridges are not properly disposed of according to exam site host (school) policy
- Two-handed recapping is observed during Sharps Disposal

**Improper Sharps Disposal will result in failure of both injections.**

**Less Critical Aspects of Injection.** Three (3) less critical aspects in Category 2 (validated by both Examiners) results in failure of the examination.

2. **Syringe Preparation and Handling**

   **Armamentarium**

   **Errors:**
   - Appropriate protective eyewear is not worn by the Clinician or Patient
   - Locking forceps or hemostat not present
   - Expired local anesthetic
   - Anesthetic selection/needle length does not match *Local Anesthesia Information Sheet*

   **Syringe Properly Prepared**

   **Errors:**
   - Harpoon is not securely engaged
   - Large bubbles not expelled from cartridge prior to injection
   - Expelled solution is more than stopper width

   **Syringe Handling**

   **Error:**
   - Syringe in Patient’s field of vision prior to injection
**Stop And Hold.** Examiners will stop any procedure that poses a health or safety risk to the Patient by stating, “Stop and Hold.” A “Stop and Hold” signifies that a **critical error** has occurred and results in failure of that injection.

You must stop immediately and hold the position. The other Examiner will have the opportunity to view the error. If the needle has penetrated the tissue, you will be instructed to withdraw.

The following are reasons for “Stop and Hold”
- Long acting anesthetic
- High concentration vasoconstrictor
- Candidate does not recognize a contaminated needle
- Small window is toward the Candidate (upon aspiration)
- After penetration, more than ¼ of the anesthetic is deposited (in tissue) prior to reaching deposition site (for depth and angle)
- No aspiration is observed (after aspiration is announced)
- Harpoon is not engaged (and Candidate proceeds to deposit)
- Improper handling of a positive aspiration
- Rate of deposition is too rapid
- Improper Tissue Management
- Improper Recapping
- Improper Sharps Disposal

**Onsite Question and Answer Session/Clinic Tour**

An onsite Question and Answer (Q&A) Session is held prior to your scheduled examination. At which time, the Chief Examiner or Site Coordinator will verify your identification and distribute your Candidate Exam Packet.

The **Candidate Exam Packet** contains the following:
- Candidate ID Badge
- *Patient Medical History/Patient Consent* form
- *Anesthesia Information Sheet*
- *Patient Information/Questionnaire*

The clinic tour (optional) will familiarize you with the exam site host (school) clinic layout, emergency protocols, infection control
policies, proper disposal of biohazardous and pharmaceutical materials, sterilization procedures, and operation of the equipment.

“No Show” Candidate. You may opt to withdraw from the exam and forfeit your examination attempt and registration fees for the following reasons:

- You do not have required items or are not dressed in proper clinic attire at your assigned clinic time.
- You are late for your assigned clinical examination.
- Your first Patient has been rejected for having intraoral lesions, active oral facial herpes or high blood pressure.

Withdrawal for any other reason constitutes failure of the examination.

**Day of the Exam**

**Clinic Entrance and Exam Procedures**

Arrive onsite and be prepared 30 minutes prior to your scheduled time. An Examiner will notify you when to enter the clinic and you will be directed to your operatory. The Examiner will instruct you when to bring your Patient back.

If you did not attend the Q&A Session, the Chief Examiner will provide you with your Candidate Exam Packet and Candidate ID Badge prior to clinic entrance.

You will also receive a Patient bib label when directed to your operatory.

To expedite the flow of the examination, adhere to the following exam preparation protocol:

- Complete *Patient Medical History/Patient Consent* form
- Complete *Local Anesthesia Information Sheet* and verify information matches the local anesthesia drug selection

An Examiner will check the following:

- Two penetration sites (no visible sores or puncture marks)
- Landmark teeth are present (maxillary second molar and at least one mandibular premolar present on the contralateral side of the submitted quadrant)
- Locking forceps or hemostat present
• Syringe selection correct
• Appropriate Patient and Candidate eyewear present

You may have additional cartridges, needles and loaded syringes ready. No more than two (2) syringes can be present on the tray. Do not loosen the needle cap until instructed by the Examiners.

To adequately view a positive aspiration, the bar code on the cartridge must be rotated toward the small window.

Topical anesthetic is not mandatory but is recommended for Patient comfort. Examiners will instruct you when to apply topical.

You must perform the inferior alveolar nerve block injection first. The inferior alveolar nerve block and posterior superior alveolar nerve block may be performed on the same or opposite side of the mouth.

Two (2) Examiners will observe your technique. Both injections must be performed to WREB criteria to successfully pass the clinical examination. Because this is a demonstration of clinical skill, it is not necessary for you to describe the technique.

**Pause and Announce.** There are four (4) times that you must pause and announce each critical phase of the injection.

1. **Initial Penetration.** After the needle has penetrated the tissue; stop and hold the position. Wait until instructed to proceed.

2. **Angle and Depth.** Advance to the deposition site. Stop and hold the position. Inform the Examiners when at the optimum depth and angle. Wait until instructed to proceed.

3. **Aspiration.** Aspirate. Announce if the aspiration is positive or negative. If the aspiration is negative, wait until instructed to proceed to deposit the anesthetic solution.

   **NOTE:** WREB requires aspiration on one (1) plane. There is no penalty if an aspiration is completed on two (2) planes.

4. **Deposition Rate.** Once instructed to proceed, inform the Examiners when beginning to deposit the anesthetic. It is not necessary to deposit the entire cartridge since the
Patient is not being anesthetized for clinical procedures. You will be instructed when to stop and withdraw.

Your technique is evaluated at each critical aspect. After observing each critical aspect, one Examiner will say “I see” and the other Examiner will state, “Proceed.”

Upon completion of the IA nerve block, make the needle safe (by securing the cap) or proceed to the PSA nerve block.

**Positive Aspiration.** Should a positive aspiration occur, use your professional judgment to determine whether to re-aspirate, or withdraw and replace the cartridge. A positive aspiration on two (2) attempts does not automatically result in a failure.

**Completion of Examination**
After the completion of both injections, you will be instructed when to dismiss your Patient.

Complete the following:

1. On *Anesthesia Information Sheet*, record total volume of local anesthetic (in milliliters or milligrams) administered.
2. Properly dispose of contaminated sharps and cartridges. Refer to exam site host (school) policy regarding unused anesthetic cartridges.
3. Promptly remove barriers, disinfect operatory and exit clinic.
4. Return your Candidate ID Badge, exam packet, and *Patient Questionnaire* to the designated area.

Official examination results will be withheld if these items are not returned.

**Notification of Preliminary Results.** Preliminary examination results will be provided onsite.

If unsuccessful, you will receive a copy of the *Local Anesthesia Performance Evaluation* form, listing the reason(s) for failure. Discussion with the Examiners or WREB staff regarding your performance or reasons for failure is prohibited.
NOTE: A Candidate who is unsuccessful in their attempt of the WREB Local Anesthesia Clinical Exam will not be permitted to administer local anesthetic to their Patient during the WREB Dental Hygiene Exam.

Optional Onsite Retake Examination. Onsite retakes are available at each examination site for eligible Candidates. An onsite retake is considered a separate examination and included in your total number of examination attempts. You have up to four (4) attempts to pass the Clinical Examination at two (2) separate exam sites, prior to remediation. Retake results are distributed in the same manner as the initial attempt.

If you elect to retake the examination at the same exam site, you will perform only the failed injection(s). If you elect to re-attempt the examination at another site, you will be required to perform both the IA and PSA nerve block injections.

To apply for an onsite retake:

1. Contact the WREB Site Coordinator within the timeframe announced during the Q&A Session to secure your position.

2. The retake examination fee is $270. Onsite payment options are as follows:
   a. A valid credit card displaying Visa, Master Card, Discover, or American Express logo.
   b. A cashier’s check or money order made payable to WREB. No cash or personal checks.

3. Once processed, you will receive new forms and be notified of your retake session time.

Patient Retake Criteria Options. The same Patient or a new Patient may be submitted. All Patient criteria must be met for the retake injection(s). When submitting a previous Patient, the injection(s) must be performed on the opposite side of the mouth.

Exception: If an unsuccessful examination attempt occurred prior to the needle entering the Patient’s mouth (i.e. contaminating the needle), the retake injection may be performed on the same side.
Notification of Official Examination Results. It is WREB policy to notify Candidates via email once official examination results are available, generally within 72 hours of the last date of the scheduled clinical examination. Official results are posted online and can be accessed using your secure username and password.

WREB is a testing agency, not a licensing authority. Successful completion of an examination does not constitute licensure in any state. It is illegal to render patient treatment until a license or certificate is issued by the state. To determine if states other than the WREB member states accept the WREB examination, please contact the individual state boards directly. Visit the About Us page of the WREB website for state board contact information.

Feedback Welcome. WREB greatly appreciates your feedback. Please complete the Candidate Critique by responding to the link sent to you via email following your examination.

REFERENCES


To assist Candidates in preparing for the Local Anesthesia Written examination, the following chart was referenced when constructing MRDs and local anesthetic dosage items.

### Adult MRDs and Local Anesthesia Drug Information

<table>
<thead>
<tr>
<th>Local Anesthetic Drugs</th>
<th>Vasoconstrictor</th>
<th>MRD (mg/lb)</th>
<th>MRD (mg/kg)</th>
<th>MRD ** Absolute (mg)</th>
<th>Duration Category</th>
<th>Pulpal Anesthesia (approximate minutes)</th>
<th>Soft Tissue Anesthesia (approximate minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4% articaine * (w/ vaso)</td>
<td>epinephrine 1:100,000</td>
<td>3.2</td>
<td>7.0</td>
<td>weight dependent</td>
<td>Intermediate</td>
<td>60-75</td>
<td>180-300</td>
</tr>
<tr>
<td>4% articaine * (w/ vaso)</td>
<td>epinephrine 1:200,000</td>
<td>3.2</td>
<td>7.0</td>
<td>weight dependent</td>
<td>Intermediate</td>
<td>45-60</td>
<td>120-300</td>
</tr>
<tr>
<td>0.5% bupivacaine *</td>
<td>epinephrine 1:200,000</td>
<td>0.9</td>
<td>2.0</td>
<td>90</td>
<td>Long</td>
<td>90-180</td>
<td>240-540</td>
</tr>
<tr>
<td>2% lidocaine (w/vaso)</td>
<td>epinephrine 1:50,000</td>
<td>3.2</td>
<td>7.0</td>
<td>500</td>
<td>Intermediate</td>
<td>60</td>
<td>180-300</td>
</tr>
<tr>
<td>2% lidocaine (w/vaso)</td>
<td>epinephrine 1:100,000</td>
<td>3.2</td>
<td>7.0</td>
<td>500</td>
<td>Intermediate</td>
<td>60</td>
<td>180-300</td>
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<tr>
<td>3% mepivacaine (plain)</td>
<td>None</td>
<td>3.0</td>
<td>6.6</td>
<td>400</td>
<td>Short</td>
<td>20-40</td>
<td>120-180</td>
</tr>
<tr>
<td>2% mepivacaine (w/vaso)</td>
<td>levonordefrin 1:20,000</td>
<td>5.0</td>
<td>6.6</td>
<td>400</td>
<td>Intermediate</td>
<td>60</td>
<td>180-300</td>
</tr>
<tr>
<td>4% prilocaine (plain)</td>
<td>None</td>
<td>4.0</td>
<td>8.8</td>
<td>600</td>
<td>Short (I)</td>
<td>10-15 (I)</td>
<td>90-120 (I)</td>
</tr>
<tr>
<td>4% prilocaine (w/ vaso)</td>
<td>epinephrine 1:200,000</td>
<td>4.0</td>
<td>8.8</td>
<td>600</td>
<td>Intermediate</td>
<td>60-90</td>
<td>180-480</td>
</tr>
</tbody>
</table>

Infiltration/supraperiosteal = (I)  
Block = (B)

* No FDA weight-based recommendation, MRD= 90 mg. Health Canada weight-based recommendation 0.9 mg/lb or 2.0 mg/kg  
** Dosages reflect specific local anesthetic drugs, individual absolute MRDs may also be adjusted for vasoconstrictor limits.  
To assist Candidates in preparing for the Local Anesthesia Written examination, the following chart was referenced when constructing MRDs and local anesthetic dosage items.

## AAPD Pediatric MRDs and Local Anesthesia Drug Information

<table>
<thead>
<tr>
<th>Local Anesthetic Drugs Color Coded Box</th>
<th>Vasoconstrictor</th>
<th>MRD (mg/lb)</th>
<th>MRD (mg/kg)</th>
<th>MRD Absolute (mg)</th>
<th>Duration Category</th>
<th>Pulpal Anesthesia (approximate minutes)</th>
<th>Soft Tissue Anesthesia (approximate minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4% articaine (w/ vaso)</td>
<td>epinephrine 1:100,000</td>
<td>3.2</td>
<td>7.0</td>
<td>500</td>
<td>Intermediate</td>
<td>60</td>
<td>180-300</td>
</tr>
<tr>
<td>4% articaine (w/ vaso)</td>
<td>epinephrine 1:200,000</td>
<td>3.2</td>
<td>7.0</td>
<td>500</td>
<td>Intermediate</td>
<td>45</td>
<td>120-300</td>
</tr>
<tr>
<td>0.5% bupivacaine</td>
<td>epinephrine 1:200,000</td>
<td>0.6</td>
<td>1.3</td>
<td>90</td>
<td>Long</td>
<td>40</td>
<td>240-540</td>
</tr>
<tr>
<td>2% lidocaine (w/vaso)</td>
<td>epinephrine 1:50,000</td>
<td>2.0</td>
<td>4.4</td>
<td>300</td>
<td>Intermediate</td>
<td>60</td>
<td>190</td>
</tr>
<tr>
<td>2% lidocaine (w/vaso)</td>
<td>epinephrine 1:100,000</td>
<td>2.0</td>
<td>4.4</td>
<td>300</td>
<td>Intermediate</td>
<td>60</td>
<td>180-300</td>
</tr>
<tr>
<td>3% mepivacaine (plain)</td>
<td>None</td>
<td>2.0</td>
<td>4.4</td>
<td>300</td>
<td>Short</td>
<td>25 (I)</td>
<td>120-180</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2% mepivacaine (w/vaso)</td>
<td>levonordefrin 1:20,000</td>
<td>2.0</td>
<td>4.4</td>
<td>300</td>
<td>Intermediate</td>
<td>50</td>
<td>180-300</td>
</tr>
<tr>
<td>4% prilocaine (plain)</td>
<td>None</td>
<td>2.7</td>
<td>6.0</td>
<td>400</td>
<td>Short (I) Intermediate (B)</td>
<td>20 (I)</td>
<td>90-120 (I) 120 - 240 (B)</td>
</tr>
<tr>
<td>4% prilocaine (w/ vaso)</td>
<td>epinephrine 1:200,000</td>
<td>2.7</td>
<td>6.0</td>
<td>400</td>
<td>Intermediate</td>
<td>60-90</td>
<td>180-480</td>
</tr>
</tbody>
</table>

Infiltration/supraproceral = (I)  
Block = (B)

This chart is adapted from AAPD Guidelines: Use of Local Anesthetic (2015)
# WREB

## LOCAL ANESTHESIA

**PATIENT FIRST NAME**

**PATIENT MEDICAL HISTORY**

**DATE OF BIRTH**

**CANDIDATE ID**

**EXAM SITE**

**DATE**

**SUBMISSION**

Circle “YES” or “NO” to all questions. “YES” responses must be circled in red.

Do you have or have had any of the following?

<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Heart Condition(s)</td>
<td>YES</td>
<td>NO</td>
<td>I</td>
<td>Tuberculosis</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Heart Surgery</td>
<td>YES</td>
<td>NO</td>
<td>J</td>
<td>Kidney/Renal Disease</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Valve Replacement</td>
<td>YES</td>
<td>NO</td>
<td>K</td>
<td>Hepatitis/Jaundice</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Stroke</td>
<td>YES</td>
<td>NO</td>
<td>L</td>
<td>HIV Positive</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>High Blood Pressure</td>
<td>YES</td>
<td>NO</td>
<td>M</td>
<td>Epilepsy/Seizures</td>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>F</td>
<td>Bleeding Disorder(s)</td>
<td>YES</td>
<td>NO</td>
<td>N</td>
<td>Joint Replacement</td>
<td>YES</td>
<td>NO</td>
<td></td>
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<tr>
<td>G</td>
<td>Respiratory Condition(s)</td>
<td>YES</td>
<td>NO</td>
<td>O</td>
<td>Liver/Hepatic Disease</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Diabetes</td>
<td>YES</td>
<td>NO</td>
<td>P</td>
<td>Latex Allergy/Sensitivity</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

Answer the following questions as completely and accurately as possible:

1. Do you have any known allergies or sensitivities (food, medications, dental material)?
   
   **YES** | **NO**
   
   If yes, please explain:

2. Are you taking any prescribed medications?
   
   **YES** | **NO**
   
   If yes, please explain:

3. Are you taking any Over the Counter (OTC) supplements or medications?
   
   **YES** | **NO**
   
   If yes, please explain:

4. Are you currently receiving or have received intravenous bisphosphonate therapy?
   
   **YES** | **NO**
   
   If yes, please explain:

5. Within the last six months, have you been seen by, or are you currently under the care of a physician or health care provider?
   
   **YES** | **NO**
   
   If yes, please explain:

6. Have you experienced local anesthetic complications with dental treatment in the past?
   
   **YES** | **NO**
   
   If so, please explain:

7. Have you used any recreational drug(s) (cocaine or methamphetamines) within the last twenty-four hours?
   
   **YES** | **NO**
   
   If yes, please explain:

8. Do you have or have you been exposed to any condition (disease) not listed above?
   
   **YES** | **NO**
   
   If yes, please explain:

9. Women: Are you pregnant?
   
   **YES** | **NO**
   
   If yes, expected due date:

**INSTRUCTIONS TO CANDIDATE**

Please state below the reason for any alteration in standard treatment. Attach verification of the patient’s medical clearance for dental hygiene/anesthesia procedures or state the reason for necessary antibiotic coverage.

________________________________________

________________________________________

**PATIENT BLOOD PRESSURE**

**PATIENT PULSE**

**CHIEF EXAMINER INITIALS**

**RETAKE BLOOD PRESSURE**

(Consent Form on Reverse Side)
PATIENT CONSENT AND ASSUMPTION OF RISK

Western Regional Examining Board, an Arizona non-profit corporation ("WREB") is a national dental and dental hygiene testing agency required to test candidates' clinical skills for the states that accept the results of WREB examinations. This involves doing certain types of dental procedures for volunteer patients.

The WREB examinations are typically administered at various dental or dental hygiene schools and universities ("School" or "Schools") around the country. You have agreed to volunteer as a patient for a candidate (the "Candidate") that is taking a WREB examination. Other than administering an examination at a School, WREB has no relationship or affiliation with any of the Schools.

The Candidate has met the educational requirements necessary to take the exam, but WREB and the Schools have no knowledge regarding the Candidate's skill or competence. The Candidate who is treating you may not be licensed in any of the member states of WREB. The Candidate will be performing a dental examination on you, including one or no procedures (collectively, the "Procedures") as a part of the examination to determine if the Candidate is qualified to be licensed as a dentist or dental hygienist in a WREB state.

WREB and the Schools do not assume any responsibility for the treatment or Procedures you receive from the Candidate. If an injury occurs during the examination, neither WREB (including its examiners) nor the School (including anyone acting on its behalf) assumes any responsibility to provide follow up dental treatment. WREB and the Schools assume no responsibility for notifying you of any poor, substandard, or negligent work rendered by the Candidate. If you have any concerns regarding the quality of care administered by the Candidate, then you should see a licensed dentist.

By volunteering to be a patient for the Candidate during the WREB examination, you expressly acknowledge and agree that you are not and will not become a patient of record of the School solely due to the treatment or Procedures that you receive from the WREB Candidate during the examination. The School is merely a hosting site and is in no way responsible for supervising or overseeing the dental services provided by the WREB Candidate during the examination.

You hereby expressly agree to assume the risk for injuries of any kind that occur before, during, or after the WREB examination. You agree to indemnify WREB (including its examiners) and the School (including anyone acting on its behalf) harmless from any and all losses, claims, demands, damages, assessments, costs and expenses (including reasonable attorneys' fees) of every kind, nature or description resulting from, arising out of or relating to your health care or condition before, during, or after the examination.

I hereby state that I have read and understand this Patient Consent Form and Assumption of Risk. I confirm that I am 18 years of age or older. I hereby consent to the procedure(s), I realize that local anesthetics may have to be administered and I consent to the use of local anesthetics by the Candidate. I understand that my medical history, on the reverse side of this form, will be shared with examiners as required to determine eligibility for the exam and for reference in case of medical emergency.

I authorize Candidate ID # ______________ to perform local anesthesia injections upon me.

Signature: ______________________________ Date: ______________

Printed Name: ___________________________ Parent or Guardian’s Signature

Address: ________________________________

City: ______________ State: _____ Zip: __________

v19022018

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LOCAL ANESTHESIA INFORMATION SHEET

INSTRUCTIONS: Complete form prior to or immediately after clinic entrance

Candidate ID Number: ___________________________  □ Initial Exam Attempt
Patient First Name: _____________________________  □ Onsite Retake

PATIENT TYPE:  □ New Patient  □ Previous Patient (applies to onsite Retake ONLY)

<table>
<thead>
<tr>
<th>INJECTION</th>
<th>INJECTION SITE</th>
<th>NEEDLE LENGTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA</td>
<td>LEFT</td>
<td>RIGHT</td>
</tr>
<tr>
<td>PSA</td>
<td>LEFT</td>
<td>RIGHT</td>
</tr>
</tbody>
</table>

Anesthetic Type and Expiration Date: _____________________________

Total amount of anesthetic administered (ml or mg): _____________________________

NOTE: COMPLETED FORM REMAINS AT OPERATORY
CANDIDATE EXAMINATION OVERVIEW

___ Clinic Tour
___ Candidate Q&A Session
___ Assigned Clinical Entrance

- *Patient Medical History/Patient Consent* form, noting Patient’s blood pressure and pulse (completed prior to entering clinic)
- Prepare to enter clinic (approximately 30 min. prior to your assigned clinic time)
- After entering clinic, complete *Anesthesia Information Sheet*
- Place barriers on chair and set up operatory
- Prepare syringe(s) with chosen local anesthetic and needles
- Examiners will inform you when to escort your Patient to clinic
- Place bib labeled with Candidate ID on Patient

**Clinical Examination**

- One Examiner will check Patient’s oral mucosa, penetration sites and that landmark teeth are present
- *Local Anesthesia Information Sheet* for accuracy
- Examiners will inform you:
  - When to apply topical
  - When they are ready to observe injections
  - When to loosen needle caps
  - When to dismiss your Patient
- Record total volume (ml or mg) of local anesthetic on *Local Anesthesia Information Sheet* (form remains at operatory)
- Clean and disinfect operatory
- Return Candidate ID Badge to designated area
- Have Patient complete questionnaire and place in designated area