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 from across the member states 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. There is no additional fee for the onsite retake 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 less 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 DENTAL HYGIENE EXAMINATION

General Information

The purpose of the Dental Hygiene Clinical Examination is to evaluate your ability to utilize professional judgment and clinical competency in providing oral health care to a Patient.

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. Additionally, WREB conducts scheduled Pre-Exam webinars for groups. Students should contact their Program Director to schedule a webinar. Graduates should contact WREB directly for more information.

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.

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
- Specific clinic entrance time
- Sharing a Patient

If sharing a patient, the request must include 1) the names of both candidates, 2) indicate whether the Patient will be shared on the same day or different days, and 3) if a specific day is desired. **You are responsible for any inconvenience that may occur due to the sharing of Patients on the same exam day.**

Examination Schedules. Approximately one (1) month prior to the clinical exam you will receive your individual examination schedule. You will be scheduled for either a morning or an afternoon session.

Clinical Evaluation

The clinical aspects of the examination include:
- Patient qualification
- Extraoral and Intraoral evaluation
- Calculus detection and removal
- Tissue management
- Periodontal assessment
- Professional judgment

Polishing is not a graded procedure. Take into consideration the needs of the Patient and the necessity of the procedure when determining whether to polish.
WREB recognizes the evolution of innovative technology for assessment and diagnosis purposes. However, disclosing solution, calculus softening agents and similar products are not permitted.

**Patient Criteria**

**It is your responsibility to submit a Patient that meets the examination criteria.** All dental hygiene treatment is performed on the same Patient. WREB staff, member state dental boards, licensing agencies and host site faculty are unable to provide Patients. If a Patient is accepted by the examiners, an appeal cannot be based on Patient difficulty.

It is your responsibility to accurately and effectively interpret Patient qualification criteria. Therefore, other professionals (including faculty), should not make final determination of your Patient’s acceptability for the examination. Make every effort to ensure that your first treatment submission qualifies under the published guidelines to avoid the possibility of loss of points and clinic time.

A Patient who is apprehensive, hypersensitive or uncooperative is not an ideal Patient for this examination.

**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 or older.
2. Cannot be a dentist, dental hygienist, a dental or dental hygiene student.
3. **Present current medical clearance from an appropriate health care provider if a Patient is pregnant.**
4. **Present medical clearance and/or antibiotic coverage from an appropriate health care provider in the case of artificial heart valves, history of infective endocarditis, serious congenital heart conditions, and/or cardiac/organ transplant. This includes heart attack, stroke or cardiac surgery within the past six (6) months. (Antibiotic coverage for joint prosthesis according to ADA guidelines.)**

   Patients requiring antibiotic coverage cannot be shared with another Candidate. Patients with diabetes controlled by insulin injection(s) or an insulin infusion device may not be shared on the same clinical day.

5. 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 medical clearance 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.

6. No orofacial herpes at the vesicle or ulcerated vesicle stages or during the prodrome stage.
7. **ASA I or II. ASA III status that does not alter dental hygiene care or pose a risk to you or your Patient in a testing environment.**
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 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 bisphosphonate 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.

A 4.00-point penalty is assessed if your Patient is unacceptable. You have the option of submitting another Patient.

Sharing a Patient. You may share a Patient (and radiographs, see pgs. 12-13) on the same clinical day only if you and another Candidate are paired in one of the following groups: AA/BB, CA/DB, or EA/FB, or on different clinical days (see Scheduling Requests, pg. 8). You are responsible for any inconvenience that may occur due to the sharing of Patients on the same clinical examination day.

If sharing a Patient on the same day, Candidates in the afternoon session will be responsible for asking the Chief Examiner for the local anesthetic dosage information administered during the morning session.

Treatment Submission Acceptance Criteria

You must submit one (1) quadrant and have the option of submitting up to four (4) additional teeth if necessary, to fulfill the submission criteria. Each treatment submission rejection will incur a 4.00-point penalty. Up to (3) three submissions are allowed.

All surfaces of qualifying calculus in the treatment submission are recorded. For the purposes of grading, twelve (12) surfaces of qualifying calculus are assigned. Assignments are made first from the treatment submission quadrant and, if necessary, any additional teeth. Additional teeth are assigned only as necessary to fulfill the submission criteria.

In addition to submitting one primary submission (Sub. #1), you have the option of submitting an alternate submission (Sub. #2) on the same Patient. An alternate submission is designed to save you time if the first submission is unacceptable.

Examples:

- LR quadrant plus teeth #2, 3, 4 are submitted. LR quadrant has twelve (12) qualifying surfaces. No additional teeth are required to fulfill the criteria. No additional teeth are assigned for treatment.
- LR quadrant plus teeth #2, 3, 4 are submitted. There are not enough qualifying surfaces on the molars in the LR quadrant. Tooth #2 (and/or #3) is assigned to fulfill the criteria.
- LR quadrant plus teeth #2, 3, 4 are submitted. There are not enough qualifying surfaces in the LR quadrant. Teeth #2, 3 and 4 are assigned to fulfill the criteria.

Examiners will record the assigned quadrant and additional teeth on the Candidate Assignment Form.

The treatment submission is rejected if less than twelve (12) surfaces of qualifying subgingival calculus are identified by Examiners.
The **treatment quadrant** must meet the following criteria:

- A minimum of six (6) natural teeth.
- A permanent molar in proximal contact with either an adjacent molar or premolar.
  
  Molar contact definition: the explorer does not pass freely between the contact of the two (2) teeth. An implant crown adjacent to a permanent molar can function as the contact. The implant is exempt from all other graded aspects of the examination.

A retained deciduous tooth counts as a natural tooth and is included in the submission. It is charted as positioned in the mouth and eligible for all examination treatment procedures. However, it cannot fulfill the criteria of a permanent molar with a proximal contact.

The following are exempt from all examination treatment procedures (i.e. assignment of qualifying calculus, scaling, periodontal assessment):

- Missing teeth
- Supernumerary teeth
- A tooth with retained roots and no clinical crown
- A third molar with tissue covering any portion of the occlusal surface
- Implants
- In the rare circumstance that Examiners determine that the examination procedures would compromise the integrity of a surface(s), or cause undue discomfort to the Patient, the surface(s) will be exempted from all instrumentation and shaded out on the *Candidate Assignment Form*.

Examiners will mark out any exempted teeth in the treatment submission quadrant on the *Candidate Assignment Form*. Do not alter or amend the recorded exemptions on this form; consult the Chief Examiner regarding the treatment assignment.

**Qualifying Calculus**

WREB cautions against pre-scaling any surfaces of the teeth. This may reduce the number of qualifying surfaces in the treatment submission and result in a submission rejection. Pre-scaling of other quadrants may reduce the ability to submit additional teeth or other quadrants in the case of a submission rejection.

Examiners utilize tactile detection and do not rely on radiographic evidence when determining qualifying surfaces of calculus.

Each tooth has four (4) surfaces: Mesial, Distal, Facial and Lingual.

**At Check-In, Examiners will not accept qualifying calculus on a tooth surface that has the following:**

- Probing depths greater than 7 mm at Check-In (6 mm maximum requirement +1 mm leeway applies)
- Class III or greater furcation
- Class III mobility (all 4 surfaces excluded)
- Orthodontic bands (bonded lingual arch wires are acceptable)
- Temporary, faulty, and overhanging restorations that extend subgingivally
- Gross caries that extend subgingivally and impact grading
- Rough subgingival crown margins

The above surfaces are only exempt from acceptance for qualifying deposits. They are **NOT** exempt from other examination procedures (i.e. scaling, periodontal assessment).
Criteria:

- Twelve (12) surfaces of qualifying, subgingival calculus
- A minimum of three (3) of the twelve (12) qualifying surfaces of calculus must be located on molars
- No more than four (4) of the twelve (12) qualifying surfaces may be located on mandibular anterior teeth

Descriptors: Qualifying Calculus must be subgingival. The following are descriptors of an acceptable deposit:

- Distinct and easily detected with the explorer
- Explorer easily catches on the upward or downward stroke
- Definitive bulk, or nodular formation (may or may not catch)

The following are examples of Non-Qualifying Calculus deposits:

- Grainy or rough surface
- Small spicule or light deposit

Radiographs & Radiographic Submission Criteria

All radiographs become the property of WREB upon Check-In and are not returned to you. You should have duplicate radiographs for your personal use during the examination. Radiographs for both the primary and the alternate submission must be submitted at Check-In.

You may share the same set of radiographs at the examination site if sharing a Patient. Record both Candidate ID Numbers on the radiographs. The Sharing Radiographs form will be distributed at the Onsite Question and Answer session. Each of you must complete a Sharing Radiographs form for the transfer of radiographs to the appropriate Patient folder. WREB does not transfer Patient radiographs to other examination sites.

Radiographs must be of diagnostic quality but do not have to be exposed by you. The criteria pertain only to the radiographs for the treatment submission(s).

Radiographic technique and diagnostic quality are not a graded category. However, the density and contrast of the radiographs must be such that the anatomical structures and oral conditions can be evaluated by Examiners, both at Patient acceptance and at final grading. Poor technique or non-diagnostic quality (e.g. too light/dark, indistinct, poor print quality) may result in a point deduction if anatomical structures are not visible when grading questions numbered 1-4 of the Periodontal Assessment section.

Examiners utilize the radiographs to evaluate for the following:

- Severity and type of bone loss
- Furcation involvement
- Temporary, faulty, and overhanging restorations
- Gross caries which impact Patient comfort or grading
- Subgingival crown margins
- Presence of implants, supernumerary and deciduous teeth

Traditional, duplicate, or printed digital radiographs are acceptable.

Bitewings: Each posterior tooth in the treatment submission must be at least partially visible on a bitewing radiograph (including qualifying 3rd molars). The bitewings must have been exposed within twelve (12) months of the examination date and may be:

- Horizontal or vertical
- Extraoral or intraoral
**Supplemental Images:** In addition to the bitewings, you must submit any combination of the following diagnostic quality images, which show all the required structures for each tooth in the treatment submission. The images must have been exposed within 36 months of the exam date and may be:

- Periapicals
- Panoramic

**Examples of Radiographic Submission:** Diagnostic bitewings with panoramic and/or anterior periapicals, full mouth series.

**Criteria for diagnostic radiographs of treatment submission:**

- Bitewings of all submitted posterior teeth
- Exposure dates within WREB guidelines
- Density and contrast and print quality are such that anatomical structures and oral conditions can be evaluated
- A portion of each tooth in the treatment submission must be visible in the series
- Alveolar crestal bone visible
- Apex and bone circumscribing entire root visible

**Traditional Radiographs:**

- Labial mounted (as if the raised dimple is facing up), right to left, top (maxillary) to bottom (mandibular) in correct anatomical position
- Radiographs must be submitted in an x-ray mount that withstands handling

**Duplicate or Printed Digital Radiographs:**

- Labial mounted (as if the raised dimple is facing up), right to left, top (maxillary) to bottom (mandibular) in correct anatomical position
- Printed on photo quality paper and without image overlap
- No more than two (2) sheets of 8.5” x 11” paper
- A panoramic radiograph is an acceptable third sheet

**All radiographs must be labeled with the following:**

- Patient’s first name (only)
- Candidate ID Number (record both ID numbers if sharing a Patient)
- Right and left
- Date(s) of exposure

The radiographs will be returned for correction if labeled incorrectly, have any visible school identification, or are not within the exposure date parameters.

**Equipment and Materials**

You may bring this *Candidate Guide*, including the pre-recorded *Calculus Chart*, with you into the examination clinic. Record only calculus deposits on the *Calculus Chart*; do not make other types of notations. Any outside reference material or previously prepared notes are not allowed.

**Instruments.** The following instruments are required (as displayed on page 28):

- #11/12 Old Dominion University (ODU) explorer (extended [EXD] is acceptable)
- #4 or #5 front surface mirror (double-sided is acceptable)
- University of North Carolina (UNC) periodontal probe with 1-12 mm (plastic-tipped and/or right-angle is not acceptable)

You may submit the same set of instruments for Check-In and Check-Out. The Examiners are calibrated using these required instruments and will return incorrect or defective instruments. Have
additional instruments in case any instruments become contaminated. Do not rely on the host site to provide additional instruments.

You must provide the following:

- Patient
- Instruments
- Sonic or ultrasonic device (refer to Exam Site Information for connection compatibility)
- Handpiece (refer to Exam Site Information for connection compatibility)
- Blood pressure measuring device
- Candidate and Patient appropriate protective eyewear
- If applicable, local anesthetic armamentarium (refer to Exam Site Information)
- Two (2) pens: one (1) red and one (1) blue or black

**Site Provided Equipment and Supplies:** The exam site host (school) provides expendable materials for your use during the examination (see grid, pg. 14). 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 all 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 connections, rental availability, types of local anesthetic, 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.

If you experience a malfunction of school equipment, you must notify the Chief Examiner immediately. The Chief Examiner may assign a time compensation if the issue is not resolved within five (5) minutes. An appeal may not be based on loss of clinic time if you do not report the incident to the Chief Examiner.

| Expendable Dental Hygiene Materials provided by Exam Site Host (School) |  |
|---|---|---|
| 2x2 gauze squares | Cotton-tip applicators | Prophy paste |
| Air/water syringe tips | Drinking cups | Sanitizing materials |
| Antimicrobial mouthwash | Face masks | Soap |
| Anesthetic(s) | Facial tissue | Standard saliva ejectors |
| • Local anesthetic(s) with and without vasoconstrictor | Gloves, nonlatex (S,M,L,XL) | Surface disinfectant |
|  | Headrest covers | Syringe Needles |
| • Topical anesthetic(s) | Instrument trays, disposable | Tray covers |
| Autoclave bags, small | Paper towels | Trash bags |
| Autoclave bags, medium | Patient bib clips, disposable |  |
| Autoclave tape | Patient napkins/bibs |  |
Administration of Anesthetics

Local anesthetic cannot be administered prior to Check-In. You may apply topical local anesthetic agent prior to Check-In (e.g. Oraqix®). Please adhere to manufacturer and FDA recommended maximum dosages. Administration of nitrous oxide analgesia is prohibited. WREB does not allow the use of anesthetics with a high percentage of vasoconstrictor.

You or a qualified practitioner (not affiliated with the examination) may administer local anesthetic after your Patient has been accepted. It is your responsibility to plan for the administration of local anesthetic prior to the examination day. Local anesthetic cannot be administered by Examiners, WREB staff, or other Candidates. Texas school sites provide a licensed practitioner to administer local anesthetic.

Educators are only permitted to administer local anesthetic at the school where they teach and must follow the same protocol as a qualified practitioner.

Candidate Requirements. To administer local anesthetic to a WREB Board Patient, you must meet one (1) of the following criteria for Candidate qualification:

1. **Course Certification Form:** An original Local Anesthesia Course Certification Form, signed by the dean/director with school seal affixed, indicating student’s course completion date and consent to administer local anesthetic to a WREB Board Patient. Original document submitted to WREB office no less than three (3) weeks prior to exam.

2. **Board Permission:** An original letter of permission (state seal affixed) from the state board or licensing agency in which the exam is held. Original document submitted to WREB office no less than three (3) weeks prior to exam.

3. **Licensure:** Proof of current licensure/certification to administer local anesthetic in the state in which the examination is held. Original or copy of current licensure/certification presented at exam site to Chief Examiner.

4. **Local Anesthesia Clinical Exam Results:** Proof of successful completion of the WREB Local Anesthesia Clinical Exam is one of the following:
   - **Completed within last twelve (12) months:** No further documentation required. Eligibility is indicated by an ‘A’ on the Candidate ID Badge, provided to you at the exam site.
   - **Completed during same week of WREB Hygiene Clinical Exam:** No further documentation required. Eligibility is indicated by an ‘A’ on the Candidate ID Badge (see Exception below).

**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.

Licensed Practitioner Requirements. To administer local anesthetic to a WREB Board Patient, the practitioner (dentist or dental hygienist) must be licensed to administer local anesthetic in the state in which the exam is held. The practitioner is required to complete a Disclaimer/Administration of Anesthesia form, provided at the exam site, acknowledging acceptance of responsibility for local anesthetic-related emergencies.

At the exam site, the practitioner must present copies of the following documents to the Chief Examiner for verification before anesthetic is administered. All submitted documentation becomes the property of WREB.

   - Valid photo ID (e.g., driver license, passport)
• State-issued dental or dental hygiene license
• Private Practitioners: Malpractice insurance
• Faculty Practitioners: Verification of faculty malpractice insurance coverage for designated school where examination is administered

Practitioners must follow WREB and CDC guidelines for clinical attire as well as the school’s infection control policies. Refer to the Infection Control Guidelines section on page 2 and the Exam Site Information packet available on the WREB website for more information.

Onsite Question & 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. 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.

The Candidate Exam Packet contains the following:
• Candidate ID Badge
• Patient Medical History/Patient Consent form
• Patient Continuing Care form
• Patient Submission Sheet
• Local Anesthesia Dosage form
• Candidate Assignment Form (CAF)
• One sheet protector

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.
• Your first Patient has been rejected for high blood pressure or active orofacial herpes.

Withdrawal for any other reason constitutes failure of the exam.

Day of the Exam
Clinic Entrance and Check-In Procedure
Clinic Entrance. The Chief Examiner will admit you at your assigned clinic entrance time.
• Present your Candidate ID Badge.
• Seat your Patient after entering the clinic.
• Attach your badge in a visible location on your clinic gown or jacket.
• Submit your Patient as soon as possible.
• Do not set up your operatory fully at this time.

The Patient Check-In deadline is 45 minutes from your assigned Clinic Entrance time. If you do not have a Patient to submit by the Check-In deadline, you have the choice of either incurring a 4.00-point penalty or incurring a 3-minute deduction of clinic treatment time for each minute your Patient is late. The time deduction is automatically subtracted from your total treatment time.

Completing the Extraoral and Intraoral Examination. After entering the clinic complete an Extraoral and Intraoral Examination on your Patient.
• Record on the front of the Candidate Assignment Form and submit form at Check-In.
• Your recorded findings will not be graded at Check-In, and the form will be returned to you with your Patient. You may make additions or changes to this section before submitting the Candidate Assignment Form for final grading.

For the purposes of the WREB exam, you are only required to describe and indicate proper recommendation for atypical or abnormal conditions requiring follow-up or monitoring.

  • **Follow up:** short-term, in-office re-evaluation or referral to a medical or dental professional for consultation or treatment.
  • **Monitoring:** indicated for ongoing evaluation at a future recare visit.

The following atypical conditions are generally not appropriate for follow-up or monitoring and may result in a point deduction if described:

  • Simple, transient changes that will resolve without immediate attention (e.g. cheek bite, post-treatment gingival inflammation due to poor oral health, aphthous ulcer, hematoma).
  • Benign conditions that do not pose any threat to the Patient’s health or require monitoring (e.g. tori, coated or geographic tongue, linea alba, amalgam tattoo etc.).
  • It is not necessary to note restorative needs.

**Note:** Use the “Comments to Examiners” on the Candidate Assignment Form to record any relevant information for Examiners or post treatment conditions (i.e. hematoma, cheek bite).

Select “NSF” if there are no significant atypical conditions to describe.

- OR -
Select “Follow-up or Monitor” for any condition described. A location, brief description, and history (duration, symptoms, etc.) must be recorded, but measurements are not required.

**Full credit (2.00 points)**
  • Correct use of “NSF”
  • Condition is correctly described, and the recommendation is correct

**Partial Credit (1.00 point)**
  • Either the description or recommendation is correct

**No Credit (-2.00 points)**
  • Both “NSF” and a description are noted
  • Both description and recommendation are incorrect
  • Normal condition or anatomy is described
  • A significant atypical condition is not described
  • The section is left blank

**Example Descriptions for Follow-up or Monitor**

1. Location: Left vestibule area #20-23
   Description: Leukoplakia with corrugated surface
   History: Patient has used smokeless tobacco for seven (7) years

2. Location: Attached gingiva adjacent to apex #13 facial
   Description: Small, round fistula
   History: Patient is aware of need for endodontic treatment of periapical abscess

3. Location: Right buccal mucosa
   Description: White, lacy striations; suspected lichen planus
   History: Present two (2) years
Chief Examiner Review. The location of the Chief Examiner Register is indicated during the clinic tour. Record your Candidate ID Number on the register. The Chief Examiner will come to your operatory to review (not grade) your paperwork, instruments and radiographs.

Do not wait until the last minute to sign the register. The Chief Examiner may not have adequate time to complete the verification of your paperwork and you might miss the Check-In deadline.

Have the following completed, ready and organized prior to signing the register:

1. **Patient Medical History/Patient Consent form:** Patient signature (both sides), Patient’s current pulse and blood pressure reading. **Circle all “YES” answers in red pen.**

2. **Patient Submission Sheet:** Patient’s first name, your Candidate ID Number, exam date, and submission number.
   - Indicate treatment submission quadrant by circling quadrant letters on the diagram. If you choose to submit additional teeth for treatment, indicate teeth number(s) on the lines provided.
   - When choosing to submit first (1st) and alternate (2nd) submissions (same Patient only), complete both front and back of the **Patient Submission Sheet.**
   - Once your Patient is accepted, the **Patient Submission Sheet** remains at the Check-In Desk.

3. **Local Anesthesia Dosage form:** Top portion; list medications your Patient has taken that day.

4. **Patient Continuing Care form:** Record dental hygiene treatment planned for the examination, as well as future dental hygiene treatment needed. If necessary, actual treatment provided may be amended post-treatment. Practitioner or dental hygiene school contact information must be noted.

5. **Radiographs:** Properly mounted and labeled (see Radiographs & Radiographic Submission Criteria, pgs. 12-13). Radiographs for both primary and alternate submission must meet radiographic criteria and be submitted at Check-In.

   If the required images are not present during Chief Examiner Review, the Chief Examiner will not proceed with the review process until the required images are obtained. The 45-minute Check-In deadline will not be adjusted. It is in your best interest to have the required radiographs in advance to avoid late penalties.

6. **Instrument Tray:** Sterile instruments placed inside clean, open autoclave bag; Patient protective eyewear and gauze (see Instruments, pg. 28).

Send Patient to Check-In Desk. Once the Chief Examiner Review is complete, the Floor Assistant will direct your Patient to the examining area with the following:

- **Patient Medical History/Patient Consent form**
- **Patient Submission Sheet**
- **Candidate Assignment Form**
- Instrument tray
- Radiographs
- Patient bib labeled with your Candidate ID Number, placed on Patient

**Patients are not examined if the required materials or instruments are not present or correct.** While your Patient is in the examining area, complete the set-up of your operatory and prepare for
administering local anesthetic, if applicable. As a professional courtesy, place belongings and personal items out of the way of others.

At Check-In, a minimum of three (3) Examiners will evaluate your Patient. Evaluating an alternate submission requires additional examiners and time. Patients may be in the examining area for one (1) hour or more. The clinic may be cool, so advise your Patient to dress accordingly.

**Treatment Submission Accepted.** Your Patient will return with your instrument tray and the Candidate Assignment Form. It is your responsibility to evaluate the Candidate Assignment Form for accuracy.

Note the following:
- Start and Stop Treatment times; your Patient must be at Check-In desk at or before final “Stop” time.
- Treatment assignment, including additional teeth, if applicable.
- Exempt teeth/surfaces.
- If any information is unclear or incorrect, notify the Chief Examiner immediately. **Do not make any changes to assignment information on this form.**

You will have up to two (2) hours and fifteen (15) minutes to complete the examination procedures. Patients are not allowed to remain in the clinic area beyond the time specified on your Candidate schedule.

Be aware that late or subsequent Patient submissions may reduce your actual clinic time available for Patient treatment. If a late penalty was assigned or a treatment submission(s) was rejected, treatment time may be less.

There is only one official time clock in the clinic area identified by the “Official WREB Clock” sign. Refer only to this clock when monitoring your clinic time as it is synced with the Check-In desk computer.

You may administer local anesthetic after your Patient has been accepted. Chief Examiner approval is necessary only prior to administering local anesthetic in an amount exceeding 50% of the MRD (see pg. 36).

**Treatment Submission Unacceptable.** The Chief Examiner will escort your Patient to you with an Instructions to Candidate (ITC) form indicating the reason your treatment submission did not qualify for the examination. Each treatment submission rejected will incur a 4.00-point penalty.

The Chief Examiner will discuss the following resubmission options with you:
- Same quadrant plus additional teeth
- Different quadrant with or without additional teeth
- Different Patient

Take time to review the criteria for acceptance and re-explore. Consider adding additional teeth.

You will have up to one and a half (1½) hours after your initial Check-In deadline to submit an additional Patient(s). Failure to submit a Patient by the final Check-In deadline results in failure of the examination.

**Dental Hygiene Treatment Procedures**

It is important that you maintain proper infection control throughout the examination. Properly dispose of any biohazardous materials and keep the area around your operatory clean. Change gloves when they become soiled.
Notify the Chief Examiner with any questions or concerns. Notify the Floor Assistant or Chief Examiner immediately for any equipment malfunctions (time compensation may be allowed).

**Calculus Removal.** Remove all subgingival and supragingival calculus in the treatment submission (quadrant/and any additional teeth) indicated on the *Candidate Assignment Form*. Surfaces selected by the Examiners at Check-In are independently evaluated by three (3) Examiners at Check-Out.

**Probing and Recession.** Examiners will assign three (3) teeth in the treatment quadrant for which you are to record probing and recession measurements. A total of fifteen (15) probing and recession areas are predetermined for grading. Record all measurements on the back of the *Candidate Assignment Form*; any field left blank is counted as an error.

Measure and record the six (6) sulcus depths (MF, F, DF, ML, L, and DL) for the three (3) assigned teeth after calculus removal. Because several factors can influence probe measurements, a 1 mm leeway is allowed. This variance means that if you record 5 mm and the Examiner measures 4 mm for sulcus depth, there is no error. It is an error, if you record 5 mm and the Examiner measures 3 mm.

Measure and record gingival recession that is apical to the cementoenamel junction (CEJ) of the facial and lingual aspect of each assigned tooth. The greatest amount of recession from line angle to line angle should be recorded; a 1 mm leeway is allowed. If the CEJ is no longer easily detected, use the adjacent teeth to approximate the level of CEJ. Recession is recorded in the smaller boxes on the facial and lingual aspect of each tooth on the probing diagram. **You must record “0” if recession is NOT present; it is an error if you record recession as “1 mm” and recession is not present (no 1 mm leeway allowed).**

**Periodontal Assessment.** The Periodontal Assessment includes assessment and recording of:
- Periodontal pocket depth
- Gingival recession
- Type and Severity of radiographic bone loss
- Classification of furcation involvement
- Classification of Periodontal Disease

**Periodontal Assessment Questions.** Utilize all your assessment records, including radiographs and WREB-provided references, to answer the four (4) questions on the assigned tooth in the treatment quadrant (see *References*, pg. 27). Note that Question #3 is for the facial aspect only.

1. **What type of Radiographic Bone Loss is present?** (2.00 points)
   Evaluate the interproximal surfaces for the presence of bone loss and select the correct answer.
   - ☐ None OR ☐ If bone loss if present, select all types that apply
     - ☐ Horizontal  ☐ Vertical
   Full credit (2.00 points): Correct selection of “No bone loss present” or correct selection of type(s) of bone loss present.
   Partial credit (1.00 point): Correct selection of one (1) type when both types of bone loss are present.
2. **What is the severity of interproximal Radiographic Bone Loss?** (2.00 points)
   Evaluate the interproximal surfaces and select the correct answer for the greatest percentage of bone loss on the **assigned tooth**.
   
   Select:
   - None
   - Coronal 1/3 <15%
   - Coronal 1/3 15-33%
   - Extends to middle 1/3 of root and/or beyond

3. **What is the classification of furcation on the facial aspect?** (2.00 points)
   
   Select:
   - None
   - Class I
   - Class II or greater

4. **What is the classification of periodontal disease?** (2.00 points)
   
   Using all the recorded measurements and radiographs, classify the disease for the **assigned tooth** by the most severe condition present.
   
   Periodontal pocket measurements, the distance from the gingival margin (GM) to the Cementoenamel Junction (CEJ), and radiographic bone levels are used to determine the Clinical Attachment Loss (CAL) and the severity of disease. Consider your previous answers to questions numbered 1-3 and the provided reference when making the determination.
   
   Select:
   - Gingivitis (No Clinical Attachment Loss)
   - Slight
   - Moderate
   - Severe

**Check-Out Procedure**

**Send Patient to Check-Out.** The Chief Examiner will not issue time warnings or monitor your clinic stop time. You must be aware of your clinic “Stop” time (located on your **Candidate Assignment Form**) and submit your Patient at or before the assigned time. If your Patient is late to the Check-In desk, you will incur a 1.00-point deduction from your total exam score for each minute past your “Stop” time that your Patient is late.

The Chief Examiner does not need to verify or initial any forms prior to submitting your Patient for Check-Out.

**Send your Patient to the Check-In desk with the following:**
- **Patient** should be wearing a clean bib, labeled with your Candidate ID Number.
- **Tray** with instruments placed inside a clean, open autoclave bag.
- **Candidate Assignment Form** (inserted in sheet protector) with the Extraoral and Intraoral Examination Information and Periodontal Assessment sections (i.e. periodontal probing, facial and lingual recession and four [4] periodontal assessment questions) completed.
- **Patient Continuing Care** form (previously completed).
- **Local Anesthesia Dosage** form (completed). The total volume of local anesthetic recorded in milligrams or milliliters or “No anesthetic administered to Patient” box checked.

**You have the option to re-anesthetize** your Patient prior to Check-Out. Your Patient may be in the examining area for up to one (1) hour or more.

**Before Exiting the Clinic:**
- Clean, disinfect and set up the operatory for the next Candidate.
• Return the following items to the Chief Examiner or Floor Assistant. **Note: Official examination results will be withheld if items are not returned.**
  - Candidate ID Badge (disinfect and wipe)
  - Any ITC forms, if applicable
• After grading is completed, your Patient will return to the reception area with your eyewear and instruments placed inside a clean, sealed autoclave bag, and their copy of the *Patient Continuing Care* form.
• The Check-In Assistant will give your patient a copy of the *Patient Continuing Care Form* and *Patient Information Questionnaire*. Place completed questionnaire in the designated collection basket.
PERFORMANCE EVALUATION
A maximum of 100 points is possible on the Dental Hygiene examination. A final score of 75.00 points or higher is required to pass.

Scoring Information. Three (3) Examiners independently evaluate each Patient. Assigned points are deducted from your score for validated errors. A validated error is an error independently agreed upon by two (2) or more Examiners.

<table>
<thead>
<tr>
<th>SECTION</th>
<th>MAXIMUM POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal Assessment</td>
<td></td>
</tr>
<tr>
<td>Extraoral and Intraoral Examination</td>
<td>25.00</td>
</tr>
<tr>
<td>Calculus Removal</td>
<td></td>
</tr>
<tr>
<td>Tissue Management</td>
<td>75.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LATE PENALTIES</th>
<th>POINT OR TIME DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Check-In</td>
<td>Either a 4.00-point penalty or a 3-minute deduction(s) from treatment time for each minute late</td>
</tr>
<tr>
<td>Late Check-Out</td>
<td>-1.00 point for each minute late</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ERRORS &amp; PENALTIES</th>
<th>POINT DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Submission Rejection</td>
<td>-4.00 (each)</td>
</tr>
<tr>
<td>Recession Error</td>
<td>-1.00 (each)</td>
</tr>
<tr>
<td>Probe Error</td>
<td>-1.00 (each)</td>
</tr>
<tr>
<td>Periodontal Assessment Items</td>
<td>-2.00 (each)</td>
</tr>
<tr>
<td>Extraoral and Intraoral Examination</td>
<td>-2.00 (maximum)</td>
</tr>
<tr>
<td>Calculus Remaining</td>
<td>-6.25 (each)</td>
</tr>
<tr>
<td>Tissue Trauma Error</td>
<td>-6.50 (each)</td>
</tr>
<tr>
<td>No Patient Accepted</td>
<td>Failure of the examination</td>
</tr>
</tbody>
</table>

You are allowed up to a maximum of three (3) treatment submissions. If you are unable to submit a Patient that meets the examination requirements, you will fail the examination.

Probing and Recession. A total of 15.00 points is possible. One (1.00) point is deducted for each probing error up to a maximum of 12.00 points. One (1.00) point is deducted for each gingival recession error up to a maximum of 3.00 points.

Periodontal Assessment Questions. Two (2.00) points will be deducted for each wrong answer for questions numbered 1-4. Partial credit of 1.00 point may be given for Question #1 (radiographic bone loss). A maximum of 8.00 points are possible.

Extraoral and Intraoral Examination. A maximum of 2.00 points will be deducted. Partial credit of 1.00 point may be given.
Calculus Removal. Six and one-quarter (6.25) points are deducted for each calculus error.

<table>
<thead>
<tr>
<th>DESCRIPTORS OF CALCULUS ERRORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Subgingival and/or supragingival</td>
</tr>
<tr>
<td>2. Detectable with explorer or air</td>
</tr>
<tr>
<td>3. Burnished</td>
</tr>
<tr>
<td>4. Spicule</td>
</tr>
</tbody>
</table>

Tissue Management (Trauma). Six and a half (6.50) points are deducted for each tissue trauma error. Four (4) or more tissue trauma errors constitute failure of the examination. Completion of remedial education and WREB Board approval are required prior to application to reattempt the examination.

<table>
<thead>
<tr>
<th>DESCRIPTORS OF TISSUE TRAUMA ERRORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any iatrogenic damage to Extraoral and Intraoral tissues</td>
</tr>
<tr>
<td>2. Tissue tags</td>
</tr>
<tr>
<td>3. Lacerations</td>
</tr>
<tr>
<td>4. Burns (ultrasonic)</td>
</tr>
<tr>
<td>5. Amputated papilla</td>
</tr>
</tbody>
</table>

Late Penalties

1. Check-In
   If your first Patient is late for the examination or does not show, you may choose to either take a 4.00-point penalty or a 3-minute deduction of clinic treatment time for each minute your Patient is late for Check-In. The assigned late penalties are deducted from your treatment time once your Patient is accepted.

2. Check-Out
   One (1.00) point is deducted from the clinical examination score for each minute your Patient is late for Check-Out procedures.

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

If unsuccessful, you will receive a copy of the Dental Hygiene Performance Evaluation form listing the reason(s) for failure. Discussion with WREB staff regarding your performance scoring is prohibited.

Optional Onsite Retake Examination. Complimentary onsite retakes (no additional fee required) are available at each Dental Hygiene exam site for eligible Candidates and are generally scheduled on the last day of the examination. An onsite retake is considered a separate examination and included in your total number of examination attempts. If you elect to re-attempt the examination at another site, the full registration fee is required. Retake results are distributed in the same manner as the initial attempt.

To register for the complimentary retake examination onsite, contact the WREB Site Coordinator within the timeframe announced during the Q&A Session to secure your position. Once processed, you will receive new forms and be notified of your retake session time.
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 utilizing the link sent to you via email following your examination.
REFERENCES


### Guidelines for Determining Types of Radiographic Bone Loss

<table>
<thead>
<tr>
<th>CLASS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Bone Loss</td>
<td>Alveolar crestal bone is less than 2mm from the CEJ. Lamina Dura may appear as opaque line parallel to CEJ’s of adjacent teeth</td>
</tr>
<tr>
<td>Horizontal Bone Loss</td>
<td>Alveolar crestal bone is greater than 2mm from the CEJ. Bone loss is parallel to the CEJ’s of adjacent teeth. Lamina Dura may exhibit fuzziness or break. Bone around tilted teeth may appear to be vertical- but is parallel to line between adjacent CEJ's.</td>
</tr>
<tr>
<td>Vertical Bone Loss</td>
<td>Bone is oriented diagonally to the CEJ’s of adjacent teeth. Interproximal surfaces may appear as “V” or wedge-shaped radiolucency.</td>
</tr>
</tbody>
</table>

### Guidelines for Determining Furcation Classification

<table>
<thead>
<tr>
<th>CLASS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Concavity of the furcation cannot be detected</td>
</tr>
<tr>
<td>Class I</td>
<td>Concavity of the furcation can be detected with instrument, but the furcation cannot be entered.</td>
</tr>
<tr>
<td>Class II</td>
<td>Instrument can enter from one aspect but cannot pass completely through (or to palatal root on maxillary). Radiolucency in the furcation is visible.</td>
</tr>
<tr>
<td>Class III</td>
<td>Instrument passes completely through furcation, which is still covered by soft tissue. Radiolucency in the furcation is visible.</td>
</tr>
<tr>
<td>Class IV</td>
<td>Instrument passes completely through furcation, which is clinically visible due to gingival recession. Radiolucency in furcation is visible.</td>
</tr>
</tbody>
</table>

### Guidelines for Determining Classification of Periodontal Disease

<table>
<thead>
<tr>
<th></th>
<th>Gingivitis</th>
<th>Slight</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probing Depths</td>
<td>1-3mm</td>
<td>≤ 4mm</td>
<td>≤ 5mm</td>
<td>≥ 6mm</td>
</tr>
<tr>
<td>Bleeding on Probing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Severity of Radiographic bone loss</td>
<td>None</td>
<td>Coronal 1/3 &lt; 15%</td>
<td>Coronal 1/3 15-33%</td>
<td>Extends to middle 1/3 of root and/or beyond</td>
</tr>
<tr>
<td>Clinical Attachment Loss</td>
<td>None</td>
<td>1-2mm</td>
<td>3-4mm</td>
<td>5+mm</td>
</tr>
</tbody>
</table>
WREB DENTAL HYGIENE
REQUIRED INSTRUMENTS

OLD DOMINION UNIVERSITY (ODU) #11/12 EXPLORER
(Extended [EXD] is acceptable)

#4 OR #5 FRONT SURFACE MIRROR
(Double-sided is acceptable)

UNIVERSITY OF NORTH CAROLINA (UNC) 1 – 12 MM
(Plastic-tipped and/or right-angle is not acceptable)
This chart is for your use in recording *calculus deposits*, not recession or probing depths. It is not a graded form and will not be submitted to examiners.
DENTAL HYGIENE
PATIENT MEDICAL HISTORY

PATIENT FIRST NAME___________________________________________
DATE OF BIRTH___________________________________________

Circle “YES” or “NO” to all questions. “YES” responses must be circled in red.
Do you have or have had any of the following?

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

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 your 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:___________________________________________

Patient’s Initials:___________________________________________

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 more 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) against, and hold 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 attorney’s 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 not a dentist or dental hygienist foreign or domestic. I consent to having radiographs and a dental examination made for me. I 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 consent to having WREB examiners take intraoral photographs of my teeth and gums for the use in future examiner calibrations, provided my name is not associated with the photographs in any way. I understand that my medical history on the reverse side 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 a dental hygiene examination (including the Procedures) upon me.

Signature: __________________________ Date: ______________

Printed Name: ________________________ Parent or Guardian’s Signature

Address: ______________________________ (if patient is a minor)

City: __________________ State: _____ Zip: __________ Must be at least 18 years of age for

Periodontal Treatment
WREB Dental Hygiene Examination  
Patient Continuing Care

C.E. Initials: ________

Candidate ID #: ______________________

Candidate First and Last Name: ________________________________ Date: ____________

PATIENTS FIRST and LAST NAME: __________________________ Exam Site: __________

WREB requires all Patients receiving treatment at a WREB dental or dental hygiene examination be referred to a practitioner or dental/dental hygiene school for completion of any remaining treatment.

Follow-up and completion of dental hygiene treatment is the responsibility of the Patient.

List the treatment completed today at the dental hygiene examination:

________________________________________________________________________

________________________________________________________________________

List any dental hygiene treatment alterations necessary based on the Patient’s health history or systemic conditions:

________________________________________________________________________

________________________________________________________________________

List any future dental/dental hygiene treatment necessary:

________________________________________________________________________

________________________________________________________________________

Referral Information
Name and Address (city and state) of Practitioner or Dental/Dental Hygiene School: _________________

________________________________________________________________________

Phone Number (practitioner or school): ____________________________

Patient Signature: ____________________________

Candidate Signature: ____________________________

SUBMIT THIS FORM AT CHECK-OUT

---

Top blue copy: WREB  
Bottom white copy: Patient

---
WREB Dental Hygiene Examination
Local Anesthesia Dosage Form

C.E. Initials: __________

Candidate ID#: _______________ Exam Site: __________________ Date: __________

Patient First and Last Name: __________________________________________

☐ No Anesthetic Planned ☐ Administered

Credentials Checked:

☐ Practitioner ☐ Candidate

List any medications taken today:
______________________________

Total Amount of Local Anesthetic Administered this session:

Amount/Type: __________________________

Patient Shared AM and PM Sessions (same clinic day):
Shared with Candidate ID#: __________

Total Amount of local anesthetic administered AM Session

Amount/Type: __________________________

Total Amount Administered AM and PM Session

Amount/Type: __________________________

You must obtain Chief Examiner approval to administer local anesthetic that will exceed 50% MRD.

Chief Examiner Approval: __________________________

SUBMIT THIS FORM AT CHECK-OUT

______________________________
# 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>
</tr>
</thead>
<tbody>
<tr>
<td>4% articaine <em>(w/ vaso)</em></td>
<td>Epinephrine 1:100,000</td>
<td>3.2</td>
<td>7.0</td>
<td>weight dependent</td>
<td>Intermediate</td>
</tr>
<tr>
<td>4% articaine <em>(w/ vaso)</em></td>
<td>Epinephrine 1:200,000</td>
<td>3.2</td>
<td>7.0</td>
<td>weight dependent</td>
<td>Intermediate</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>
</tr>
<tr>
<td>2% lidocaine <em>(w/ vaso)</em></td>
<td>Epinephrine 1:50,000</td>
<td>3.2</td>
<td>7.0</td>
<td>500</td>
<td>Intermediate</td>
</tr>
<tr>
<td>2% lidocaine <em>(w/ vaso)</em></td>
<td>Epinephrine 1:100,000</td>
<td>3.2</td>
<td>7.0</td>
<td>500</td>
<td>Intermediate</td>
</tr>
<tr>
<td>3% mepivacaine <em>(plain)</em></td>
<td>None</td>
<td>3.0</td>
<td>6.6</td>
<td>400</td>
<td>Short</td>
</tr>
<tr>
<td>2% mepivacaine <em>(w/ vaso)</em></td>
<td>Levonordefrin 1:20,000</td>
<td>3.0</td>
<td>6.6</td>
<td>400</td>
<td>Intermediate</td>
</tr>
<tr>
<td>4% prilocaine <em>(plain)</em></td>
<td>None</td>
<td>4.0</td>
<td>8.8</td>
<td>600</td>
<td>Short (I)</td>
</tr>
<tr>
<td>4% prilocaine <em>(w/ vaso)</em></td>
<td>Epinephrine 1:200,000</td>
<td>4.0</td>
<td>8.8</td>
<td>600</td>
<td>Intermediate</td>
</tr>
</tbody>
</table>

* 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.

Patient Submission Sheet

Sample Form (front)

Candidate # AB19
Submission # 1

Date: 6/8/20

Circle the quadrant you are submitting.

Additional teeth: 18

Comments to Examiners:

WREB

Patient's First Name: Nicolas

Bite trauma on lower left lip

Sample Form (back)

Alternate Submission

Candidate # AB19
Submission # 2

Date: 6/8/20

Circle the quadrant you are submitting.

Additional teeth: 18 30

Comments to Examiners:

WREB

Bite trauma on lower left lip
This page intentionally left blank.
CANDIDATE ASSIGNMENT FORM

TIME ASSIGNMENT
START TIME: 9:04
STOP TIME: 11:19

CANDIDATE ID # AB19

(Deducted for late check-in: _______ minutes.)
(Patient must be at the Check-in desk at or before this time.)

It is your responsibility to evaluate this form for accuracy prior to beginning treatment. If you think there is an error, please see the Chief Examiner. Making changes to this form could result in dismissal from the exam.

SUBMISSION ACCEPTED:
The examiner(s) accepted the following submission: □ 1st □ 2nd □ 3rd

QUADRANT ASSIGNMENT: UR UL LR LL

ADDITIONAL TEETH: X X X X X

Remove all subgingival and supragingival calculus from the circled quadrant and additional teeth.

EXTRAORAL AND INTRAORAL EXAMINATION
Describe atypical conditions, which require follow up evaluation or monitoring at future recare.

☑ NSF

OR

☑ Follow up or Monitor

Location of Condition: ____________________________
BRIEF Description: _____________________________
History: ______________________________________

☑ Follow up or Monitor

Location of Condition: ____________________________
BRIEF Description: _____________________________
History: ______________________________________

General comments to Examiners (informational only; not graded):

__________________________________________
__________________________________________
__________________________________________

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT.
QUADRANT ASSIGNMENT: UR UL LR LL

ADDITIONAL TEETH: X X X X

FOR EXAMINER USE ONLY to indicate excluded teeth/surfaces.

Record the six periodontal probing depths and the facial and lingual recession for the indicated teeth below.

Periodontal Assessment
Utilizing all of your assessment records, answer the following questions for Tooth #14

1. What type of Radiographic Bone Loss is present? Evaluate the interproximal surfaces for the presence of bone loss and select the correct answer.
   - None OR If bone loss is present, select all types that apply.
     - Horizontal
     - Vertical

2. What is the severity of interproximal Radiographic Bone Loss? Evaluate the interproximal surfaces and select the correct answer for the greatest percentage of bone loss on the assigned tooth.
   - None
   - Coronal 1/3 <15%
   - Coronal 1/3 15-33%
   - Extends to middle 1/3 of root and/or beyond

3. What is the classification of furcation on the facial aspect?
   - None
   - Class I
   - Class II or greater

4. What is the classification of periodontal disease? Using all recorded measurements and radiographs, classify the disease for the assigned tooth by the most severe condition present.
   - Gingivitis (No Clinical Attachment Loss)
   - Slight
   - Moderate
   - Severe
CANDIDATE ASSIGNMENT FORM

TIME ASSIGNMENT
START TIME: 9:04
STOP TIME: 11:19

CANDIDATE ID # AB19

(Deducted for late check-in: _______ minutes.)
(Patient must be at the Check-In desk at or before this time.)

It is your responsibility to evaluate this form for accuracy prior to beginning treatment. If you think there is an error, please see the Chief Examiner. Making changes to this form could result in dismissal from the exam.

SUBMISSION ACCEPTED:
The examiner(s) accepted the following submission: ☒ 1st ☐ 2nd ☐ 3rd

QUADRANT ASSIGNMENT: UR UL LR LL
ADDITIONAL TEETH: X X X X X

Remove all subgingival and supragingival calculus from the circled quadrant and additional teeth.

EXTRAORAL AND INTRAORAL EXAMINATION
Describe atypical conditions, which require follow up evaluation or monitoring at future recare.

☐ NSF

OR

☐ Follow up or Monitor

Location of Condition:
BRIEF Description:

History:

☐ Follow up or Monitor

Location of Condition:
BRIEF Description:

History:

General comments to Examiners (informational only; not graded):

CHIEF INITIALS ARE NOT REQUIRED FOR PATIENT TO REPORT FOR CHECK-OUT.
Sample Form (back) – Check-Out

**QUADRANT ASSIGNMENT:**  
UR | UL  
---|---  
LR | LL  

**ADDITIONAL TEETH:** X X X X

FOR EXAMINER USE ONLY to indicate excluded teeth/surfaces.

Record the six periodontal probing depths and the facial and lingual recession for the *indicated teeth* below.

**F**  

<table>
<thead>
<tr>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

Record recession in the individual boxes below

- Record probing depths in the chart
- Record recession in the individual boxes above

**F**  

<table>
<thead>
<tr>
<th>13</th>
<th>14</th>
<th>15</th>
</tr>
</thead>
</table>

Periodontal Assessment

Utilizing all of your assessment records, answer the following questions for **Tooth #14**

1. What type of Radiographic Bone Loss is present? Evaluate the interproximal surfaces for the presence of bone loss and select the correct answer.
   - None  
   - OR  
   - If bone loss is present, select all types that apply.
     - Horizontal  
     - Vertical

2. What is the severity of interproximal Radiographic Bone Loss? Evaluate the interproximal surfaces and select the correct answer for the greatest percentage of bone loss on the assigned tooth.
   - None
   - Coronal 1/3 <15%
   - Coronal 1/3 15-33%
   - Extends to middle 1/3 of root and/or beyond

3. What is the classification of furcation on the **facial aspect**?
   - None
   - Class 1
   - Class II or greater

4. What is the classification of periodontal disease? Using all recorded measurements and radiographs, classify the disease for the **assigned tooth** by the most severe condition present.
   - Gingivitis (No Clinical Attachment Loss)
   - Slight
   - Moderate
   - Severe
OVERVIEW CLINICAL EXAMINATION

Time ______  CLINIC ENTRANCE TIME (refer to your individual Exam Schedule)
REQUIRED: Candidate ID Badge

SEAT YOUR PATIENT
• Put on clinic gown/lab coat with Candidate ID Badge visible
• Place patient bib (labeled with Candidate ID Number)

COMPLETE AN INTRAORAL AND EXTRAORAL EXAMINATION
• Note significant findings on front of Candidate Assignment Form

PRIOR TO SIGNING THE CHIEF REGISTER SHEET, THE FOLLOWING FORMS MUST BE COMPLETED:
• Patient Medical History/Patient Consent form (signed, vitals recorded within 1 hour)
• Patient Submission Sheet
• Local Anesthesia Dosage form (top portion completed)
• Patient Continuing Care form (entire form, signed)
• Candidate Assignment Form (EIE recorded)

INSTRUMENT TRAY:
• Sterile mouth mirror, explorer and probe placed inside clean, open autoclave bag
• Appropriate protective eyewear, 2 x 2 gauze

RADIOGRAPHS (labeled with Candidate ID Number, date(s), Patient’s first name, Right and Left)

SIGN CHIEF EXAMINER REGISTER SHEET

APPROVED BY CHIEF EXAMINER:
PATIENT TAKES THE FOLLOWING TO CHECK-IN DESK:
• Patient Medical History/Patient Consent form
• Patient Submission Sheet
• Candidate Assignment Form
• Radiographs
• Patient Tray

Time ______  CLINICAL START TIME (start time is recorded on Candidate Assignment Form)

Time ______  CLINIC STOP TIME – Patient must be at Check-In desk (stop time is recorded on Candidate Assignment Form)

CHECK-OUT (NO approval needed before sending patient to Check-In desk)
• Candidate Assignment Form (completed and inserted into sheet protector)
• Patient Continuing Care form (previously completed; amended if necessary)
• Local Anesthesia Dosage form (type and amount administered recorded)
• Patient Tray (identical to Check-In)

Prior to exiting clinic, turn in your Candidate ID Badge and any ITCs to Floor Assistant.
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SELF-TEST QUESTIONS

1. Which of the following would result in an unacceptable Patient? (Mark all that apply)
   A. A BP of 185/100
   B. Cocaine use within the last 24 hours
   C. Antibiotic coverage needed, but without official written clearance
   D. Presence of active Orofacial herpes

2. What type(s) of Patients may not be shared on the same clinical day? (Mark all that apply)
   A. Patients requiring antibiotic prophylaxis
   B. Patients with epilepsy
   C. Patients who require insulin by injection or insulin pump
   D. All of the above

3. Which of the following are necessary for Patient Acceptance? (Mark all that apply)
   A. A minimum of 12 surfaces with qualifying calculus
   B. A treatment quadrant with more than 6 natural teeth
   C. A treatment quadrant with a permanent molar with a proximal contact
   D. A treatment quadrant plus 4 additional teeth
   E. A minimum of 3 surfaces of qualifying calculus on molars

4. True or False?
   A tooth with a pocket depth of 7 mm at Check-In will be disqualified from the treatment submission.

5. Which of the following would exclude a surface from qualifying calculus acceptance? (Mark all that apply)
   A. Gross caries that extend subgingivally and impact grading
   B. Orthodontic bands
   C. Pocket depth of 6 mm
   D. Class II furcation
   E. Class III mobility
   F. Rough subgingival crown margin

6. How are exempted teeth/surfaces indicated on the Candidate Assignment Form?
   A. Not indicated. You must treat all teeth in the submission.
   B. Examiners will indicate on the Candidate Assignment Form.
   C. You will mark them out on the Candidate Assignment Form.

7. Which of the following diagnostic radiographs are acceptable?
   A. Digital or traditional BW of all posterior teeth within 1-year of exam date
   B. Digital or traditional FM series within 3 years of exam date
   C. Digital traditional Periapicals within 3 years of exam date
   D. Digital or traditional Panoramic within 3 years of exam date
8. Are these radiographs labeled correctly?  Y/N

9. What are the consequences for radiographs that are incomplete or not within the WREB date requirements?
   A. The Patient is rejected
   B. There is a radiographic penalty assigned
   C. The Chief Examiner will not proceed with the Check-In Review process until the required images are present.

10. When do I sign the Chief Register Sheet? (Mark all that apply)
    A. When I enter the clinic and seat my Patient.
    B. When my operatory is set up.
    C. After completing an Extraoral and Intraoral Examination.
    D. After completing and organizing paperwork, radiographs and Patient tray.

11. Which forms go with Patient at Check-In? (Mark all that apply)
    A. Patient Medical History form
    B. Patient Submission Sheet
    C. Local Anesthesia Dosage form
    D. Candidate Assignment Form
    E. Patient Continuinhg Care form

12. True or False?
    If your Patient is extremely sensitive, you may administer local anesthetic prior to Check-In.

13. When should I place my Candidate Assignment Form in the sheet protector?
    A. At Check-In
    B. At Check-Out

14. What should you do if your treatment submission is rejected for Insufficient Qualifying Calculus? (Mark all that apply)
    A. Pack up your belongings and leave the clinic.
    B. Review criteria for qualifying calculus.
    C. Re-explore for calculus that meets qualifying criteria.
    D. Consider options for resubmitting with different teeth/combinations or different Patient.
15. True or False?
You can submit a different Patient for the Alternate Submission.

16. True or False?
Your clinic treatment time starts when your Patient leaves for Check-In.

17. Which of the following are necessary prior to sending the Patient to Check-Out? (Mark all that apply):
   A. Signing the Chief Register Sheet
   B. Obtaining Chief Examiner Approval
   C. Placing Candidate Assignment Form in sheet protector
   D. Preparing Patient with Candidate ID sticker on clean bib
   E. Preparing Instrument tray/Patient eyewear
   F. Submitting Patient Continuing Care form
   G. Submitting the completed Local Anesthesia Dosage form

18. True or False?
Prior to Check-Out, you may revise the previously recorded Extraoral and Intraoral Examination notations on the Candidate Assignment Form.

19. How should the total volume of Local Anesthetic administered be recorded?
   A. The number of cartridges recorded on the Local Anesthesia Dosage Form
   B. The volume in milliliters or milligrams recorded on the Candidate Assignment Form
   C. The volume in milliliters or milligrams recorded on the Local Anesthesia Dosage Form

20. How many points are lost for each treatment submission rejection?
   A. None
   B. 3
   C. 4
   D. 10

21. How many points are lost if my patient is late to Check-Out?
   A. 3.00 points
   B. 4.00 points
   C. 1.00 point for each minute late
   D. There is no penalty
SELF-TEST ANSWERS

1. Which of the following would result in an unacceptable Patient? (Mark all that apply)
   A. A BP of 185/100
   B. Cocaine use within the last 24 hours
   C. Antibiotic coverage needed, but without official written clearance
   D. Presence of active Orofacial herpes
   
   Answer: A, B, C, and D. Refer to Patient Criteria, pgs. 9-10. All of the above would result in the need to submit a different Patient.

2. What type(s) of Patients may not be shared on the same clinical day? (Mark all that apply)
   A. Patients requiring antibiotic prophylaxis
   B. Patients with epilepsy
   C. Patients who require insulin by injection or insulin pump
   D. All of the above
   
   Answer: A and C. Patients requiring antibiotic coverage cannot be shared with another Candidate. Patients with diabetes controlled by insulin injection or infusion pump cannot be shared on the same clinical day. Refer to Patient Criteria, pgs. 9-10.

3. Which of the following are necessary for Patient Acceptance? (Mark all that apply)
   A. A minimum of 12 surfaces with qualifying calculus
   B. A treatment quadrant with more than 6 natural teeth
   C. A treatment quadrant with a permanent molar with a proximal contact
   D. A treatment quadrant plus 4 additional teeth
   E. A minimum of 3 surfaces of qualifying calculus on molars
   

4. True or False?
   A tooth with a pocket depth of 7 mm at Check-In will be disqualified from the treatment submission.
   
   Answer: False. There is a 1 mm leeway for periodontal measurements. At Check-In, a surface (not tooth) with a pocket depth of 8 mm or greater will be excluded only from Qualifying Calculus assignment. Refer to Qualifying Calculus, pgs. 11-12.

5. Which of the following would exclude a surface from qualifying calculus acceptance? (Mark all that apply)
   A. Gross caries that extend subgingivally and impact grading
   B. Orthodontic bands
   C. Pocket depth of 6 mm
   D. Class II furcation
   E. Class III mobility
   F. Rough subgingival crown margin
   
   Answer: A, B, E, and F. Surfaces are only excluded from qualifying calculus acceptance. A surface with a Class III furcation is also disqualified. See Qualifying Calculus, pgs. 11-12.
6. How are exempted teeth/surfaces indicated on the Candidate Assignment Form?
   A. Not indicated. You must treat all teeth in the submission.
   B. Examiners will indicate on the Candidate Assignment Form
   C. You will mark them out on the Candidate Assignment Form

   **Answer:** B. Exemptions are indicated on CAF only by examiners. Do not alter or amend the recorded exemptions. Refer to Treatment Submission Acceptance Criteria, pgs. 10-11, and example of exempt tooth on sample CAF form, pgs. 39-42.

7. Which of the following diagnostic radiographs are acceptable?
   A. Digital or traditional BW of all posterior teeth within 1-year of exam date
   B. Digital or traditional FM series within 3 years of exam date
   C. Digital or traditional Periapicals within 3 years of exam date
   D. Digital or traditional Panoramic within 3 years of exam date

   **Answer:** A, B, C and D. A portion of each posterior tooth submitted MUST be visible in a bitewing, exposed within 12 months of the examination date. In addition to the bitewings, you must submit your selection of any combination of diagnostic quality images, which show all the required structures for each tooth in the treatment submission. Refer to Radiographs & Radiographic Submission Criteria, pgs. 12-13.

8. Are these radiographs labeled correctly?  Y/N

   **Answer:** No. Radiographs must be labeled Right and Left. Refer to Radiographs & Radiographic Submission Criteria, pgs. 12-13.

9. What are the consequences for radiographs that are incomplete or not within the WREB date requirements?
   A. The Patient is rejected
   B. There is a radiographic penalty assigned
   C. The Chief Examiner will not proceed with the Check-In Review process until the required images are present.

   **Answer:** C. Radiographs may be taken onsite, but the 45-minute Check-In deadline will not be adjusted. A loss of points or treatment time may be incurred if late for Check-In. Refer to Chief Examiner Review, pg. 18-19.

10. When do I sign the Chief Examiner Register Sheet? (Mark all that apply)
    A. When I enter the clinic, and seat my Patient
    B. When my operatory is set up
    C. After completing an Extraoral and Intraoral Examination
    D. After completing and organizing paperwork, radiographs and Patient tray.
Answer: C and D. Complete the EIE, make sure all paperwork is completed, radiographs are properly labeled, and your instruments are in a clean, open autoclave bag. Refer to Chief Examiner Review, pgs. 18-19.

11. Which forms go with Patient at Check-In? (Mark all that apply)
   - A. Patient Medical History form
   - B. Patient Submission Sheet
   - C. Local Anesthesia Dosage form
   - D. Candidate Assignment Form
   - E. Patient Continuing Care form

   Answer: A, B, and D. The Local Anesthesia Dosage form and Patient Continuing Care form are reviewed by the Chief Examiner at Check-In but submitted at Check-Out. Refer to Send Patient to Check-In, pgs. 18-19.

12. True or False?
   If your Patient is extremely sensitive, you may administer local anesthetic prior to Check-In.

   Answer: False. Placement of topical anesthetic is acceptable prior to Check-In. See Administration of Anesthetic, pgs. 15-16.

13. When should I place my Candidate Assignment Form in the sheet protector?
   - A. At Check-In
   - B. At Check-Out

   Answer: B. Refer to Check-Out Procedure, pg. 21-22.

14. What should you do if your treatment submission is rejected for Insufficient Qualifying Calculus? (Mark all that apply)
   - A. Pack up your personal belongings and leave the clinic
   - B. Review criteria for qualifying calculus
   - C. Re-explore for calculus that meets qualifying criteria
   - D. Consider options for resubmitting with different teeth/combinations or different Patient.

   Answer: B, C, and D. A treatment submission rejection results in a 4-point penalty. The Chief Examiner will discuss options with you. Refer to Treatment Submission Accepted and Treatment Submission Unacceptable, pg. 19.

15. True or False?
    You can submit a different Patient for the Alternate Submission.

   Answer: False. The Alternate Submission and Primary Submission must be for the same Patient. Refer to Treatment Submission Acceptance Criteria, pgs. 10-11.

16. True or False?
    Your clinic treatment time starts when your Patient leaves for Check-In.

   Answer: False. Your clinic start time will begin once your Patient leaves the Check-In desk (after acceptance). If you have a submission rejection or incur point penalties, you may not have the entire two hours and fifteen minutes for treatment. Refer to Treatment Submission Accepted, pg. 19.
17. Which of the following are necessary prior to sending the Patient to Check-Out? (Mark all that apply):
   A. Signing the Chief Register Sheet
   B. Obtaining Chief Examiner Approval
   C. Placing Candidate Assignment Form in sheet protector
   D. Preparing Patient with Candidate ID sticker on clean bib
   E. Preparing Instrument tray/Patient eyewear
   F. Submitting Patient Continuing Care form
   G. Submitting the completed Local Anesthesia Dosage form

   **Answer:** C, D, E, F and G. Monitor your clinic time. Chief Examiner approval is not necessary for Check-Out. Candidate ID Badge and any ITCs are turned in before you exit the clinic. Refer to Check-Out Procedure, pgs. 21-22.

18. True or False?
   Prior to Check-Out, you may revise the previously recorded Extraoral and Intraoral Examination notations on the Candidate Assignment Form.

   **Answer:** True. The comments initially recorded in the Extraoral and Intraoral Examination section prior to Check-In can be amended prior to Check-Out. Refer to Completing the Extraoral and Intraoral Examination, pgs. 16-17.

19. How should the total volume of Local Anesthetic administered be recorded?
   A. The number of cartridges recorded on the Local Anesthesia Dosage Form
   B. The volume in milliliters or milligrams recorded on the Candidate Assignment Form
   C. The volume in milliliters or milligrams recorded on the Local Anesthesia Dosage Form

   **Answer:** C. Refer to Check-Out Procedure, pg. 21-22.

20. How many points are lost for each treatment submission rejection?
   A. None
   B. 3
   C. 4
   D. 10

   **Answer:** C. Refer to Treatment Submission Unacceptable, pg. 19 and Scoring Information, pg. 23-25.

21. How many points are lost if my patient is late to Check-Out?
   A. 3
   B. 4
   C. 1 point for each minute late
   D. There is no penalty

   **Answer:** One point is deducted from your score for each minute your patient arrives after your “Stop Treatment” time. Refer to Check-Out Procedure, pg. 21-22.