



**WREB**

A National Dental and Dental Hygiene Testing Agency

**2020**

**DENTAL EXAM**

**candidate guide**



## **Mission Statement**

The mission of WREB is to develop and administer competency assessments for State agencies that license dental professionals.

Version 1.0

Copyright 2020 WREB

All rights reserved. No part of this manual may be used or reproduced in any form or by any means without prior written permission of WREB.

*This page intentionally left blank.*

## TABLE OF CONTENTS

GENERAL INFORMATION .....	1
Welcome to the WREB Dental Exam .....	1
Exam Content: Required Sections .....	1
Exam Content: Elective Sections.....	2
Passing Requirements.....	3
Remediation.....	3
Scoring Information .....	3
Provisional Results .....	5
Final Results .....	6
Testing Candidates with Disabilities .....	6
Dismissal for Improper Performance or Unethical Conduct .....	7
Irregularities and Appeals .....	8
WREB Exam Security and Identification Verification.....	9
Malpractice Insurance .....	10
Exam Personnel and Anonymity .....	10
General Guidelines.....	11
Infection Control Guidelines .....	12
Dental Assistants.....	13
Equipment and Materials .....	14
Scoring Criteria and Patient Welfare .....	15
Patient Selection .....	16
Radiographs .....	19
Authentication/Security.....	20
Alteration of Radiographs.....	21
Exam Preparation Materials .....	21
Clinical Examination Overview.....	22
Schedule Overview .....	22
Candidate Clinic Schedule (Operative and Periodontal Treatment Procedures) .....	22
Simulation Lab Schedule (Endodontic and Prosthodontic Procedures) .....	24
Onsite Retakes .....	24
Late Penalties.....	25
Sample Exam Schedules.....	25
Illustration of Instruments .....	29
Sample Forms.....	30

OPERATIVE .....	33
Operative Section Overview .....	33
Case Selection Criteria .....	33
Patient Acceptance at the Exam Site .....	35
Radiographic Criteria for Caries .....	37
Provisional Acceptance .....	40
Cavity Preparation .....	43
Modification Procedure .....	45
The Preparation Grade .....	46
“Dismissal for the Day” Approval.....	47
The Finish Grade .....	48
Releasing Your Patient .....	49
Definitions.....	49
Reference Material .....	51
Operative Scoring.....	52
Direct Posterior Composite Prep Scoring Criteria Rating Scale .....	54
Direct Anterior Composite Prep Scoring Criteria Rating Scale .....	55
Direct Posterior Amalgam Composite Prep Scoring Criteria Rating Scale.....	56
Direct Finish Composite Prep Scoring Criteria Rating Scale .....	57
Sample Operative Worksheets .....	59
ENDODONTICS .....	65
Endodontic Section Overview .....	65
Supplies .....	65
Exam Procedure .....	66
Anterior Tooth Procedure.....	68
Posterior Tooth Procedure .....	69
Preoperative Radiographs.....	69
Postoperative Radiographs.....	69
Completing the Section.....	71
Definitions .....	71
Reference Material .....	72
Endodontic Scoring .....	73
Weighting.....	73
Endodontic Onsite Retakes .....	73
Endodontic Scoring Criteria Rating Scale.....	73
Sample Endodontic Worksheet .....	76

PERIODONTAL TREATMENT .....	77
Periodontal Treatment Section Overview .....	77
General Instructions.....	77
Patient Criteria.....	77
Patient Acceptance .....	78
Patient Unaccepted .....	80
Treatment .....	80
Major Tissue Trauma .....	80
Treatment Grade .....	81
Releasing Your Patient .....	81
References .....	82
Periodontal Treatment Scoring.....	83
Periodontal Treatment Onsite Retakes .....	83
Sample Periodontal Treatment Worksheet.....	83
PROSTHODONTICS .....	87
Prosthodontic Section Overview .....	87
Supplies .....	87
Exam Procedure .....	88
Completing the Section.....	91
Definitions .....	92
Reference Material .....	93
Prosthodontic Scoring.....	94
Prosthodontic Onsite Retakes.....	94
Prosthodontic Scoring Criteria Rating Scale .....	96
Sample Prosthodontic Worksheet .....	98
END OF CLINICAL EXAM .....	99
FREQUENTLY ASKED QUESTIONS.....	101

**BE SURE TO VISIT US ONLINE at [wreb.org](http://wreb.org) for a complete preparation and understanding of the WREB examination process. This information supplements this *Candidate Guide* and is made available to you for a successful outcome!**

#### **INFORMATION FOR DENTAL CANDIDATES**

- Exam Locations, Schedule, and Fees
- “Site Information”
- Policies and Procedures
- Application Process
- *CTP Exam Candidate Guide*
- CTP Exam Candidate Tutorial
- *Clinical Candidate Guide*
- Clinical Exam Candidate Preparation Tutorials
- Exam Forms
- Special Accommodations Information
- Cancellations and Refunds Policy
- Request Score Reports/Exam Information
- Appeals Policy and Forms
- Frequently Asked Questions and Advice

#### **CURRENT PUBLICATIONS**

- Current Newsletters
- Published Articles and Position Papers

#### **LINKS AND OTHER INFORMATION**

- Member State Boards
- States Accepting WREB
- Prometric Test Centers for CTP Exam

#### **CONTACT US**

WREB  
23460 North 19<sup>th</sup> Avenue, Suite 210  
Phoenix, AZ 85027  
Telephone: (623) 209-5400  
Email: [dentalinfo@wreb.org](mailto:dentalinfo@wreb.org)

#### **GENERAL INFORMATION**

- WREB’s Mission Statement
- History of WREB
- Frequently Asked Questions and Advice

## GENERAL INFORMATION

### ***Welcome to the WREB Dental Exam***

This *Candidate Guide* provides information needed for taking the dental exam. Study this *Guide* carefully. You may refer to this *Guide* during the exam. Please also visit the WREB website at [wreb.org](http://wreb.org) for complete preparation and understanding of the WREB examination process.

The WREB Exam is 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 exam is developed to provide a reliable clinical assessment for state boards' use in making valid licensing decisions.

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

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

All official WREB documents contain the WREB logo. Schools or other individuals may prepare forms and schedules to assist Candidates. However, these documents are not authorized by WREB and may contain inaccurate information. 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.

### ***Exam Content: Required Sections***

For this exam, you are required to complete the following:

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



**Operative** – Up to two (2) restorative procedures on patients to demonstrate competence.

A Class II restoration must be completed to pass the WREB Exam. The restoration can be one (1) of the following:

- Direct Posterior Class II Composite Restoration (MO, DO, or MOD)
- Direct Posterior Class II Amalgam Restoration (MO, DO, or MOD)

A second procedure, if required, may be any of the following:

- Direct Posterior Class II Composite Restoration (MO, DO, or MOD)
- Direct Posterior Class II Amalgam Restoration (MO, DO, or MOD)
- Direct Anterior Class III Composite Restoration (ML, DL, MF, DF)

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

1. Anterior Tooth Procedure: Treat one maxillary central incisor including access, instrumentation, and obturation.
2. Posterior Tooth Procedure: Access one mandibular first molar. Access on the posterior tooth must allow Grading Examiners to identify all canal orifices.

***Exam Content: Elective Sections***

You may also elect to complete the following, (if the state(s) to which you are applying for licensure requires them):

**Periodontal Treatment** – A patient is submitted for acceptance, then root planing and scaling are completed, and the patient is submitted for grading.

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

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

In addition to the evaluation of clinical abilities, diagnostic and professional judgment are also factors considered in the evaluation. For example, you are expected to know when a tooth requires a restoration, as well as the extent of restoration required.

Additional details for Operative, Endodontics, Periodontal Treatment, and Prosthodontics are provided later in this *Guide*. Additional details for Comprehensive Treatment Planning (CTP) are available in the *CTP Exam Candidate Guide*.

### ***Passing Requirements***

Completion of the core exam requires passing the three (3) sections (Operative, Endodontics, and CTP) within twelve (12) months. The twelve (12) month window begins with the first attempt at the clinical exam. The clinical exam must be attempted within the same exam year as the CTP Section. The CTP Section is typically taken in the fall prior to the clinical exam. For example, if a 2020 CTP Section is taken (registered with a 2020 clinical exam), the first attempt at the clinical exam must be in 2020. If any of the three core sections is failed, the WREB Exam is failed until the failed section(s) is/are passed within the required twelve (12) month period. If the failed section(s) is/are not passed within twelve (12) months, all three core sections must be taken again.

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

Final results for all sections attempted, core and elective, whether passing or failing, will be reported to state boards. This includes initial, retake, and onsite retake attempts.

State boards vary on section, procedure, and scoring requirements. You are responsible for knowing the licensing requirements of the state where you plan to practice.

### ***Remediation***

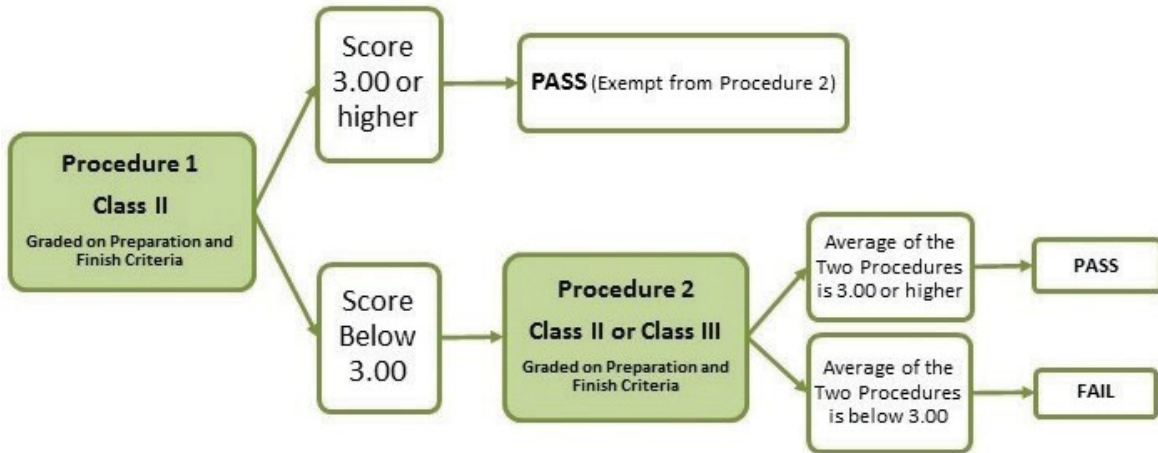
If you fail any section of the exam, core or elective, three (3) times, you are required to obtain formal remediation in the areas of failure prior to a fourth attempt. Upon failing a section a fourth time, additional remediation is required. WREB will specify the required hours of remediation. Individual states may have more stringent requirements for remediation. If you have failed any section of the exam two or more times, you should contact the state in which you are seeking licensure to obtain the state requirements.

### ***Scoring Information***

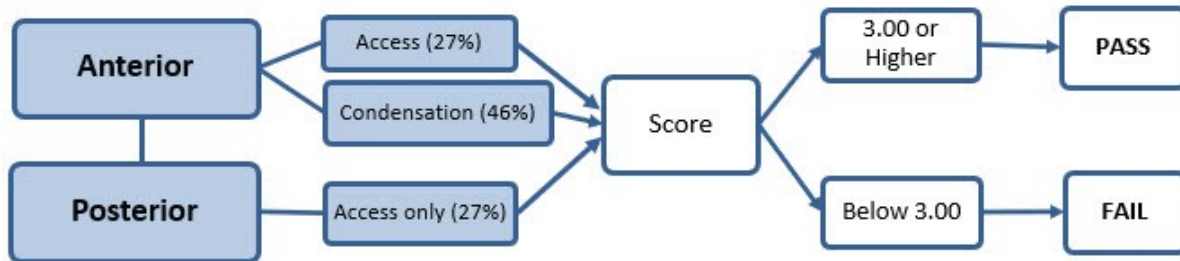
**Operative, Endodontics, Prosthodontics, and Comprehensive Treatment Planning (CTP):** These sections are scored based on a Rating Scale of 1 to 5 where a final score of three (3.00) or higher is required to pass. The value of three (3.00) is defined to reflect minimally competent performance for all scoring criteria, and can be interpreted as corresponding to 75% in states where the passing level is legislated as 75%. The Operative, Endodontics, Prosthodontics, and CTP sections are rated independently by three Grading Examiners. Candidates receive the median (or middle) rating of the three ratings assigned by the Grading Examiners for each category. Median Examiner ratings are multiplied by assigned category weights. Weighted ratings, less any deductions, are added to obtain the score for the Endodontic Section. For Operative, Prosthodontics, and CTP, weighted ratings, less any deductions, are added to obtain scores for each procedure or patient case, and then averaged to obtain the overall section score. Criteria definitions for rating scales, category weights, possible deductions, and other scoring details are available on pages 52-53, 73-74, and 94-95. Using the median rating precludes excessive influence by an Examiner whose opinion, in rare cases, may vary greatly from the

consensus of the other two Examiners. For instance, if the three Grading Examiners assigned a 5, a 4, and a 1, the rating would be 4. Any procedure that is not brought to final completion will receive no points.

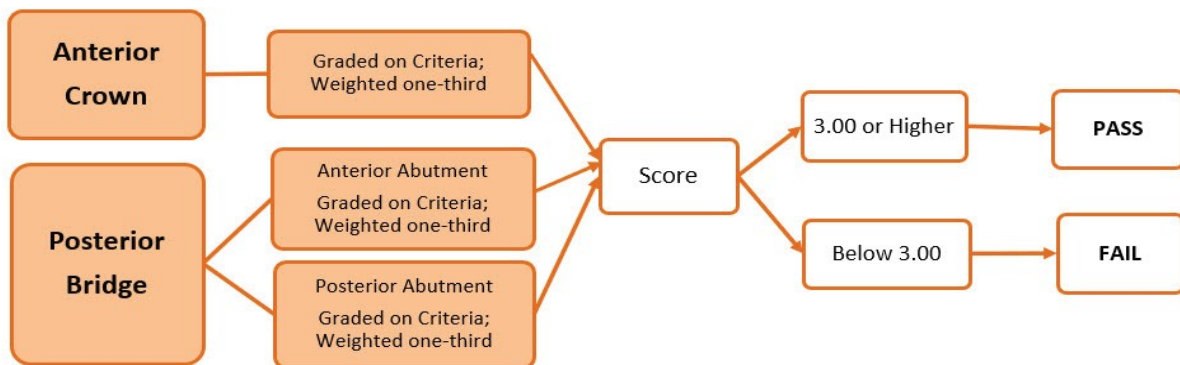
### Operative



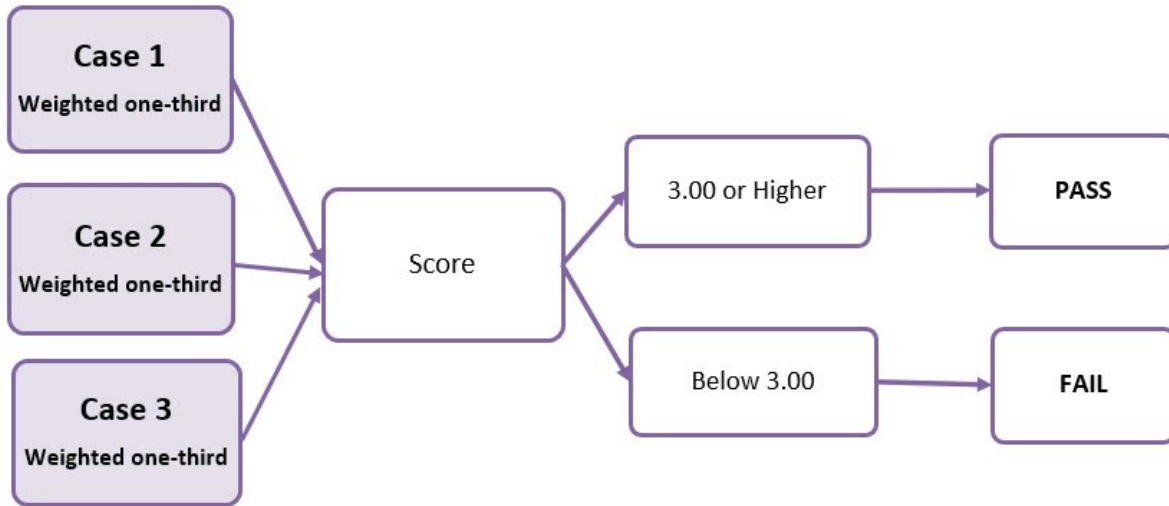
### Endodontics



### Prosthodontics

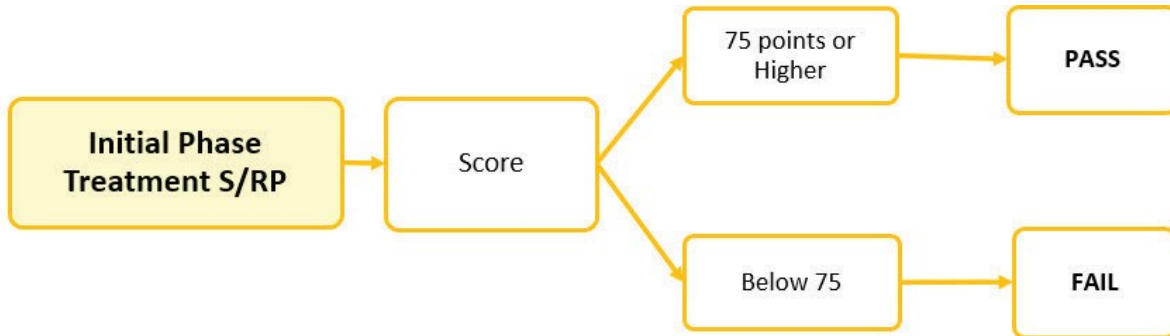


### Comprehensive Treatment Planning (CTP)



**Periodontal Treatment:** Scoring is expressed as a percentage with 75% or higher considered the passing level. Performance on the Periodontal Treatment Section is rated independently by three Grading Examiners. The Periodontal Treatment scoring scale, percentages, possible deductions, and other scoring details can be found on pages 83-84.

### Periodontal Treatment



### Provisional Results

Provisional results will be posted to your Candidate Profile on [wreb.org](http://wreb.org) after each exam day. You will NOT be notified when provisional results are posted and will need to check your online profile at the end of each clinic day. These results are provisional until scores are reviewed and final results are posted by the WREB office. A change in outcome from provisional results to final results will not be considered a basis for appeal. WREB will make every effort to post provisional results for all Candidates, but there may be circumstances in which a Candidate's results will not be posted until the WREB office reviews and posts final official scores.

### ***Final Results***

It is WREB policy to notify you of final exam results as soon as possible. Final results will be posted online and can be accessed with your Candidate username and password. It is important that you save your login information so you can access your results. You will receive an email notice when your final results are available.

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

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

If you do not pass the WREB Exam, you may elect to appeal your exam results. For information regarding the Appeals Policy, contact the WREB office or visit the WREB website.

Final results for all sections attempted, core and elective, whether passing or failing, will be reported to state boards. This includes initial, retake, and onsite retake attempts.

### ***Testing Candidates with Disabilities***

The WREB Exam is designed to provide an equal opportunity for all Candidates to demonstrate their knowledge and ability. The exam is administered to ensure that it accurately reflects an individual's aptitude, achievement level, and clinical skills, rather than reflecting an individual's impaired sensory, manual, or speaking skills, except where those skills are the factors the exam purports to measure.

WREB makes every reasonable effort to offer the exam in a manner which is accessible to persons with disabilities. If special accommodations are required, WREB attempts to make the necessary provisions, unless providing such would fundamentally alter the measurement of skills and knowledge the exam is testing, 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 from the WREB website specifying what special accommodation is requested and attesting to the need for the accommodation. This must be received in the WREB office no later than 45 days prior to the exam.

WREB reserves the right to authorize the use of any accommodation to maintain the integrity and security of the exam.

### ***Dismissal for Improper Performance or Unethical Conduct***

Dismissal from the exam, failure of the exam, or reduction in an exam score may result from improper performance (as defined below) relative to procedural skills and clinical judgment, and/or unethical conduct (as defined below).

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.

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

- Case selection that presents conditions which jeopardize successful patient treatment
- Disregard for patient welfare and/or comfort
- Failure to recognize or respond to systemic conditions which potentially jeopardize the health of the patient, assistant, or Examiners
- Unprofessional, unkempt, or unclean appearance
- Rude, abusive, or uncooperative behavior
- Disregard for aseptic technique
- Performance that causes excessive tissue trauma
- Performance that is grossly inadequate in the validated judgment of the Examiners
- Failure to adhere to published WREB Guidelines

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

- Using unauthorized equipment at any time during the exam
- Using unauthorized assistants
- Using unauthorized patients
- Altering patient records or radiographs submitted in any format
- Treating patients outside clinic hours or receiving assistance from another practitioner
- Altering Endodontic and/or Prosthodontic teeth
- Dishonesty
- Altering Candidate worksheet or treatment notes
- Communicating written or electronic (computer) test item information to other Candidates or individuals
- Altering, omitting, or attempting to disguise treatment performed on a patient
- Any other behavior which compromises the standards of professional behavior

If a Candidate engages in improper performance or unethical conduct, in addition to dismissal from the exam, failure of the exam, or reduction in an exam score, WREB reserves the right to take any other reasonable action WREB deems appropriate, including, but not limited to reporting the Candidate to:

- i. State licensing boards
- ii. The Candidate's dental school
- iii. Other dental or dental hygiene testing organizations
- iv. Other professional organizations

### ***Irregularities and Appeals***

The purpose of the WREB Dental Exam is to provide dental licensing boards with information regarding a Candidate's competence in performing certain sampled skills that comprise part of the domain of skills needed to safely practice dentistry 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
- There is any other information indicating that exam results might not be valid

When an irregularity occurs, results for the Candidate involved are withheld or voided. The Candidate is notified in writing and is 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, confidential manner. 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.

### ***WREB Exam Security and Identification Verification***

You MUST present acceptable and valid identification (ID), as described below, in order to be admitted to the WREB Dental Exam. NOTE: If you have questions about the following identification requirements, you should contact the WREB Dental Department BEFORE attending the exam.

You must provide a personal photo during the exam registration process. 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 WREB Candidate ID Badge for the exam. This profile photo and the identification verification document will be used to verify your identity at the exam by WREB personnel. Identification must be verified prior to admittance to any WREB clinical exam.

At the exam site, you must appear in person and provide two (2) valid, non-expired forms of identification, one of which must be primary and one may be secondary.

Primary ID must have your photo and your signature. Acceptable forms of 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 ID must have your name and signature. Acceptable forms of secondary ID are:

- Social Security card
- Bank credit card
- Bank ATM card
- Library card

Make sure your IDs are current and indicate the same name you submitted to the WREB office. This is very important for allowing your admittance to the exam.

Any time during the exam, you may be asked and should be prepared to present your primary ID and WREB Candidate ID Badge to a School Coordinator, Site Coordinator, Auxiliary Coordinator, or Floor Examiner.



Admittance to the exam 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 exam, will be subject to dismissal from the clinical exam.

### ***Malpractice Insurance***

AAIC Insurance Company, through the Professional Protector Plan in cooperation with WREB, will extend WREB professional liability coverage with the limit amounts of \$1,000,000/\$3,000,000 for the patient-based portion of the calendar year 2020 dental exam at no charge to Candidates. WREB will forward the names and addresses of all Candidates to AAIC.

### ***Exam Personnel and Anonymity***

The WREB Exam is conducted in a manner that is intended to provide total anonymity to remove possible bias from the scoring of Candidate work. All exam materials are numbered with a Candidate ID Number. This ID number is randomly assigned prior to the exam and a sheet of badges with the ID number is provided at the exam. A badge must be worn at all times during the exam. Your name must not appear on any materials including clothing, worksheets, and radiographs. Only a patient's first name should be used on materials that are seen by Grading Examiners. Grading Examiners are separated from Candidates so there is no direct contact between Grading Examiners and Candidates. You will assist in keeping the exam anonymous by observing all signs and instructions.

WREB has two (2) categories of Examiners: Grading Examiners and Floor Examiners. Grading Examiners are segregated from Candidates during the exam. Patients are sent to a separate area for grading procedures. This allows the Grading Examiners to grade the procedures without knowledge of the Candidates.

Anonymity is preserved between the Grading Examiners and Candidates, not among Examiners themselves. Examiners assign grades independently of each other; however, there are occasions when fairness requires consultation among Examiners. Examiners are encouraged to consult whenever necessary. Examiner consultation generally benefits Candidates and should not be a reason for concern.

There are two (2) to four (4) Floor Examiners at each exam.

Floor Examiners do not serve in a grading capacity so there is no anonymity between Floor Examiners and Candidates. Floor Examiners serve as liaisons between Candidates and Grading Examiners to solve any problems that may arise during the exam. They are on the clinic floor to assist with questions or problems relating to the administration of the exam, and to approve certain phases of clinical procedures. Floor Examiners can help you by answering questions, clarifying exam procedures, and acting as liaisons between you and the Grading Examiners.

In addition, Floor Examiners can help with:

- Extra forms, such as *Patient Medical History/Patient Consent Forms* or *Follow-Up Care Agreements*
- Providing additional worksheets as needed
- Checking and signing *Patient Medical History/Patient Consent Forms*
- Distributing communication forms from Grading Examiners
- Checking in patients who have been provisionally accepted
- Checking modification requests (see Operative Modification Procedure, pg. 45)
- Managing pulp exposures
- Checking and initialing steps on worksheets

Any Floor Examiner in any area of the clinic can assist you. They are not assigned to specific areas. Ask the first available Floor Examiner for assistance.

You should always bring your worksheet when asking questions regarding procedures.

### **General Guidelines**

- A. Only Candidates, patients, and assistants are allowed on the clinic floor. Candidate and assistant identification badges must be visible on the chest or collar on the outer most layer (i.e., disposable gown) at all times during the exam. You will not be allowed in the simulation lab for your scheduled exam without your Candidate ID Badge.
- B. This exam uses the American System of tooth identification. Permanent teeth are recorded clockwise from the upper right quadrant to the lower right quadrant.

Right								Left							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
-----															
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- C. Worksheets must be completed in ink – not pencil. If you make an error prior to patient acceptance, obtain a new worksheet (cross-outs are not accepted at acceptance). If you submit a worksheet that is not neat, clear, and in ink, the patient will be returned to you with a new worksheet to complete, resulting in lost time.
- D. All electronic devices should be turned off or set to a mode that will not disturb other Candidates in the main clinic. **Electronic devices, including cell phones and smart watches, are prohibited in the Endodontic and Prosthodontic Exams and the grading area. Patients with electronic devices will not be graded, but returned to you to leave the device, resulting in lost time.**
- E. Neither WREB nor any agency participating in the exam process accepts responsibility for treatment rendered to patients during the exam. A *Patient Consent Form and Assumption of Risk* must be signed by patients.
- F. No surgical procedures may be done.

- G. Procedures presented for grading during the exam may be photographed or digitally scanned by WREB personnel. These photographs are for use in training and calibrating Examiners. They have no relation to the grading process and cannot be released to patients or Candidates.
- H. The school provides information regarding the facility, supplies, hotels, and other topics which can assist in preparing for the exam. This information is provided directly by the school; WREB is not responsible for its accuracy. Links to specific “Site Information” are available at [wreb.org](http://wreb.org), under Dental Candidates.

### ***Infection Control Guidelines***

Appropriate aseptic technique is an important component of the professional standard of dental care. You are expected to maintain acceptable standards during the exam. Failure to do so may result in dismissal from the exam. The following are the minimally accepted standards:

- Appropriate attire is required while in the clinic. A lab coat, lab jacket, or disposable gown are all acceptable if they are long sleeved. Scrubs may be worn under a lab coat, lab jacket, or disposable gown. Color and style are not restricted. Your Candidate ID Badge must be worn in a visible location on the outside of clinic attire. Clinic attire should not be worn outside the clinic if it has been contaminated.
- Clinic attire must be changed whenever visibly soiled.
- Antiseptic soap is provided for hand washing.
- Exam gloves must be worn during all patient contact. When performing functions other than direct patient treatment, remove exam gloves or use over-gloves. Gloves must be changed between patients and whenever the integrity of the glove is compromised. Schools provide gloves but cannot accommodate individual preferences. If you require a specific brand or size, you must provide your own.
- Masks covering the nose and mouth must be worn during all procedures that generate aerosols. Schools provide masks but cannot accommodate individual preferences. If you have specific mask requirements, you must provide your own. Masks must be changed whenever visibly soiled.
- Protective eyewear is required for you and your assistant and must be worn during all procedures. You must provide your own eyewear. Use of a face shield is acceptable in lieu of eyewear.
- Protective eyewear is required for patients (prescription glasses or safety glasses) during all patient procedures, evaluation, and grading. You are responsible for ensuring that your patient is equipped with protective eyewear.
- Schools provide specific written instructions that must be carefully followed regarding:
  - Asepsis of the surfaces and equipment in the operatory to assure adequate disinfection of all surfaces and equipment before and after each use.
  - Proper disposal of biohazardous waste.
  - Sterilization procedures for instruments. All instruments, including handpieces, are to be sterilized between patients.

- “Sharps” containers are located throughout the clinic. All sharps must be disposed of properly.
- Food and beverages are prohibited in the clinic.

### ***Dental Assistants***

Dental chair-side assistants may be used during clinical procedures. Dental assistants may work with Floor Examiners on your behalf. Patients may be sent to the grading area by assistants if all paperwork is complete and instruments are present.

Assistants are not allowed to attend Candidate Orientation.

Only one dental assistant and only the one dental chair assigned to you can be used at any time.

Operative dental assistants may not be dentists (including graduates of ADA accredited and non-accredited/foreign dental schools) or be in their final year of dental school. For purposes of the exam, WREB considers the final year of dental school as beginning September 1.

Operative dental assistants may be dental assistants or dental hygienists, if they do not hold a permit to place and finish restorative materials.

Periodontal Treatment dental assistants may not be dentists (including graduates of ADA accredited and non-accredited/foreign dental schools), dental hygienists (including graduates of ADA accredited and non-accredited/foreign dental schools), or dental hygiene students. Assistants may be dental assistants or dental students, if they are not in their final year of dental school. For purposes of the exam, WREB considers the final year of dental school as beginning September 1.

Use of unauthorized assistants is grounds for immediate dismissal from the exam.

A *Dental Assistant Verification* form (sample form, pg. 30), provided in your *Candidate Packet* at the exam, must be completed and signed by you and your assistant(s). If an assistant was not used for the Operative and/or Periodontal Treatment procedure(s), mark the appropriate box indicating “No Assistant was used.” This form must be completed and submitted to WREB at the end of the exam, even if an assistant is not used. If this form is not returned, final results will be held by the WREB office.

Assistants are required to follow the same guidelines as Candidates. You are responsible for your assistant(s)’ adherence to all guidelines.

## **Equipment and Materials**

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

- A. Required special instruments for the Operative procedure(s) are (illustrations, pg. 29):
- New/unscratched #4 or #5 metal front surface mouth mirror
  - New/sharp pigtail explorer comparable to the Starlight #2, Suter #2, Brasseler 2/6 or Hu-Friedy 2R/2L
  - New/sharp shepherd’s hook explorer comparable to the Thompson #5, or Hu-Friedy EXD #5
  - Miller-type Articulating Paper Forceps (not cotton pliers)
- B. Required special instruments for the Periodontal Treatment procedure are (illustrations, pg. 29):
- New/unscratched #4 or #5 metal front surface mouth mirror
  - New/sharp ODU 11/12 explorer (may be American Eagle, Hartzell, Nordent, or Hu-Friedy)
  - New/sharp periodontal probe, color coded with legible 3-6-9-12 mm markings (may be American Eagle, Hu-Friedy, or Marquis)
  - It is recommended that you bring back-up instruments
- C. A blood pressure measuring device is required.
- D. The schools have agreed to provide the following expendable materials:

Amalgam Capsules	Headrest Covers	Topical Anesthetic
Articulating Paper	Hemostatic Agents	Trash Bags
Autoclave Tape	Instrument Trays	Tray Covers
Cement	(disposable or metal)	X-ray Developer and Fixer
Composite Restorative Materials	Local Anesthetic	X-ray Film
Cotton Pellets	Mouthwash	
Cotton Rolls	Needles, Short and Long	
2 x 2 Cotton Squares	Paper Towels	
Cotton Swabs	Patient Bibs	
Deck Paper	Polishing Materials for Restoration	
Disinfectant	Prophy Paste	
Drinking Cups	PVS material (Sim Lab Only)*	
Evacuator Tips	Retraction Cord	
Face Masks	Rubber Dams	
Facial Tissue	Rubber Dam Napkins	
Floss	Saliva Ejectors, Standard	
Gloves	Soap	

\*Not all sites will provide PVS material for the Prosthodontic Section so you may have to supply your own. Please refer to the expendable materials list in the “Site Information.”

Materials provided are brands used by the school. If you wish to use a specific brand, you must bring your own. You should provide any materials not specifically listed in the “Site Information.”

- E. Radiograph developer and fixer are supplied in the simulation lab at schools with conventional radiographic facilities. Automatic and/or hand developers are provided by the school. A list of other materials provided in the simulation lab can be found in the “Site Information.” You must supply any items needed to perform the Endodontic and Prosthodontic procedures which are not specifically listed in the “Site Information.”
- F. If using a sonic or ultrasonic device for Periodontal Treatment, you must provide your own and it must be adaptable to the hookups at the school. Information regarding hookups can be found in the “Site Information.”
- G. You will be furnished with a dental chair, an operatory unit, and an operator’s stool. Personnel are available throughout the exam to resolve malfunctions of operatories and equipment provided by the school. If you have an equipment malfunction in the clinic, you should notify maintenance personnel and a Floor Examiner immediately. The Floor Examiner may determine that you are eligible for time compensation (on that day only) if the equipment malfunction cannot be resolved within 15 minutes. Time is not compensated for delays of less than 15 minutes. Time is determined from the point at which a Floor Examiner is notified. Many equipment malfunctions are due to improper use. You should become familiar with the equipment prior to the exam and follow all directions carefully. WREB cannot be responsible and will not compensate for time lost due to the malfunction of your personal equipment or rental equipment.

### ***Scoring Criteria and Patient Welfare***

Because WREB serves as a testing agency, not a teaching agency, performance that fails to meet examination standards does not always require immediate corrective action and may not present an immediate health concern for the patient.

Patients participating in WREB exams may be released from the exam with restorations or treatments that received a failing score without Examiners requiring immediate correction of the condition. A failing score is an indication of not meeting exam criteria even though the restoration might still be serviceable. Only the most severe conditions, which could constitute an immediate threat to patient’s health, are identified by the Examiners with a *Postoperative Care (PO)* form. A *Postoperative Care* form is completed for the following situations:

- Soft tissue laceration or mutilation or major iatrogenic tissue trauma
- Pulp exposure
- Fractured direct restorations
- Margins of restorations so defective that the tooth would be endangered if not treated prior to the next regular recall exam
- Contacts (interproximal) so defective that the tooth or periodontium would be endangered if not treated prior to the next regular recall exam

An *Instructions to Candidate (IC)* form may be completed by the Grading Examiners to request removal of caries, affected dentin, unsound demineralized enamel, or any remaining restorative material. This form may also be used to request additional radiographs, adjustment of occlusion, or for any other communication that an Examiner deems appropriate.

Although the conditions that initiate a *Postoperative Care* or *Instructions to Candidate* form also may result in a low score in one or more of the scored categories, scoring is an independent event and is based only on the established criteria. Receiving either form is not an indication of procedure or exam failure. Absence of these forms does not assure satisfactory completion of any procedures. For example, it is possible that a score of “2” is appropriate in a category because of elements in the criteria, but there is no immediate threat to the patient’s health and no need for immediate exam site correction. No forms would be issued, even though the procedure score would be failing.

A *Follow-Up Care Agreement* form (sample form, pg. 30) must be completed for each patient. If a patient is used for more than one procedure by the same Candidate, only one form needs to be completed with all procedures indicated on the form for that patient. If a patient is shared by one or more Candidates, each Candidate must complete a *Follow-Up Care Agreement* for that patient. Prior to arriving at the exam, have a dentist accessible to the patient (licensed in the state in which the patient resides) acknowledge the responsibility of providing any necessary postoperative care by signing on either the “A” or “B” Section of the form. Give the yellow copy of the form to the patient after they sign the form. The white copy is turned in at the end of the exam in the *Candidate Packet*. If you are unable to have a licensed dentist sign the *Follow-Up Care Agreement* in advance (patient is obtained during the exam), the form may be completed after the exam and emailed to the WREB office. Final exam scores will not be released to the Candidate or any State Boards until the form is received.

### ***Patient Selection***

The following criteria apply to all patients for the clinical exam:

- There is no minimum age for Operative procedure(s).
- The minimum patient age for the Periodontal Treatment procedure is 18 years.
- Patients cannot have completed more than two (2) years of dental school. (This includes ADA accredited and non-accredited/foreign dental schools.)

Patient selection is an important factor in the clinical exam. You must provide a patient or patients for the Operative and the Periodontal Treatment procedures.

Patient selection is your responsibility. WREB staff, the Boards of Dentistry of participating states, and dental schools are not able to supply patients. You are graded on your ability to accurately determine and effectively interpret patient qualification criteria. This is an integral part of the exam. Therefore, other professionals **should not** “prequalify” your patient for the exam.

WREB **strongly** discourages the use of patient procurement services. Patient procurement services are not allowed in the school during the exam. Use of such services is absolutely not necessary for success on the exam. Patient acceptance criteria are designed to standardize the exam, not as an obstacle to patient procurement. Reading the criteria and understanding the broad range of patients acceptable for the Operative procedure(s) and the Periodontal Treatment procedure will enable you to evaluate your own patients' qualifications. The patients accepted by WREB are patients you routinely treat in a school dental clinic or a dental office. To increase the likelihood of success, WREB encourages you to procure patients for the exam whom you routinely treat in dental school or your dental office.

One patient may be used for all patient procedures if the criteria are met. Candidates may share a patient if the criteria are met. Patients with a need for antibiotic prophylaxis **may not be shared** with other Candidates at the exam. You bear all risks and benefits associated with using the same patient for more than one procedure or sharing a patient with another Candidate.

If you share a patient with another Candidate, each Candidate must submit the procedures separately for acceptance, preparation grading, and finish grading.

If using more than one patient, you may work on one patient at your own operatory while another patient is in the grading area. If a patient is accepted by the Grading Examiners, no appellate procedure may be based on the difficulty of the procedure submitted.

Incomplete procedures cannot be evaluated. Therefore, an additional consideration in your patient selection is the cooperative attitude of the patient. A patient should not be selected who is apprehensive, hypersensitive, or is unable to remain until the exam is completed. If your patient is unable to be examined by three Grading Examiners, you will fail that procedure.

*Patient Medical History* (sample form, pg. 31)

- WREB accepts patients with a blood pressure reading of 159/99 or below. A patient with blood pressure readings between 160/100 and 180/110 is accepted only with written consent of the patient's physician. WREB does not allow treatment of any patient with a blood pressure reading greater than 180/110. Preoperative blood pressure and pulse must be taken on each patient prior to acceptance and recorded on the *Patient Medical History* form.
- Obtain written clearance and/or antibiotic prophylaxis from a physician or dentist in the case of any significant medical problem. The medical clearance must indicate the specific medical concern. WREB adheres to the current American Heart Association Guidelines regarding required premedication. Patients with a need for antibiotic prophylaxis may not be shared with other Candidates at the exam.
- Any patient who has received intravenous bisphosphonates for bone cancer or severe osteoporosis is not acceptable for the exam.
- Any patient with diabetes controlled by insulin injection(s) or an insulin infusion device is not acceptable for the exam.



- Any patient who has had a heart attack, stroke, or cardiac surgery within the past six (6) months is not acceptable for the exam.
- Any patient who has clinical symptoms of active tuberculosis (clinical symptoms would include productive cough or chest pain) is not acceptable for the exam.
- Any patient with a known latex allergy is not acceptable for the exam.
- For any patient who has been diagnosed as HIV positive, the *Patient Medical History* must reflect that the patient has had significant laboratory tests and is under the care of a physician and is taking the medication prescribed for them.
- Any patient who is known to be pregnant is not acceptable, except with the written consent of patient's health care provider.
- Any patient with problems which might be aggravated by the length or nature of the exam may be rejected at the discretion of the Examiners.

A legal consent, *Patient Consent Form and Assumption of Risk* (sample form, pg. 31), is provided on the back of the *Patient Medical History* form and must be signed by the patient. If a patient is under the age of legal consent for the state in which the exam is given, the *Patient Consent Form* must be signed by the parent or legal guardian of the underage patient.

If you are using the same patient for more than one procedure, you may submit one *Patient Medical History/Patient Consent Form* for that patient with all procedures indicated. Candidates who share a patient must submit a separate *Patient Medical History/Patient Consent Form* for the procedure(s) performed on the patient. The patient must sign the *Patient Consent Form* for each Candidate who performs procedures on them.

Your patient is essential to your success on the exam. Treat all patients with care and compassion. Patients should receive nourishment during the exam. Special care must be taken when sharing patients or using one patient for multiple procedures to ensure the patient receives adequate breaks and nourishment. Patients who are unable to be graded due to hypoglycemia or severe dehydration will result in a failing grade.

Patients should be given directions to the school, parking information, directions to the clinic and should be aware of the time commitment due to the nature of the exam and your exam schedule.

Patients should be prepared for temperature extremes in the clinic. Headphones, newspapers, books, and magazines are permissible outside of the grading area. **Electronic devices, including cell phones and smart watches, are prohibited in the grading area. Patients with electronic devices will not be graded, but returned to you to leave the device, resulting in lost time.**

Patient comfort should be considered and proper local anesthetic utilized as needed.

Any form of inhalation, parenteral or enteral sedation cannot be used during the exam. Patients must be ambulatory.

## ***Radiographs***

Preoperative radiographs are required for the Operative and Periodontal Treatment procedures. Specific radiograph requirements for each procedure are outlined in each section of this *Guide*.

WREB accepts the use of conventional film and digital radiographic images as long as they are of diagnostic quality. **Because schools differ in their radiographic facilities, please refer to the “Site Information” (located at [wreb.org](http://wreb.org), under Dental Candidates) for the site where you plan to take the exam to determine what type of facilities are available.** Some exam sites will have only conventional facilities available, some will have only digital, and others will have both. **It is important that you are prepared for what is available at the exam site you have selected.**

You should also read the “Site Information” carefully to determine if a digital site is equipped for secure transmission of images between different exam sites, or from your school to the exam site. It may be necessary to submit printed digital images. Depending on the facilities available, different portions of the following information will apply.

### A. Digital Radiographs

All digital radiographs must be diagnostic. Examiners will view all images, printed or on monitors, as though they are mounted “button out.” Format your submissions accordingly.

- Digital Images on Monitors

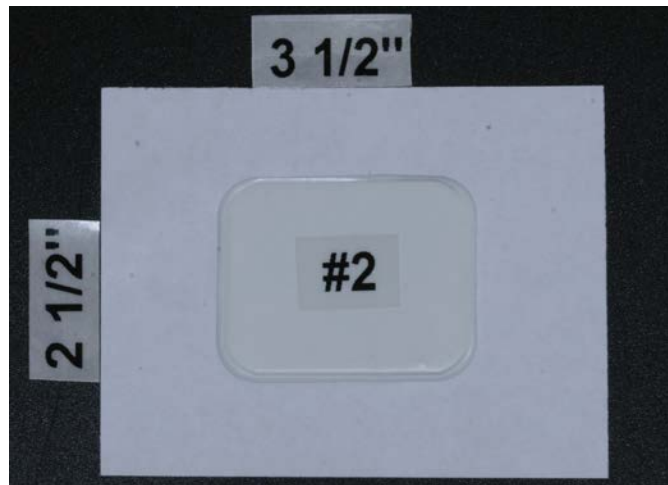
Only the radiographs being submitted for acceptance should be saved in the folder accessed by Examiners. All images submitted for a procedure must fit on one screen without overlap. The individual images should be no larger than three times the size of a conventional #2 film radiograph.

The use of image analysis tools, such as zoom and magnifier, will not be a part of an Examiner’s evaluation of digital images.

- Printed Digital Images

Printed digital images must include a label in legible print that includes Candidate ID Number, patient’s first name, procedure, tooth number, and surface.

Printed digital images must be printed on *high quality photographic paper*. One printed image is required for each submission. All printed images for each procedure must fit on one 8½” x 11” page without overlap and individual images should be no larger than three times the size of a conventional #2 film radiograph (3½ x 2½ inches). See sample page 20.



#### B. Conventional Radiographs

- WREB accepts the use of conventional #2 film radiographs at all exam sites, as long as they are of diagnostic quality.
- Conventional films may be interpreted by Examiners using loupes with 2.5 X magnification or greater and backlighting (i.e., view box).

Perform all enhancement or edge sharpening prior to submitting images for patient acceptance. It is your prerogative to use these feature(s) in digital or scanned conventional #2 film format to provide the best radiographic images for Examiner assessment.

#### ***Authentication/Security***

All digital radiographs must be of diagnostic quality. Image capture stations are specified by the site. After capture transfer to the server, select images for uploading and enhance them as desired. The host site will provide specific radiographic personnel during Candidate screening and testing times. No individual, other than the Candidate, will be allowed to assist in image selection or editing for submission. A final archive will be provided to WREB by the host site for all digitally stored Candidate radiographs at completion of the exam.

You may submit digital radiographs from another dental school or dental office other than your exam site using equipment and information systems that conform to the DICOM Standard. Electronic transmission of digital radiographic images will be considered secure and authentic if they are received by designated exam personnel and never leave the DICOM secure format. If digital radiographs do not conform to the DICOM Standard format, you may choose to take digital radiographs at the exam site, submit conventional films, or provide printed digital images.

### ***Alteration of Radiographs***

When you applied for your exam online, you electronically signed an affidavit that the radiographs submitted are original, unaltered films. (Periodontal films may be duplicates.)

An altered radiograph is defined as a change to the proprietary tag of the format file. Intentionally performing any alteration, including but not limited to, cropping, compressing, or “doctoring the image” as in a Photoshop®-type program is prohibited. Enhancement or edge sharpening is acceptable.

Should analysis by WREB detect radiographic alteration of submitted digital images or conventional films, failure of the exam for unethical conduct will occur. If there is a question, you will be required to retake the radiographs with an observer present at the exam site.

### ***Exam Preparation Materials***

With this *Candidate Guide*, you received the following items:

- Two (2) *Follow-Up Care Agreement* forms to be signed in advance by a dental care provider and your patients
- Two (2) *Patient Medical History/Patient Consent Forms*

Refer to pages 16, 17, and 18 for details on these forms.

It is highly recommended that you watch the Candidate preparation tutorials available on [wreb.org](http://wreb.org).

At the exam site, you will receive your white *Candidate Packet* containing:

- Candidate ID badges
- Assistant ID badges
- Worksheets for the Direct Posterior Composite procedure
- Worksheet for the Periodontal Treatment procedure (if enrolled)
- *Dental Assistant Verification* form
- Patient bib labels
- *Patient Information and Questionnaires*

You must present valid identification as described on page 9 in order to receive your packet.

Other worksheets are available upon request: Direct Amalgam and Direct Anterior Composite. Please see a WREB staff member or Floor Examiner.

Keep the *Candidate Packet* envelope to submit required exam materials to WREB personnel when you complete the exam. For required items, see page 99. *Candidate Packets* will be collected throughout the exam at the patient check-in desk outside the grading area.

### ***Clinical Examination Overview***

Your exam officially starts when:

1. You submit your first Operative procedure for acceptance (to the grading area or a Floor Examiner, if provisionally accepted).
2. You submit your first Periodontal Treatment procedure for acceptance.
3. You are handed your bag of materials in Endodontics or Prosthodontics.

Withdrawal for any reason after this point constitutes failure of the exam or applicable section.

### ***Schedule Overview***

The exam consists of an Orientation Day, plus two and a half (2½) clinic days. Below is a general overview of the exam schedule. Your Candidate ID Number and Exam Schedule with the exact times and locations for your site will be posted to your Candidate Profile on wreb.org approximately four (4) weeks prior to your exam. The Candidate ID Number will begin with a letter that determines your group on the schedule. *Once Candidate ID Numbers and Exam Schedules are posted, they cannot be changed; there are no exceptions.*

The Operative and Periodontal Treatment procedures may be performed any time during the two and a half (2½) clinic days when you are not in the Endodontic or Prosthodontic Sections.

Refer to the Sample Schedules on pages 26-28. Please note that sites will vary. You will need to refer to the "Site Information" and your individual schedule for specific dates and times.

### ***Candidate Clinic Schedule (Operative and Periodontal Treatment Procedures)***

#### **Clinic Days 1 and 2:**

- 7:00 a.m. – Clinic opens. You may set up your operatory and prepare your patient for the day's procedure(s).
- 7:30 a.m. – Floor Examiners arrive to review *Patient Medical History/Patient Consent Forms* and evaluate provisionally accepted patients.
- 7:45 a.m. – Patients may be submitted for check-in.
- 8:00 a.m. – Grading Examiners begin evaluating patients.
- 4:00 p.m. – Patients must be in line to be graded.
- 5:00 p.m. – All Candidates and patients must be out of the clinic.

### Clinic Day 3:

- 7:00 a.m. – Clinic opens. You may set up your operatory and prepare your patient for the day's procedure(s).
- 7:30 a.m. – Floor Examiners arrive to review *Patient Medical History/Patient Consent Forms* and evaluate provisionally accepted patients.
- 7:45 a.m. – Patients may be submitted for check-in.
- 8:00 a.m. – Grading Examiners begin evaluating patients.
- 8:30 a.m. – Candidates working on Clinic Day 3 are required to arrive on the clinic floor by this time.
- 11:00 a.m. – The exam ends. Patients must be in line to be graded.
- 12:00 p.m. – All Candidates and patients must be out of the clinic.

Do NOT administer local anesthetic to any patient until the patient's *Patient Medical History/Patient Consent Form* is reviewed and initialed by a Floor Examiner. For patient comfort, patients should not be sent to the grading area until the time scheduled for patient submission (7:45 a.m.).

Patients with procedures to be graded must be checked in by 4:00 p.m. on the first two days of the exam, and by 11:00 a.m. on the final day of the exam. After this time, 0.2 points are deducted from each procedure to be graded for each five minutes the patient is late. If a patient is 16 or more minutes late, the procedure will not be graded, and no points will be earned.

WREB official time is based on the local time for each exam site. Cell phone time will be used to determine late penalties for Operative and Periodontal Treatment procedures. For the Endodontic and Prosthodontic Sections, a separate, official clock will be designated in the simulation lab.

All clinical procedures must be submitted to the grading area by 4:00 p.m. on Clinic Days 1 and 2, and by 11:00 a.m. on Clinic Day 3. After your patient returns from the grading area, you are only permitted to:

- Place a temporary
- Dismiss the patient
- Clean operatory unit
- Leave the clinic

All Candidates and patients must be out of the clinic by 5:00 p.m. on Clinic Days 1 and 2, and 12:00 p.m. on Clinic Day 3.

Under certain circumstances, acceptance and completion of restorative procedures may be done on different days. However, to avoid a penalty, you must complete the Periodontal Treatment procedure on the day it is accepted. Refer to the specific procedure sections of this *Guide* for more information.

It is not unusual to finish the exam by the end of the second clinical day. There is sufficient time to complete all procedures and to accommodate unexpected situations. The final half-day is provided for Candidates encountering unexpected circumstances that require extra time to complete procedures, or for onsite retakes. Candidates having a patient-based section to complete or retake must arrive by 8:30 a.m. on Clinic Day 3.

The location of Candidate operatories may be consolidated and a different operatory assigned to any remaining Candidates on Clinic Day 3.

### ***Simulation Lab Schedule (Endodontic and Prosthodontic Procedures)***

You will be assigned a three (3) hour block for the Endodontic Section.

If taking the Prosthodontic Section, you will be assigned a three and a half (3½) hour block for that section.

Candidates are divided into groups for the Endodontic and Prosthodontic Sections. These groups are designated by a Candidate ID Number which will be assigned to you and posted to your Candidate Profile on wreb.org approximately four (4) weeks prior to your exam. The Exam Schedule will specify the exact dates and times of your Endodontic and Prosthodontic Sections. At some sites, the Prosthodontic Section(s) will be scheduled on Orientation Day.

### ***Onsite Retakes***

Candidates with a failing result in Endodontics, Prosthodontics, or Periodontal Treatment may have an opportunity to retake the failed section onsite at the same exam. This will depend on each Candidate's scheduled sections and individual time constraints. Candidates that have certain validated critical errors or are dismissed from the exam are not eligible for onsite retake. No onsite retakes are available for the Operative Section. See scoring under each section for details.

Onsite retakes for Endodontics and Prosthodontics are scheduled on Clinic Day 3 only. Candidates are allowed in the simulation lab at 6:45 a.m. for setup. Both Endodontics and Prosthodontics Sections begin at 7:15 a.m. The Endodontic Section will end at 10:15 a.m. and the Prosthodontic Section will end at 10:45 a.m. Candidates attempting an onsite retake for Endodontics or Prosthodontics must arrive in the simulation lab no later than 7:45 a.m. on Clinic Day 3.

Onsite retakes for Periodontal Treatment may be attempted on Clinic Days 2 or 3. These retakes are not pre-scheduled and can be completed any time during open clinic following receipt of provisional results. (The first set of provisional results is posted at the end of Clinic Day 1.)

### ***Late Penalties***

#### **Endodontics and Prosthodontics:**

- 1 to 5 minutes late: 0.2 deduction
- 6 to 10 minutes late: 0.4 deduction
- 11 to 15 minutes late: 0.6 deduction
- 16 or more minutes late: Loss of all points for the section.

#### **Operative:**

- 1 to 5 minutes late: 0.2 deduction
- 6 to 10 minutes late: 0.4 deduction
- 11 to 15 minutes late: 0.6 deduction
- 16 or more minutes late: The applicable preparation or finish will not be graded. No points earned.

#### **Periodontal Treatment (deducted from total possible for Periodontal Treatment):**

- 1 to 5 minutes late: 4% deducted
- 6 to 10 minutes late: 8% deducted
- 11 to 15 minutes late: 12% deducted
- 16 or more minutes late: Procedure will not be graded. No points earned.

It is possible that the exam might be terminated in less than two and a half (2½) days due to a situation beyond the control of WREB, such as loss of power or act of nature. If this should occur, incomplete procedures cannot be carried over to a future exam. WREB cannot be held liable in these circumstances.

### ***Sample Exam Schedules***

The following are sample schedules. Times will differ depending on the exam site and will be posted with your individual schedule to your Candidate Profile on wreb.org approximately four (4) weeks prior to your exam. You will need to refer to the "Site Information" and your individual schedule for specific dates and times.

Your exam schedule is determined by the letter of your Candidate ID Number. Most Candidate ID Numbers will begin with either A, B, C, or D. To read the schedule, you will follow the column that corresponds to your Candidate ID Number and disregard all others.



**Sample Schedule 1: One Prosthodontic Section on Orientation Day**

**WREB Dental Exam Schedule**

**University Name**

**Exam Dates**

**Location:**

**Candidate Orientation:** Room A

**School Tour:** Room B

**Open/Candidate Clinic:** First Floor Clinic

**Endo Exam:** Simulation Lab

**Prosth Exam:** Simulation Lab

YOUR GROUP IS THE FIRST LETTER OF YOUR ASSIGNED CANDIDATE ID NUMBER				
	Group A	Group B	Group C	Group D
<b>Orientation Day</b>	<ul style="list-style-type: none"> <li>Candidate Orientation</li> <li>ID Check &amp; Packet distribution</li> <li>School Tour</li> </ul>			
	Prosth Exam (All Groups): 1:00-1:30 p.m. – Setup 1:30-5:00 p.m. – Exam			
<b>Clinic Day 1</b>	Endo Exam: 8:00-8:30 am - Setup 8:30-11:30 am - Exam	Op/Perio - Open Clinic: 8:00 am-12:30 pm	Op/Perio - Open Clinic: 8:00 am-4:00 pm	Op/Perio - Open Clinic: 8:00 am-4:00 pm
	Op/Perio - Open Clinic: 11:30 am-4:00 pm	Endo Exam: 12:30-1:00 pm - Setup 1:00-4:00 pm - Exam		
<b>Clinic Day 2</b>	Op/Perio - Open Clinic: 8:00 am-4:00 pm	Op/Perio - Open Clinic: 8:00 am-4:00 pm	Endo Exam: 8:00-8:30 am – Setup 8:30-11:30 am - Exam	Op/Perio - Open Clinic: 8:00 am-12:30 pm
			Op/Perio - Open Clinic: 11:30 am-4:00 pm	Endo Exam: 12:30-1:00 pm - Setup 1:00-4:00 pm - Exam
<b>Clinic Day 3</b>	<u>Op &amp; Perio – Open Clinic</u> 8:00-11:00 am			
	<u>Prosth and Endo Exam - RETAKES ONLY</u> 6:45-7:15 am - Setup for Prosth and Endo 7:15-10:15 am - Endo Exam 7:15-10:45 am - Prosth Exam			

**Sample Schedule 2: Two Prosthodontic Sections on Orientation Day**

**WREB Dental Exam Schedule**

**University Name**

**Exam Dates**

**Location:**

**Candidate Orientation:** Room A

**School Tour:** Room B

**Open/Candidate Clinic:** First Floor Clinic

**Endo Exam:** Simulation Lab

**Prosth Exam:** Simulation Lab

YOUR GROUP IS THE FIRST LETTER OF YOUR ASSIGNED CANDIDATE ID NUMBER				
	Group A	Group B	Group C	Group D
<b>Orientation Day</b>	<ul style="list-style-type: none"> <li>Candidate Orientation</li> <li>ID check &amp; distribution of packets</li> <li>School Tour</li> </ul>			
	Prosth Exam: 8:30-9:00 am - Setup 9:00 am-12:30 pm - Exam	Prosth Exam: 8:30-9:00 am - Setup 9:00 am-12:30 pm - Exam	Prosth Exam: 1:00-1:30 pm - Setup 1:30-5:00 pm - Exam	Prosth Exam: 1:00-1:30 pm - Setup 1:30-5:00 pm - Exam
<b>Clinic Day 1</b>	Endo Exam: 8:00-8:30 am - Setup 8:30-11:30 am - Exam	Op/Perio - Open Clinic: 8:00 am-12:30 pm	Op/Perio - Open Clinic: 8:00 am-4:00 pm	Op/Perio - Open Clinic: 8:00 am-4:00 pm
	Op/Perio - Open Clinic: 11:30 am-4:00 pm	Endo Exam: 12:30-1:00 pm - Setup 1:00-4:00 pm - Exam		
<b>Clinic Day 2</b>	Op/Perio - Open Clinic: 8:00 am-4:00 pm	Op/Perio - Open Clinic: 8:00 am-4:00 pm	Endo Exam: 8:00-8:30 am – Setup 8:30-11:30 am - Exam	Op/Perio - Open Clinic: 8:00 am-12:30 pm
			Op/Perio - Open Clinic: 11:30 am-4:00 pm	Endo Exam: 12:30-1:00 pm - Setup 1:00-4:00 pm - Exam
<b>Clinic Day 3</b>	<u>Op &amp; Perio – Open Clinic</u> 8:00-11:00 am			
	<u>Prosth and Endo Exam - RETAKES ONLY</u> 6:45-7:15 am - Setup for Prosth and Endo 7:15-10:15 am - Endo Exam 7:15-10:45 am - Prosth Exam			

**Sample Schedule 3: Four Prosthodontic Sections on Clinic Days 1 and 2**

**WREB Dental Exam Schedule**

**University Name**

**Exam Dates**

**Location:**

**Candidate Orientation:** Room A

**School Tour:** Room B

**Open/Candidate Clinic:** First Floor Clinic

**Endo Exam:** Simulation Lab

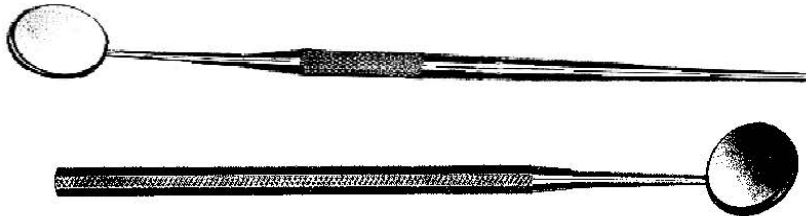
**Prosth Exam:** Simulation Lab

*If you are NOT taking the Prosth Exam, the block of time can be used as Open Clinic.*

YOUR GROUP IS THE FIRST LETTER OF YOUR ASSIGNED CANDIDATE ID NUMBER				
	Group A	Group B	Group C	Group D
<b>Orientation Day</b>	<ul style="list-style-type: none"> <li>School Tour</li> <li>Candidate Orientation</li> <li>ID check &amp; distribution of packets</li> </ul>			
<b>Clinic Day 1</b>	Endo Exam: 8:00-8:30 am - Setup 8:30-11:30 am - Exam	Op/Perio - Open Clinic: 8:00 am-12:30 pm	Op/Perio - Open Clinic: 8:00 am-12:00 pm	Prosth Exam: 7:30-8:00 am - Setup 8:00-11:30 am - Exam
	Op/Perio - Open Clinic: 11:30 am-4:00 pm	Endo Exam: 12:30-1:00 pm - Set up 1:00-4:00 pm - Exam	Prosth Exam: 12:00-12:30 pm - Setup 12:30-4:00 pm - Exam	Op/Perio - Open Clinic: 11:30 am-4:00 pm
<b>Clinic Day 2</b>	Op/Perio - Open Clinic: 8:00 am - 12:00 pm	Prosth Exam: 7:30-8:00 am - Setup 8:00-11:30 am - Exam	Endo Exam: 8:00-8:30 am - Setup 8:30-11:30 am - Exam	Op/Perio - Open Clinic: 8:00 am-12:30 pm
	Prosth Exam: 12:00-12:30 pm - Setup 12:30-4:00 pm - Exam	Op/Perio - Open Clinic: 11:30 am-4:00 pm	Op/Perio - Open Clinic: 11:30 am-4:00 pm	Endo Exam: 12:30-1:00 pm - Set up 1:00-4:00 pm - Exam
<b>Clinic Day 3</b>	<u>Op &amp; Perio – Open Clinic</u> 8:00 - 11:00 am			
	Prosth and Endo Exam RETAKES ONLY Setup for Prosth and Endo: 6:45 - 7:15 am Endo Exam: 7:15 - 10:15 am Prosth Exam: 7:15 - 10:45 am			

**ILLUSTRATION OF INSTRUMENTS**

***Mirror-metal #4 or #5 Front Surface***



***"Pigtail" Operative Explorer - comparable to the Starlight #2 or Suter #2, Brasseler 2/6 or Hu-Friedy #2R/2L***



***"Shepherd's Hook" Operative Explorer - comparable to the Thompson #5, Hu-Friedy EXD #5***



***Perio Explorer - ODU 11/12***



***Perio Probe - color coded in 3-6-9-12 mm increments***



***Miller-Type Articulating Paper Forcep***





### DENTAL ASSISTANT VERIFICATION FORM

#### TO BE COMPLETED BY CANDIDATE

Candidate Name: \_\_\_\_\_ Candidate ID#: \_\_\_\_\_

Exam Site: \_\_\_\_\_ Exam Dates: \_\_\_\_\_

No Operative Assistant used.  No Periodontal Treatment Assistant was used.

CANDIDATE: I verify that I have confirmed the accuracy of the information contained on this form.

\_\_\_\_\_  
Candidate Signature

#### TO BE COMPLETED BY DENTAL ASSISTANT(S)

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 the WREB exams.

The relationship between WREB, the school where the exam is administered, and the dental Candidate is strictly a contract service and not an employer/employee relationship. You are working as an assistant employed by the dental Candidate taking the exam. As your employer, the Candidate maintains responsibility for your compliance with all regulations mandated to employees by the Occupational Safety and Health Administration (OSHA).

WREB does not assume responsibility or liability for the health status of you, your dentist or the patient(s), if an injury or exposure to infectious agents occurs during the course of this examination, neither WREB nor the school assumes any responsibility to provide follow-up care. It is the Candidate's responsibility to assure that you see a licensed health care professional and initiate appropriate management and follow-up care.

#### LIMITATION OF LIABILITY AND INDEMNITY AGREEMENT

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

REMINDER: The use of unauthorized assistants is grounds for immediate dismissal from the exam for the Candidate, resulting in disciplinary action and possible denial of license to practice dentistry. An individual who serves as an unauthorized assistant may be subject to disciplinary action in the state in which licensed/certified.

#### The following information must be completed by the Assistant(s):

By signing below, I hereby confirm that I am qualified in accordance with the Candidate Guide and have read and understand the Disclosure Statement, Limitation of Liability and Indemnity Agreement above:

OPERATIVE Assistant (print name)	Signature	Address	City/State/Zip
PERIO Assistant (print name)	Signature	Address	City/State/Zip
ADDITIONAL Assistant (print name)	Signature	Address	City/State/Zip



### FOLLOW-UP CARE AGREEMENT

- Posterior Composite 1
- Posterior Composite 2
- Anterior Composite
- Amalgam
- Periodontal Treatment

PATIENT'S FULL NAME: \_\_\_\_\_ CANDIDATE ID#: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_ EXAM SITE: \_\_\_\_\_

The WREB Dental Exam is the process for determining if a Candidate has the clinical skills necessary to obtain a license to practice dentistry. Therefore, no guarantee can be made that the treatment performed during this exam will be adequate. If you need additional follow-up care related to the treatment received during the exam, you must visit a licensed dentist of your choice or you may use the referral below. Your Candidate will provide you with a signed copy of this "Follow-Up Care Agreement" form.

I. PROVIDER'S ACCEPTANCE OF RESPONSIBILITY - Provider must be accessible to patient and licensed in the state in which the patient resides (Option A or Option B must be completed).

A. This is to acknowledge that I agree to provide any follow-up care required related to treatment rendered during the WREB Dental Exam. It is understood that this Agreement expires sixty (60) days following the exam.

Name of Licensed Provider \_\_\_\_\_ License Number \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

OR

B. The patient is a "Patient of Record" at the \_\_\_\_\_ Dental School and will be provided follow-up care as necessary according to the guidelines of the School of Dentistry.

Signature of Authorized School Official \_\_\_\_\_ Date \_\_\_\_\_

#### II. PATIENT ACCEPTANCE

I have read the above, and understand and accept that additional treatment related to services rendered during this exam may be required. I understand that any necessary follow-up care is the responsibility of the licensed dentist (Option A above) who signs this form. No school or exam location is responsible for providing follow-up care, unless that school or exam location has signed this "Follow-Up Care Agreement" (Option B above), and acknowledges responsibility for follow-up care. I understand that there may be a fee involved in the follow-up care and that I will be responsible for that fee unless other arrangements have been made with the Candidate. It is further understood that the provider listed above (Option A or Option B) has no obligation to provide care if not initiated within sixty (60) days after the exam.

\_\_\_\_\_  
Patient Signature (or Parent/Guardian if patient is a minor) \_\_\_\_\_ Date \_\_\_\_\_

White Copy: Candidate File

Yellow Copy: Patient

Front

**WREB** Use Ink

**PATIENT MEDICAL HISTORY**

Posterior Composite 1  Amalgam  
 Posterior Composite 2  Periodontal Treatment  
 Anterior Composite

PATIENT'S FIRST NAME: \_\_\_\_\_ CANDIDATE ID#: \_\_\_\_\_  
DATE OF EXAMINATION: \_\_\_\_\_ EXAM SITE: \_\_\_\_\_

**Instructions to the Patient:** Have you had or have you ever experienced any of the following conditions? Circle "YES" or "NO" to all questions.

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

**Answer the following questions as completely and accurately as possible:**

- Are you taking any medication, pills or drugs (prescribed or not)?  
If yes, please list: \_\_\_\_\_ YES NO
- Do you have a sensitivity or allergy to latex?  
If yes, please list: \_\_\_\_\_ YES NO
- Are you allergic to any medicines?  
If yes, please list: \_\_\_\_\_ YES NO
- Have you ever received intravenous bisphosphonates for bone cancer or severe osteoporosis?  
If yes, please list: \_\_\_\_\_ YES NO
- Are you under the care of a physician at the present time or have you been treated by a physician in the past six months?  
If yes, for what condition: \_\_\_\_\_ YES NO
- Do you have, or have you been exposed to, any disease or condition not listed above that we should know about?  
If yes, please list: \_\_\_\_\_ YES NO
- Women only: Are you pregnant?  
If yes, expected due date: \_\_\_\_\_ YES NO

**Instructions to Candidate:**  
**Circle "YES" answers.** State in the lines below the significance (if any) and the steps taken for any alteration of procedure for this exam. Indicate the need and use for premedication, if necessary. Record all medication taken today on the back of the procedure worksheet. Attach any verification of the patient's medical acceptability. A Floor Examiner must initial this form prior to the administration of local anesthetic and before the patient is sent to the grading area for "patient check-in."

\_\_\_\_\_ Patient Blood Pressure \_\_\_\_\_ Patient Pulse \_\_\_\_\_ Floor Examiner Initials  
\_\_\_\_\_ Patient's Initials: \_\_\_\_\_

**Patient Consent Form and Assumption of Risk on Reverse**

Back

**PATIENT CONSENT FORM 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 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 skills 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 holding 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 attorneys' fees) of every kind, nature or description resulting from, arising out of or relating to your health care or condition before, during, or after the examination.

I hereby state that I have read and understand this Patient Consent Form and Assumption of Risk. I confirm that I have not completed more than two years of dental school, foreign or domestic. I consent to having radiographs and a dental examination made for me. I hereby consent to the Procedures. 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 the WREB examiners take intraoral photographs of my teeth and gums for 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#: \_\_\_\_\_ and his or her assistant, to perform a dental examination, (including the procedures), upon me.

Dental Procedure(s): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Patient Signature (or Parent/Guardian if patient is a minor)  
Must be at least 18 year of age for Periodontal Treatment

Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

*This page intentionally left blank.*