



WREB

A National Dental and Dental Hygiene Testing Agency

Dental Hygiene Student Newsletter www.wreb.org

Fall 2016



Dental Hygiene Results Delivered Onsite

Candidates taking the WREB Exam no longer have to wait days stressing, worrying and wondering if they passed or failed their exam attempt. Within minutes of patients returning from the grading area, results are delivered. If a Candidate is unsuccessful, they have the opportunity to pay for a retake at the same site on the last day of the exam if they choose to do so. This means no longer having to wait months for the next available exam in the Candidate's state or having to travel to another state.

In addition to delivering Dental Hygiene results onsite, WREB is planning to introduce onsite retakes for Candidates who challenge the Restorative examination beginning in 2017.

It is WREB Policy to notify Candidates of their *official* clinical exam results as soon as possible. Generally, within one week of the last scheduled exam day. Official results will be posted online and can be accessed with their Candidate login (username and password). Candidates will receive an email notification once their official results are available.



Top Reasons to Choose WREB

WREB examinations are 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 examinations were developed to provide a reliable clinical assessment for state boards' use in making valid licensing decisions.

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

The Examiners at any examination site are experienced practitioners from various WREB states. Examiners are trained and calibrated to WREB criteria prior to each examination.

We realize you have choices when it comes to testing agencies but we want you to think about the following top reasons why you should select WREB.

1. Retakes are available onsite
2. Preliminary results provided onsite
3. If unsuccessful, we provide you with immediate feedback on reasons for failure
4. Experienced, professional, highly calibrated Examiners
5. WREB staff is helpful and ready to assist you in any way that we can
6. WREB staff works directly with school to ensure you experience a smooth exam
7. We provide 58 exam sites though out the year to fit your needs & time frames

8. Easy application process
9. We want you to succeed!!

It was difficult selecting the top reasons so we included some additional ones you should also consider.

- WREB provides you with professional liability coverage with the limit amount of \$1,000,000/\$3,000,000 at no additional charge for the duration of the examination.
- We provide a Candidate Orientation onsite prior to each exam
- Q & A session with the Chief Examiner prior to each exam
- Candidate friendly onsite staff
- Report official results to all WREB Member State Dental Boards

Prometric Enhances Security

In a October 2016 statement released by Prometric, indicated that moving forward they will conduct more stringent inspections of questionable items and accessories, such as eyeglasses and jewelry. This preventative measure seeks to eliminate the potential for devices that could capture exam content in compromising the integrity of the examination.

Candidates are encouraged to leave any questionable items at home or in a secure locker onsite to avoid entry delays or risk forfeiture of their WREB Local Anesthesia Written examination attempt.

The following items will be inspected more thoroughly prior to admission and re-entry into the secure testing area:

| Items subject to close visual inspection: | Items to LEAVE at Home or in Locker provided: |
|--|--|
| <ul style="list-style-type: none">• Eyeglasses (removed for inspection)• Wedding and engagement rings• Earrings• Facial piercing jewelry (i.e. labret studs)• Hair accessories (i.e. clips, barrettes) | <ul style="list-style-type: none">• Sunglasses• Ornate hair accessories (i.e. clips, combs, barrettes, headbands)• Watch or wearable technology• Cell phone |

If a candidate is caught with a camera or other capture device in their possession...

- Prior to entering the testing room, the item will be confiscated and the test attempt forfeited.
- While in the testing room, the item will be confiscated and the exam terminated.

Prometric strives to provide all test takers the "opportunity to demonstrate their knowledge, skills, and abilities" by ensuring "a fair and professional testing environment." Refer to the Testing Center Regulations page of the Frequently Asked Questions section of the Prometric website for more information.

Exam and Policy Updates for 2017

Dental Hygiene Examination

Online Candidate Tutorial

The online tutorial is intended to familiarize Dental Hygiene Candidates with the exam process and paperwork prior to taking the Dental Hygiene Examination. A mandatory onsite Candidate Orientation is held the day prior to the Clinical Examination. The 2017 tutorial will be posted on the WREB website on January 9. We encourage all faculty and students to view this tutorial, particularly prior to attending the onsite Candidate Orientation.

Patient Criteria

A patient with a known allergy or sensitivity to latex may be accepted.

Radiographic Criteria

Bitewing radiographs for all posterior teeth are required. In addition to the bitewings, Candidates may submit any combination of the following diagnostic quality images, which show all the required structures for each tooth in the treatment submission:

- Periapicals within 36 (thirty-six) months of the examination date
- Panoramic within 36 (thirty-six) months of the examination date

A single four (4) point penalty will be assessed if radiographs do not meet diagnostic criteria.

Instruments

The following instruments are required:

- #4 or #5 front surface mouth mirror (double-sided is acceptable)
- 11/12 Old Dominion University (ODU) (double-end explorer or ODU extended (EXD) is also acceptable)
- University of North Carolina (UNC) periodontal probe with 1-12mm increments (PCP UNC12) (Right-angle probes are unacceptable)

Two (2) single-ended instruments are required for testing mobility. If required mirror or probe is not single-ended, an additional single-ended instrument must be submitted.

Extraoral and Intraoral Examination (EIE)

For the purposes of the WREB exam, Candidates are only required to describe and indicate proper recommendation for atypical or abnormal conditions, either:

- Pose a serious health threat warranting immediate referral for medical or dental evaluation. **This should be a rare occurrence.**
- Require follow up medical or dental evaluation (non-immediate) or monitoring at future recare.

The candidate should record this information on the front of the *Candidate Assignment Form* and submit form at Check-In. Candidates recorded findings will not be graded at Check-In, and the form will be returned to them with their patient. Candidates may make additions or changes to the EIE

section before submitting the *Candidate Assignment Form* for final grading. Candidates must complete the EIE section.

Full credit is given when the condition is correctly recognized and the recommendation is correct. Partial credit will be given if either description or recommendation is correct. No credit will be given if both “NSF” and a description are noted, or if the section is left blank.

Periodontal Assessment

The Periodontal Assessment includes assessment and recording of:

- Periodontal pocket depth
- Gingival recession
- Classification of furcation involvement
- Classification of mobility
- Radiographic bone loss
- Classification of Severity of Periodontal Disease

Probing and Recession

A total of 18 (eighteen) probing and recession areas are pre-determined for grading.

Periodontal Assessment Questions

Utilizing candidate’s assessment records, including submitted radiographs and instruments, answer the four (4) questions on an assigned molar in the treatment quadrant.

1. **What is the degree of mobility?** Use to (2) single-ended instruments to test mobility and submit those instruments at Check-Out.
 - Choose “None,” “Class I-II” or “Class-III”
2. **What type of radiographic bone loss is present?** Mark all that apply if more than one (1) type is present for full credit. Partial credit may be given if multiple types of bone loss are present, but only one (1) type is selected.) (e.g. “None” on distal and “Horizontal” on mesial, but only “Horizontal” is selected.)
 - Choose “None,” “Horizontal”, and/or “Vertical”
3. **What is the classification of furcation for the facial aspect only?**
 - Choose “None,” “Class I-II” or “Class III-IV”
4. **What is the Classification for the Severity of Periodontal Disease on the facial aspect only?** Periodontal pocket depths, distance from the gingival margin (GM) to the Cementoenamel Junction (CEJ), and radiographic evidence are all used to determine Clinical Attachment Loss (CAL).

A Clinical Attachment Loss (CAL) computation table is provided to demonstrate their understanding of the classification process and to aid both Candidates and Examiners’ determination of proper classification.

- Enter the appropriate measurements for pocket depth, gingival margin and CAL in the computation table. Examiners will consider recorded measurements allowing a

one millimeter (1mm) leeway. The information in the table is not graded.

- Choose “Gingivitis”, “Slight”, “Moderate” or “Severe”

Treatment Submission Accepted

Candidates are assigned up to two hours and fifteen minutes to complete their treatment. If Candidates incur late penalties, or have up to three (3) submissions, they may not have the entire two hours and fifteen minutes for the clinical procedures. Patients are not allowed to remain in the clinic area beyond the time specified on your Candidate schedule.

Scoring Information

Assigned points are deducted from a Candidates score if an error is validated. A validated error is an error independently agreed upon by two (2) or more Examiners.

Radiographic Evaluation

- A single four (4) point penalty will be assessed if radiographs do not meet diagnostic criteria.

Extraoral and Intraoral Examination

- A maximum of two (2) points will be deducted. Partial credit of one (1) point may be given.

Periodontal Assessment

1. Probing and Recession

- A maximum of three (3) points are deducted for one (1) or more gingival recession errors. One (1) point is deducted for each probing error up to a maximum of 12 (twelve). A maximum of 15 (fifteen) points is possible.

2. Periodontal Assessment questions

- Two (2) points will be deducted for each wrong answer for questions #1-4. Partial credit of one (1) point may be given for question #2 (radiographic bone loss). A maximum of eight (8) points is possible.

2017 WREB Periodontal Assessment References

Classification of Mobility

| Class | Description |
|-----------|---|
| Class I | Tooth can be moved up to 1mm in any direction |
| Class II | Tooth can be moved >1mm in any direction but is not depressible in the socket |
| Class III | Tooth can be moved in a buccolingual direction and is depressible in the socket |

Classification of Furcations

| CLASS | DESCRIPTION |
|-----------|---|
| Class I | Beginning involvement Concavity of furcation can be detected with instrument, but furcation cannot be entered. Cannot be detected radiographically |
| Class II | Probe or explorer can enter the furcation from one aspect, but cannot penetrate through to the opposite side Slight radiolucency in furcation area may be visible |
| Class III | Through and through involvement, but the furcation is still covered by soft tissue. A definite radiolucency in the furcation area is visible |
| Class IV | Through and through furcation that visible due to soft tissue recession. Clinically open and exposed. Radiolucency in furcation area visible |

Radiographic Bone Loss

| | |
|----------------------|---|
| No Bone Loss | Alveolar crestal bone is <2mm from the CEJ's. Lamina Dura may appear as opaque line parallel to CEJ's of adjacent teeth |
| Horizontal Bone Loss | Alveolar crestal bone is >2mm from the CEJ's. Bone loss is parallel to the CEJ's of adjacent teeth Fuzziness or break in Lamina Dura *bone around tilted teeth may appear to be vertical- but does follow the line between adjacent CEJ's |
| Vertical Bone Loss | Bone is oriented diagonally to the CEJ's of adjacent teeth "V" or wedge shaped radiolucency on proximal surfaces |

Guidelines for Determining Severity of Periodontitis

| | Slight (Mild) | Moderate | Severe (Advanced) |
|---------------------------------------|--|----------------------------|-------------------|
| Probing depths | >3 & <5 mm | ≥5 & <7 mm | ≥7 mm |
| Bleeding on probing | Yes | Yes | Yes |
| Radiographic bone loss | Up to 15% of root length or ≥ 2mm & ≤3 mm | 16-30% or > 3mm & ≤5 mm | >30% or > 5mm |
| Clinical attachment loss ¹ | 1-2 mm | 3-4 mm | 5+ mm |

Exam and Policy Updated for 2017 (continued)

Restorative Examination

Onsite Retakes

WREB is pleased to introduce onsite retakes for Restorative Candidates beginning in 2017. Candidates are eligible for the retake onsite if they failed only one prep and/or do not require remediation or board approval to retake the examination. The retake examination is a separate attempt and is included in their total number of examination attempts.

For the retake examination, Candidates will be required to restore the same preparation that they failed. If Candidates choose to retake the examination at another site, they will be required to complete both preparation assignments.

In order to retake the Clinical Examination onsite, you must:

- Within the time frame announced during the Candidate Orientation, notify the WREB Site Coordinator that you are retaking the examination.
- Provide a valid card that displays either the MasterCard, Visa, American Express or Discover logo, or cashier's check or money order made payable to WREB. The retake examination fee is \$440. Cash or personal checks cannot be accepted.
- You will be scheduled a retake time and session.

The retake examination is a separate attempt and a final value of 3.00 or higher is required to pass the Restorative retake examination.

Performance Evaluation for Retake Examination

The retake examination is a separate attempt and a final value of 3.00 or higher is required to pass the Restorative retake examination.

Online Candidate Tutorial

The online tutorial is intended to familiarize Restorative Candidates with the exam process prior to taking the Restorative Examination. A mandatory onsite Candidate Orientation is held the day prior to the Clinical Examination. The 2017 tutorial can be found on the WREB website on January 9. We encourage all faculty and students to view this tutorial, particularly prior to attending the onsite Candidate Orientation.

Examination Materials Used by Candidates

Polishing agents are allowed. **The use of petroleum jelly products (i.e. Vaseline®, etc.) is not allowed.**

Exam and Policy Updated for 2017 (continued)

Grading Criteria

Please review the 2017 Restorative grading criteria below:

| | 5 | 4 | 3 | 2 | 1 |
|-----------------|--|--|---|--|--|
| OCCLUSAL (30%) | Replicates proper anatomy restoring harmonious form. No pitting or voids. | Slight variation of harmonious form. Major grooves, fossae and ridges present. Slight surface irregularities (pitting or voids). | Anatomy functional. Moderate variation of harmonious form. Anatomy improved with minimal finishing and/or polishing. Moderate surface irregularities (pitting or voids). | Anatomy critically alters function. Marginal ridge contour/height improper. Pits, grooves, fossae and/or ridges inadequately placed. Critical surface irregularities (pitting or voids). Placement of glazing/unfilled resin. Hyperocclusion; contact marks appear only on restoration. | Anatomy grossly alters function. Marginal ridge contour/height incorrect; height > 1 mm (+/-). Pits, grooves, fossae and/or ridges not present. Gross surface irregularities or defects (pitting, voids and/or fractures). Uncured resin. Hyperocclusion; contact marks appear only on restoration. |
| MARGINS (35%) | Minimal variation of cavosurface margin (+). Scarring of tooth structure (one area). | Slight variation of cavosurface margin (+/-). Scarring of tooth structure (multiple areas). | Cavosurface margin (+/-); improved with minimal finishing and/or polishing. Flashing present (multiple areas); removed with minimal polishing. Moderate scarring of tooth structure. Integrity of restoration not compromised. | Cavosurface margin open > .5 mm (not correctable). 1 mm excess; not correctable with minimal polishing. Critical damage affects integrity of tooth structure and/or restoration. Placement of glazing/unfilled resin. | Gross variation of cavosurface margin open > 1 mm (not correctable). Greater than 1 mm excess; not correctable with minimal polishing. Gross damage affects integrity. |
| PROXIMALS (35%) | Replicates harmonious form. Flosses with proper resistance. No pitting or voids. | Slight variation of proximal contour, shape and/or position of contact area. Flosses with proper resistance. Slight surface irregularities (pitting or voids). | Moderate variation of proximal contour, shape and/or position. Gingival-occlusal embrasures are functional. Flosses with near proper resistance (may shred floss). Moderate surface irregularities (pitting or voids). | Critical variation of proximal contour, shape and/or position. Tight contact (breaks floss). Visibly open contact with resistance. Critical surface irregularities (pitting or voids). Placement of glazing/unfilled resin. | Gross variation of proximal contour, shape and/or position of contact area. Floss will not pass through contact. Open contact (visibly open with no resistance). Gross surface irregularities (pitting, voids and/or fractures). Uncured resin. |

Exam and Policy Updates for 2017 (continued)

Local Anesthesia Examination

Registering for a Local Anesthesia Examination, if applicable

WREB offers the Local Anesthesia Examination to those member states that have statutes, or rules that require the applicant pass an examination. Applicants whose state does not require a local anesthesia examination for licensure are not required to take WREB's Local Anesthesia Examination.

The Local Anesthesia Examination is a two-part examination; written and clinical. Overall successful completion of the WREB Local Anesthesia Examination requires passing scores in both the Written Examination and the Clinical Examination within a period of 12 (twelve) months. Candidates may register for the Local Anesthesia Clinical Examination with the understanding that they are not eligible to challenge the Clinical Examination until successfully passing the Written Examination. Failure to pass the Written Examination may result in forfeiture of the Clinical Examination fees.

When registering for a 2017 Local Anesthesia Clinical Examination, the WREB website will automatically include the Written Examination fee (if the applicant has not previously registered and paid for the written portion) to their clinical fee. After selecting the clinical site it will add the written fees (\$105) to the clinical fee. Both fees (written and clinical) will be charged upon completion of the registration process.

Candidates have two registration options for the Local Anesthesia Examination:

1. **Written-Only Registration:** Attempt the written Examination within the specified timeframe (an immediate 45 [forty-five] day window). Successful Candidates must then **register separately** for an available Clinical Examination by the stated application deadline on the WREB website.
2. **Simultaneous Local Anesthesia Written & Clinical Registration:** Attempt the Written Examination within the specified timeframe attached to the Clinical Examination (60-15 days prior to the Clinical Examination). Successful Candidates then proceed to their scheduled Clinical Examination.

Local Anesthesia Clinical Changes

Patient Criteria

A patient with a known allergy or sensitivity to latex may be accepted.

Critical Aspects of the Injection

One category has been renamed and one category has been separated into two separate critical aspects.

Critical aspect category (*7) "Excessive Trauma" was renamed "Tissue Management". The criterion remains the same.

Critical aspect category (*8) "Handling of Sharps" has been split into two separate critical aspects.

1. *8 Recapping

Proper Recapping Technique

A single handed recapping method is required when recapping the needle. Once the needle is protected within the cap, the needle must be secured. Needles and cartridges must be disposed of properly.

Errors:

- Two (2) handed recapping
- Hand anywhere on safety shield during recapping
- Holding needle cap during recapping

2. *9 Sharps Disposal

Errors:

- After the completion of both injection, sharps and cartridge are not properly disposed of in the appropriate container(s) and/or according to school policy

Improper handling of Sharps will result in failure of both injections.

All eight (8) critical aspects of the injection have an (*) asterisk and must be performed to examination specifications.

Advice from Candidates who have taken the Dental Hygiene Clinical Examination

- Commit to memory your Candidate Guide. You will be familiar with all paperwork, requirements, and feel more comfortable at this stressful time if you study it thoroughly.
- Attend the Orientation. This helps reinforce the Candidate Guide and shows you the clinic where you will be taking the exam. Questions are answered and you will feel more sure of yourself.
- Bring Enrollment Packet(s), schedule and all forms to the orientation(s).
- Patient criteria. Make sure your patient has subgingival calculus. It must be below gingival tissue to be considered sub. A patient who has regular recall appointments will not qualify.
- Secure a board patient. Advise your patient to practice basic oral hygiene (i.e., brush and floss), so that gingival inflammation and bleeding are minimized during the exam. Profuse bleeding impairs instrumentation and visibility and increases risk of tissue damage which is an error you don't want to have. Remember: Calculus does not brush off!
- Bring a back-up patient. You may need them, or someone else may need them. Make sure all patients are dependable and will show up because they realize the importance of their commitment to you.
- Maintain contact with your patient. Get a firm commitment from your patient(s) to be there at least 45 minutes before the exam time.
- The day is long, the clinics are cool. Bring snacks, fruit, water, a blanket and anything else your patient may appreciate.
- Organize your paperwork. Do as much paperwork as allowed prior to the exam. Make one file for check-in and one for check-out. Be familiar with the forms before orientation.
- Double-check radiographs for criteria.

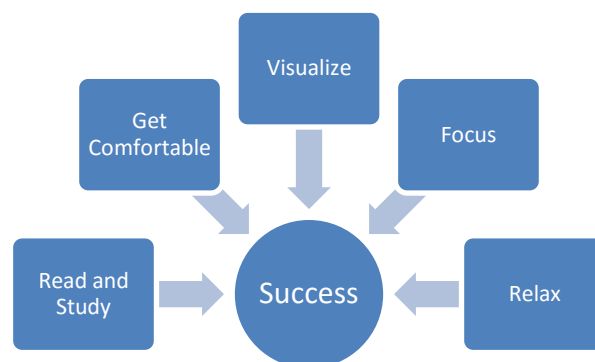
- Prepare in advance the instruments and forms that your patient will be carrying. You will be glad you got that done because you can feel rushed.
- Re-anesthetize your patient. Consider re-anesthetizing your patient prior to checkout.
- Bring extra money to the site in case you need something unexpected.
- Time management is your friend.

Advice from Candidates who have taken the Restorative Examination

- Candidate Guide: Read and re-read the Candidate Guide.
- Education: Take a much extended restorative course; not one that only lasts several hours or just a weekend.
- Skills: Practice carvings and also having to remove a carving.
- Preparedness: Know what to do if your marginal ridge breaks.
- Familiarize: Attend the Clinic Tour to familiarize yourself with the clinic layout, equipment, etc.
- Equipment: Bring your own triturator; it makes a difference.
- Typodont Storage: Remember to bring a box or container for your Typodont.

Advice from Candidates who have taken the Local Anesthesia Examination

- Study the references and chart; know dosages, medical history contraindications and complications, and anatomy
- Notify the Proctor or Floor Technician right away if you have computer difficulties.
- Read and study the Candidate Guide several times before the exam.
- Get Comfortable. Get a syringe that fits your hand; bring double of everything.
- Visualize your injections; practice with the WREB stop & announce points.
- Focus. Make sure that the large “window” is toward you and can be seen by the examiners.
- Relax. Try to stay calm. Think positive. Examiners know you are nervous



WREB Reminder—No Faculty Allowed Onsite at Examination Sites

WREB does not permit faculty or educators to be present on the premises during the examinations. Enforcing this policy will assure that the exam process is consistent from site-to-site and fair for all Candidates. Please note, this policy does not prohibit onsite faculty from working in their offices away from the reception area and examination clinics while the exam is being administered.

States Accepting WREB Exam Results

| | |
|-------------------------|-----------------|
| ALASKA* | NEW HAMPSHIRE |
| ARIZONA* | NEW MEXICO* |
| CALIFORNIA ¹ | NORTH DAKOTA* |
| COLORADO | OHIO |
| CONNECTICUT | OKLAHOMA* |
| HAWAII ² | OREGON* |
| IDAHO* | PENNSYLVANIA |
| ILLINOIS* | RHODE ISLAND |
| INDIANA | SOUTH DAKOTA |
| KANSAS* | TENNESSEE |
| KENTUCKY | TEXAS* |
| MAINE | UTAH* |
| MASSACHUSETTS | VERMONT |
| MICHIGAN | VIRGINIA |
| MINNESOTA | WASHINGTON* |
| MISSOURI* | WEST VIRGINIA** |
| MONTANA* | WISCONSIN |
| NEBRASKA | WYOMING* |
| NEVADA* | |

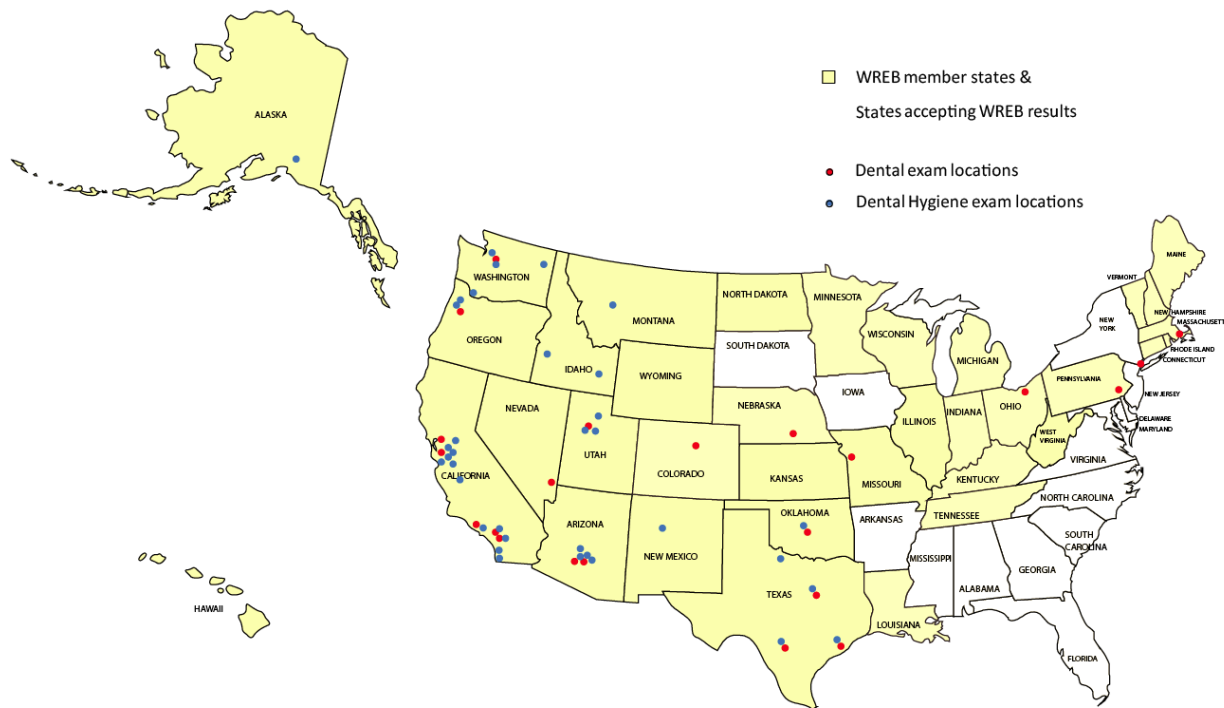
**Member State*

***Affiliate Member State*

¹*Dental Member State ONLY, accepts both dental & dental hygiene exam results*

²*Accepts dental hygiene exam results only*

WREB is a testing agency only and does not issue licenses. Successful completion of the WREB examination does not constitute licensure in any state. Questions regarding licensing and reciprocity should be directed to the state board where licensure is sought.



Meet the WREB Dental Hygiene Department



(From left to right) Robin Yeager, Director Dental Hygiene Operations ; Phlecia Cook-Gyder, Dental Hygiene Supervisor; Kathy Reiff, Dental Hygiene Exam Coordinator; Kellie Blanford, Dental Hygiene Exam Coordinator; Emily Stallings, Dental Hygiene Exam Coordinator.

WREB 2017 Examination Schedule

Local Anesthesia, Dental Hygiene, and Restorative

Registration times reflect Mountain Standard Time (MST). Registration opening dates and times are subject to change.

| Exam Location | Exam Dates | Exam Type | Application Deadline | Registration Opens |
|--|--------------|---------------|----------------------|--------------------|
| Clark College #1, Vancouver, WA | Feb 24-25 | ANE | January 10 | 12/8/16 2:00 PM |
| San Joaquin Valley – San Diego #1, Chula Vista, CA | Mar 2-5 | ANE, HYG | January 16 | 12/8/16 2:00 PM |
| University of New Mexico #1, Albuquerque, NM | Mar 3-4 | ANE | January 17 | 12/9/16 2:00 PM |
| Portland Community College #1, Portland, OR | Mar 3-5 | ANE | January 17 | 12/9/16 2:00 PM |
| Lake Washington Institute #1, Kirkland, WA | Mar 17-20 | ANE, RES | January 31 | 12/14/16 2:00 PM |
| West Coast University #1, Anaheim, CA | Mar 30-Apr 1 | HYG | February 13 | 1/4/17 2:00 PM |
| Carrington College, Mesa, AZ | Mar 31-Apr 2 | HYG | February 14 | 1/4/17 2:00 PM |
| OIT @ Chemeketa CC #1, Salem, OR | Apr 6-9 | ANE, HYG | February 20 | 1/5/17 2:00 PM |
| Carrington College, San Jose, CA | Apr 6-9 | HYG | February 21 | 1/5/17 2:00 PM |
| Fortis College #1, Phoenix, AZ | Apr 7 | ANE | February 21 | 1/5/17 2:00 PM |
| Clark College #2, Vancouver, WA | Apr 7-9 | RES | February 21 | 1/5/17 2:00 PM |
| Carrington College-ID #1, Boise, ID | Apr 14-15 | ANE | February 28 | 1/11/17 2:00 PM |
| Utah College of Dental Hygiene #1, Orem, UT | Apr 19-22 | ANE, HYG | March 5 | 1/11/17 2:00 PM |
| Eastern Washington #1, Spokane, WA | Apr 21-23 | RES | March 7 | 1/17/17 2:00 PM |
| Univ. of Texas - San Antonio, San Antonio, TX | Apr 21-24 | HYG | March 7 | 1/17/17 2:00 PM |
| University of Oklahoma, Oklahoma City, OK | Apr 21-24 | HYG | March 7 | 1/17/17 2:00 PM |
| OIT @ Chemeketa CC #2, Salem, OR | Apr 22-23 | RES | March 8 | 1/5/17 2:00 PM |
| Salt Lake C.C., West Jordan, UT | Apr 25-29 | ANE, HYG | March 11 | 1/24/17 2:00 PM |
| Eastern Washington #2, Spokane, WA | Apr 28-May 1 | ANE, HYG | March 14 | 1/17/17 2:00 PM |
| University of Southern CA (USC), Los Angeles, CA | Apr 28-May 1 | HYG | March 14 | 1/4/17 2:00 PM |
| Texas A & M, Dallas TX | Apr 28-May 1 | HYG | March 14 | 1/17/17 2:00 PM |
| Weber State University, Ogden UT | May 3-6 | ANE, HYG | March 19 | 1/31/17 2:00 PM |
| Midwestern State University, Wichita Falls, TX | May 4-7 | HYG | March 20 | 1/31/17 2:00 PM |
| Tyler Jr. College, Tyler, TX | May 5-8 | HYG | March 21 | 2/1/17 2:00 PM |
| Univ. of the Pacific, Stockton, CA | May 5-8 | ANE, HYG | March 21 | 2/1/17 2:00 PM |
| University of Texas, Houston, TX | May 10-13 | HYG | March 26 | 2/7/17 2:00 PM |
| Great Falls College - MSU, Great Falls, MT | May 12-15 | ANE, HYG | March 28 | 2/7/17 2:00 PM |
| Phoenix College #1, Phoenix, AZ | May 12-15 | ANE, HYG | March 28 | 2/7/17 2:00 PM |
| University of New Mexico #2, Albuquerque, NM | May 17-19 | ANE, HYG | April 2 | 2/8/17 2:00 PM |
| Portland Community College #2, Portland, OR | May 18-22 | RES | April 3 | 2/8/17 2:00 PM |
| University of Alaska, Anchorage, AK | May 23-26 | ANE, HYG, RES | April 8 | 2/8/17 2:00 PM |
| College of Southern Nevada, Las Vegas, NV | Jun 1-3 | ANE, HYG | April 17 | 2/15/17 2:00 PM |
| Portland Community College #3, Portland, OR | Jun 1-5 | ANE, HYG | April 17 | 2/8/17 2:00 PM |
| Sacramento City College, Sacramento, CA | Jun 1-4 | HYG | April 17 | 2/15/17 2:00 PM |
| Fortis College #2, Phoenix, AZ | Jun 8-11 | ANE, HYG | April 24 | 2/7/17 2:00 PM |
| San Joaquin Valley – Visalia, Visalia, CA | Jun 8-11 | HYG | April 24 | 2/15/17 2:00 PM |
| Lake Washington Institute #2, Kirkland, WA | Jun 9-12 | ANE, HYG | April 25 | 2/16/17 2:00 PM |
| Idaho State University, Pocatello, ID | Jun 14-18 | ANE, HYG, RES | April 30 | 2/16/17 2:00 PM |
| Loma Linda University, Loma Linda, CA | Jun 18-21 | ANE, HYG | May 4 | 2/22/17 2:00 PM |
| Lake Washington Institute #3, Kirkland, WA | Jun 22-24 | RES | May 8 | 2/16/17 2:00 PM |
| Pierce College, Lakewood, WA | Jun 22-25 | HYG | May 8 | 2/22/17 2:00 PM |
| Clark College #3, Vancouver, WA | Jun 22-25 | HYG | May 8 | 2/8/17 2:00 PM |
| West LA College, Culver City, CA | Jun 22-25 | HYG | May 8 | 2/22/17 2:00 PM |

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|---|------------|----------|------------|-----------------|
| Foothill College, Los Altos Hills, CA | July 28-31 | HYG | June 13 | 2/15/17 2:00 PM |
| Carrington College, Mesa, AZ | Aug 3-6 | ANE, HYG | June 19 | 2/23/17 2:00 PM |
| Carrington College-ID #2, Boise, ID | Aug 4-6 | ANE, HYG | June 20 | 2/23/17 2:00 PM |
| OIT @ Chemeketa CC #3, Salem, OR | Aug 4-7 | ANE, RES | June 20 | 2/12/17 2:00 PM |
| West Coast University #2, Anaheim, CA | Aug 17-19 | HYG | July 3 | 2/28/17 2:00 PM |
| San Joaquin Valley, Ontario, CA | Sept 8-10 | HYG | July 25 | 2/28/17 2:00 PM |
| Eastern Washington #3, Spokane, WA | Sept 9-10 | ANE, RES | July 26 | 2/28/17 2:00 PM |
| Rio Salado College, Tempe, AZ | Sept 21-24 | ANE | August 7 | 3/1/17 2:00 PM |
| West Coast University #3, Anaheim, CA | Oct 25-28 | HYG | Sept 10 | 3/1/17 2:00 PM |
| San Joaquin Valley – San Diego #2, Chula Vista, CA | Nov 2-5 | ANE, HYG | Sept 18 | 3/1/17 2:00 PM |
| Rio Salado College #2, Tempe, AZ | Nov 16-20 | ANE, HYG | October 2 | 3/1/17 2:00 PM |
| Carrington College-ID #3, Boise, ID | Dec 1-3 | HYG | October 17 | 3/1/17 2:00 PM |
| Carrington College, San Jose, CA | Dec 14-17 | HYG | October 30 | 3/1/17 2:00 PM |
| Phoenix College #2, Phoenix, AZ | Dec 15-18 | ANE | October 31 | 3/1/17 2:00 PM |
| Utah College of Dental Hygiene #2, Orem, UT | Dec 16-20 | ANE, HYG | November 1 | 3/1/17 2:00 PM |