

10. When the candidate is ready for pre-treatment evaluation, he/she will first sign in at the *Blue Station* (paperwork review) and then proceed to the *Green Station* (electronic check-in). An escort will accompany the candidate back to their chair and then escort the patient to the evaluation station. Patients will be evaluated for case acceptance and pre-treatment in the order in which they are signed in. Patients must take the folder with the required documents and instruments with them to the evaluation station. Only the patient may carry the sealed plastic tote to the evaluation station. Send the following items with the patient:

- Completed *Medical History Form* (only patient signs initially)
- *Consent Form* (only patient signs initially)
- Completed dental hygiene *Progress/Evaluation Station Form*
- Radiographs
- Color-coded cubicle ID card with cubical number
- Instruments in a sealed plastic tote (no scalers or curettes):
 - Clear mirror (unscratched, untinted, non-disposable)
 - 11/12 explorer
 - Probe with Williams Markings (1, 2, 3, 5, 7, 8, 9, 10 mm)
 - Disposable air/water syringe tip



Note: The *Progress Form/Evaluation Station form*, *Medical History form*, *Patient Consent form*, Radiographs and color-coded cubicle ID card must be placed in the folder provided onsite. DO NOT turn in the *Treatment Selection Worksheet*.

The patient napkin must have a candidate ID label affixed to the napkin on the patient's upper right hand corner.



11. The examiners will evaluate the six to eight teeth with the 12 surfaces of subgingival calculus charted.
12. The approximate total time for the dental hygiene examination is about 3 hours. The patient treatment time is 1 ½ hours. Candidates must receive a start time 45 minutes prior to the end of the examination session.

When the patient returns from the evaluation station, treatment should begin. Treatment continues until it is completed or until the finish time, as noted on the dental hygiene *Progress Form*. If candidates finish the patient treatment before their assigned finish time, they may check in at the *Blue Station* (paperwork review) for evaluation.

The candidate **must scale all subgingival surfaces** on the six to eight selected teeth, but **only the 12 selected surfaces selected by the candidate will be evaluated**. Supragingival calculus, plaque and stain must be removed from all surfaces of the selected teeth. No other teeth may be scaled or polished during the examination, and once the examination is completed, the patient must be dismissed.

13. By the stated finish time, each candidate should have completed subgingival calculus removal on the 12 selected surfaces and removed all supragingival calculus, plaque and stain from the entire crown of the selected teeth. The patient must be signed in with the *Blue Station* (paperwork review) for evaluation at the Evaluation Station by the recorded finish time.
14. For the post-treatment evaluation, the candidate must check in again at the *Blue Station* (paperwork review) and then proceed to the *Green Station* (electronic check in). An escort will accompany the candidate to the chair to escort the patient to the evaluation station. The patient should be wearing a clean napkin with the candidate ID affixed in the upper right hand corner. The patient should carry the

following items to the evaluation station:

- Completed *Medical History Form* (only patient signs initially)
- *Consent Form* (only patient signs initially)
- Completed dental hygiene *Progress/Evaluation Station Form*
- Radiographs
- Color-coded cubicle ID card with cubical number
- Instruments in a sealed plastic tote (no scalers or curettes):
 - Clear mirror (unscratched, untinted, non-disposable)
 - 11/12 explorer
 - Probe with Williams Markings (1, 2, 3, 5, 7, 8, 9, 10 mm)
 - Disposable air/water syringe tip

15. The examiners will evaluate tissue management and subgingival calculus removal from the selected tooth surfaces and evaluate supragingival calculus, stain and plaque removal from all surfaces on the selected teeth.

16. When the patient returns from the evaluation station, the candidate may NOT dismiss the patient, unless directed to do otherwise by the CFE. The candidate must clean the clinic area following accepted infection control procedures. The candidate must see a CFE for a recorded dismissal on their Progress form before submitting final paperwork to the candidate check-out station.



Radiograph Requirements

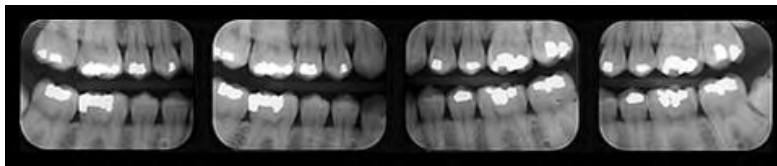
Radiographic Requirements: Either A OR B

- A. Full mouth series (exposed within the last three years) AND bitewings (exposed within the last twelve months) If the full mouth series is more than twelve months old.



+

Only if full mouth series is exposed over twelve months prior to exam date



- B. Panoramic (exposed within the last three years) AND bitewings (exposed within the last twelve months).



+



Radiographs: Radiographs for the dental hygiene examination must meet the following criteria:

- Candidates must submit a diagnostic panoramic radiograph or complete (full) mouth radiographic series exposed within the last three years; if a full mouth series is presented, films must be mounted according to ADA procedures (convexity up); both the options must indicate the *exposure date, patient's name, right and left side and candidate identification number*.
- If the candidate submits a panoramic radiograph the candidates must also submit four bitewing radiographs exposed within the previous year.
- If utilizing a full mouth series, this must be mounted separately from the bitewings, unless the complete mouth series were taken within the previous year.
- If presenting film radiographs, candidate should consult their site facility for view box availability.
- Copies of film radiographs are acceptable for the dental hygiene examination.
- If not using film radiographs, candidates must submit digital images. If digital prints are to be used, the radiographs must be printed and submitted on photo quality paper or acetate (preferably blue).
- If the testing site uses Axium (see facility information sheet to determine whether or not the site uses Axium), candidates must upload their radiographs to the Axium system and are not required to print the radiographs
- If the school name is normally incorporated into the digital image, this should be removed or masked, if possible, before printing out the image on photo quality paper or the CFE should be asked to cover such a school identifier on the day of the examination.
- Images may NOT be displayed on monitors or any kind of electronic device. Digital prints should be submitted.
- For the dental hygiene examination the complete full-mouth series of digital images must be printed on 8 ½ by 11" premium quality photographic paper. If bitewings are also required due to the age of the full-mouth series, then they may be printed on a separate page of 8 ½ by 11" premium quality photographic paper.
- When printing the panoramic radiograph, the bitewing radiographs should be printed on a separate page of 8 ½ by 11" premium quality photographic paper from the panoramic image.
- Radiographs must not be retaken simply to produce a "perfect" image. Radiographs that have minor errors such as minor cone cutting, not showing all of a third molar or a slightly off center panoramic film, will not result in any loss of points and should not be retaken. Radiographic technique is not being evaluated in this part of the examination but diagnostic quality will be evaluated.

Instruments and Equipment

All necessary materials and instruments for the clinical procedures, other than the operating chair, light, and dental unit must be provided by the candidate. Arrangements for rental hand pieces and/or other equipment may be made through the testing site, if such equipment is available. Sonic/ultrasonic instruments are permissible, but they must be furnished by the candidate along with the appropriate connection mechanisms. Air-abrasive polishers are **NOT** permissible. It is the responsibility of the candidate to arrange for his/her own hand piece, sonic/ultrasonic, and all other equipment necessary to complete the clinical examination.

The following instruments and equipment are specifically **REQUIRED** and must be provided by the candidate for this examination:

- Unscratched, untinted # 4 or #5 front-surface, non-disposable mouth mirror



- Probe with Williams Markings (1, 2, 3, 5, 7, 8, 9, 10 mm)



- 11/12 explorer



- Patient eye protection (personal eyewear is acceptable)
- Patient napkin holder (chain, self-adhesives, clips, etc.)
- 2 x 2 gauze (4 per trip)
- Sealed container (such as Tupperware), just large enough to hold the instruments for transporting to and from the evaluation station.
- Disposable air/water syringe tip



Candidates should be aware that clouded, tinted, or unclean mouth mirrors will be rejected. Furthermore, a candidate's performance will not be evaluated without the proper instruments. Candidates are not limited to the items outlined above but all instruments must be properly sterilized in order to be used.

Dental Hygiene Criteria

DENTAL HYGIENE EXAMINATION

PATIENT SELECTION

TREATMENT GOALS

1. *The Patient Consent Form, Medical History, and Progress Form* are complete, accurate and current.
2. Both systolic and diastolic blood pressure are less than or equal to 159/94, or systolic and diastolic blood pressure are between 160/95 and 179/109 **with** a written medical clearance from a physician authorizing treatment during the examination.
3. Radiographs are of diagnostic quality and reflect the current clinical condition of the mouth. Periapicals have been exposed within the past three years, and bitewings have been exposed within the past year. Radiographs are properly mounted/printed and labeled with exposure date and patient's name.
4. Calculus Detection portion of the Dental Hygiene Evaluation Form is properly completed, indicating
 - Six to eight teeth selected, each with at least one surface of calculus charted
 - At least three posteriors (molars, premolars), including at least one molar, in the selection. All posterior teeth must have at least one approximating tooth within 2 mm distance.
 - Exactly 12 surfaces of subgingival calculus charted, including at least three surfaces of interproximal calculus on molars/premolars
 - At least eight of the surfaces on canines, premolars or molars (no more than four surfaces on incisors)

ACCEPTABLE

1. *The Patient Consent Form* is incorrect or not signed by patient.*
2. *The Medical History* is incomplete*, is missing candidate initials* or patient signature* or has slight inaccuracies that do not endanger the patient or change the treatment.
3. *The Progress Form* has inaccuracies or is incomplete or missing.*
4. Blood pressure has not been taken or is not recorded* but, upon correction, meets *Satisfactory* criteria.
5. Radiographs are available but were not submitted with the patient for initial evaluation. ***
6. The Calculus Detection portion of the *Evaluation Form* has not been filled out or is filled out incorrectly, e.g., the form demonstrates
 - Fewer than six or more than eight selected teeth
 - Fewer than three molars or premolars and/or no approximating tooth within 2 mm of one or more of the selected posterior teeth
 - One or more selected teeth without any surfaces of calculus charted
 - More or fewer than 12 surfaces of subgingival calculus charted
 - Fewer than three surfaces of **interproximal** calculus on molars and/or premolars
 - more than four surfaces of subgingival calculus on incisors**

* Records and patient will be sent back to the candidate with an *Instruction to Candidate Form* requesting correction.

** Records and patient will be sent back to the candidate with an *Instruction to Candidate Form* requesting correction.

*** The candidate will receive an *Instruction to Candidate Form* requesting radiographs.

MARGINALLY SUBSTANDARD

1. *Medical History* has inaccuracies that do not endanger the patient but do change the treatment or require further explanation by candidate. The candidate submits an incomplete or incorrect Dental Hygiene Progress Form or Evaluation Form (if paper exam) for the second time.
2. Radiographs are of poor diagnostic quality and/or do not meet all of the criteria to be considered *Satisfactory*.
 - * Records and patient are sent back to the candidate with an *Instruction to Candidate Form* requesting corrections.

CRITICAL DEFICIENCY

1. The *Medical History* has inaccuracies or indicates the presence of conditions that **do** endanger the patient, candidate and/or examiners (in this situation, the dental hygiene examination will be stopped). The candidate submits an incomplete and/or incorrect *Patient Consent Form* or *Medical History* for the second time.
2. The patient's systolic and/or diastolic blood pressure is between 160/95 and 179/109 **without** a written medical clearance from a physician authorizing treatment, or blood pressure is 180/110 or greater even with a written medical clearance from a physician authorizing treatment.
3. Radiographs are of unacceptable diagnostic quality and/or are missing and not available on request. (In this situation, the dental hygiene examination will be stopped).

DENTAL HYGIENE EXAMINATION

TREATMENT AND TISSUE MANAGEMENT

TREATMENT GOALS

1. The patient has adequate topical anesthesia for pain control, is comfortable and demonstrates no evidence of distress or pain.
2. Instruments, polishing cups or brushes and dental floss are effectively utilized so that no unwarranted soft or hard tissue trauma occurs as a result of the scaling and polishing procedures

ACCEPTABLE

1. There is slight soft tissue trauma that is consistent with the procedure.

MARGINALLY SUBSTANDARD

1. There is inadequate anesthesia for pain control. (The patient is in obvious distress or pain)
2. There is minor soft tissue trauma that is inconsistent with the procedure. Soft tissue trauma may include but is not limited to abrasions, lacerations or ultrasonic burns.
3. There is minor hard tissue trauma that is inconsistent with the procedure. Hard tissue trauma may include root surface abrasions that do not require additional definitive treatment.

CRITICAL DEFICIENCY

1. There is major damage to the soft and/or hard tissue that is inconsistent with the procedure and preexisting condition. This damage may include, but is not limited to, such trauma as
 - Amputated papillae
 - Exposure of the alveolar process
 - A laceration or damage that requires suturing and/or periodontal packing
 - One or more ultrasonic burns that require follow up treatment
 - A broken instrument tip in the sulcus or soft tissue
 - Root surface abrasions that require additional definitive treatment.

The CITA Dental Hygiene Examination

VI. Examination Forms



Examination Forms Overview

Forms Completed Before the Examination

All of the following forms can be found on the CITA website and under the document tab of a candidate's online profile. Full Page samples can be found later in this section.

Medical History Form

The candidate must complete BOTH SIDES of the *Medical History Form* for their patient participating in the examination. This form is available on the CITA website at www.citaexam.com. The *Medical History Form* may be completed prior to the examination, provided it is printed as a double sided form; (two sheets are not acceptable) and will be reviewed at patient check-in. If the patient will be treated by more than one candidate, each candidate must submit a separate *Medical History Form*.

Because this form will be reviewed by examiners during the procedure, candidates should initial – but not sign – the form before beginning treatment, in order to preserve anonymity. (Patients should sign with their full signature.) After the examination is completed and before submitting all records during check-out, candidates should complete the form with their full signature.

The patient's blood pressure must be taken on the day of the examination, during the clinic period and documented by a clinic floor examiner (CFE). See Examination Overview Section in this manual for additional details concerning Patient's Medical History.

Patient Consent Form (Patient Consent, Disclosure and Assumption of Liability)

Because this form will be reviewed by examiners during the procedure, candidates should simply add one of their candidate barcode labels at the bottom of the second page of the form before beginning treatment, in order to preserve anonymity (patients, however, should sign with their full signature). After the examination is completed and before submitting all records during check-out, candidates should complete the form with their full signature.

Candidates must review the *Patient Consent Form* with their patients and submit a signed copy on the day of the examination. This form is available on the CITA website at www.citaexam.com.

Dental Hygiene Treatment Selection Worksheet

The dental hygiene *Treatment Selection Worksheet* is a practice form candidates may use to identify the teeth they will treat during the Dental Hygiene Examination. This form is available on the CITA website at www.citaexam.com. It is also included in the Examination Forms section. See the Examination Overview in this manual for treatment selection guidelines.

The form is titled "DENTAL HYGIENE TREATMENT SELECTION WORKSHEET". It includes a header with the title and a brief introduction. Below the header is a large grid for recording treatment selections for 32 teeth. The grid has columns for tooth numbers 1 through 32 and rows for surfaces M (Mesial), D (Distal), F (Facial), and L (Lingual). To the right of the grid are sections for "Teeth Selection Requirements", "Surface Selection Requirements", and "Plaque/Stain/Deposit".

Electronic Treatment Selection Grid

Candidates are responsible for independently (without the help of faculty and/or colleagues) selecting and documenting teeth and surfaces for treatment that fulfill the published criteria. **No later than 72 hours prior to the day of the examination** the information on the Treatment Selection Worksheet (available in Examination Forms section) should be accurately transferred to the online Electronic Treatment Selection Grid (ETSG) which is the official electronic format used by examiners for entering their assessments during the administration of the examination. See the Examination Overview in this manual for electronic treatment selection grid guidelines.

Electronic Treatment Selection Grid

The ETSG interface shows a grid of 32 teeth, each with four surface options: M, D, F, and L. The grid is organized into two columns of 16 teeth each. The first six teeth in each column have their M, D, and F surfaces highlighted in green, indicating they are selected for treatment. At the bottom of the grid is a "Submit Teeth" button.

Plaque, Stain and Supragingival Deposits Removal

The electronic scoring software will automatically select the first six (6) teeth from the list of teeth selected on the electronic treatment selection grid for evaluation of plaque/stain and supragingival deposit removal.

Set up and Treatment Selection Revisions

The operator assignments will be listed on your exam packet. The candidate will enter the clinic during the published Set Up period, seat his/her patient and begin placing infection and barrier control measures as well as setting up any equipment and supplies in the operator.

The candidate may either continue with setting up the operator in preparation for the beginning of the clinic, or if necessary, the candidate may change or modify their proposed treatment selection by submitting a new *Treatment Selection Worksheet* at the *Orange Station*.

If a candidate needs to change the tooth selection that was submitted electronically on the ETSG prior to the examination, this is the time to change the ETSG submission to reflect the patient who is seated for testing.

If a candidate wishes to change the treatment selection, he/she should take the revised treatment selection to the *Orange Station* where one of the Exam Team members will enter the treatment selection as articulated on the *Treatment Selection Worksheet* and then print two copies of the treatment selection as entered.

The candidate will review the submission as entered and enter his/her initials in the correct location on the *CITA Periodontal Teeth Selection Form* to acknowledge that the transfer was made accurately. The candidate will then use the new grid during the course of the examination.

The candidate should be aware that this is the treatment selection that will serve as the basis for the candidate's assessment during all subsequent graded aspects of the examination. It is the candidate's responsibility to ascertain that the grid submitted is correct and reflects the intended course of treatment.

CITA Periodontal Teeth Selection

Applicant: 7616
11/19/2013 13:49:29

Your tooth/surface selections have been submitted:

- 2M
- 2F
- 3D
- 3F
- 4D
- 5M
- 7M
- 7D
- 8M
- 14M
- 14D
- 15M

These are the teeth and surfaces I requested be entered in to the grading system.

Candidate Initials: _____

Forms Completed at the Examination

Once the examination begins, examination materials distributed by the testing agency may **not** be removed from the examining area. Forms may **not** be reviewed by unauthorized personnel. **All of the following forms will be provided by CITA the day of the exam. Full page samples can be found later in this section.**

Progress Forms

Color-coded Progress Forms are utilized to track the candidate's progress through each procedure, document anesthesia administered and treatment provided, collect examiner signatures for all completed portions of the examination and provide appropriate progress notes from the candidate to examiners during the course of treatment.

Candidates will be provided with identification labels to place on each procedure's Progress Form, as indicated on the form.

Evaluation Station Request Form (opposite side of progress from)

Color coded form for use by the candidate to denote which evaluation the candidate wishes to have performed in the Evaluation Station. Form is stamped when evaluation is complete.

Instruction to Candidate Form

Candidates may receive written instructions from examiners on an *Instruction to Candidate Form* if the examiners believe the treatment should be modified. The *Instruction to Candidate Form* is generated electronically by the examiners in the evaluation station, printed out when the patient is checked-out of the evaluation station and once delivered to the candidate, must be discussed with a CFE. The candidate must initial on the Instruction to Candidate Form stating that he/she understands the instructions.

Follow-Up Care Form

The Follow-Up Care Form is utilized to advise the patient and candidate of additional treatment needs or whenever the treatment started by the candidate is incomplete or the final treatment is unacceptable. Like the Instruction to Candidate Form, the Follow-Up Care Form is generated automatically when the patient is checked-out of the evaluation station and is subsequently delivered to the candidate. The Follow-Up Form identifies the problem and establishes responsibility for further treatment.

The Chief, Co-Chief or a Clinic Floor Examiner will first notify the candidate that the evaluation station has sent notice that some aspect of treatment and/or the result of patient treatment require that the patient be seen by a health care provider after the examination process. The patient is then informed by the Chief, Co-Chief or Clinic Floor Examiner that follow-up care is necessary. After a determination is made regarding financial responsibility for any follow up care, the candidate, the patient and Chief Examiner or Co-Chief Examiner sign the form.



FULL-PAGE FORM SAMPLES

PATIENT NOTIFICATION

INFORMATION TO BE SUPPLIED TO ALL PATIENTS WHO SIT FOR
THE EXAMINATION IN DENTAL HYGIENE

You are sitting as a patient for a qualifying examination for licensure in dental hygiene. This is a most important day for the dental hygienist is a candidate for licensure in the states and jurisdictions which participate in this examination. Everything you can do to cooperate with him/her is greatly appreciated. Your promptness and understanding are most important. A successful result of this examination for your dental hygienist means he/she will be able to enter practice and render a valuable service of oral health care to many people.

As a patient of this licensure candidate, any continuing care which you may require as a result of the procedures performed on this examination is the responsibility of the candidate who performed the service for you. Please be sure that your name, address and telephone number are supplied to the candidate and are recorded on the Progress Form. Conversely, be sure you receive the same information concerning your dentist.

Qualified examiners are always present during this examination to evaluate the performance of the candidate and if necessary to attend to your well-being. The examiners are unbiased and professional. Their behavior should not seem to be unfriendly, but to ensure fairness; they are instructed to not fraternize with patients or candidates at any time. While they are expected to be cordial, they will not be allowed to engage in unnecessary conversation with you or the candidate. Patients, candidates and auxiliary personnel will be treated with respect and understanding according to the rules of the examination.

Thank you for your cooperation.

Council of Interstate Testing Agencies, Inc.

Council of Interstate Testing Agencies, Inc.

Dental Hygiene
Candidate Application Form

Candidates are responsible for meeting all of the Dental Hygiene Licensure exam application requirements. By signing below, candidates confirm they meet the requirements of at least one of the following qualifying category statements at the time they take the exam. CITA is not responsible for assuring that Candidates are qualified or meet application or licensure requirements.

Candidates understand and swear that if at any time they no longer meet the requirements to take the Dental Hygiene Licensure exam, candidates have an ethical obligation to suspend their testing cycle until they are able to meet one of the testing requirements. CITA will report all discrepancies to CITA member states as well as other testing agencies.

Qualifying Categories
(Initial only one)

- I. Candidates who are enrolled in a CODA or CDAC accredited dental hygiene program and have approval from their Program Director to take their CITA administered Dental Hygiene Licensure exam. INITIAL IF APPLIES

Signature is required for all pre-graduation dental hygiene candidates:

Dental Hygiene School: Anticipated Graduation Date:

Designated School Signature:

- II. Candidates who have graduated from a CODA or CDAC accredited dental hygiene program may take the CITA administered Dental Hygiene Licensure exam. Verification of graduation from a CODA or CDAC accredited dental hygiene program (I.E. copy of diploma, unofficial transcript, letter from the registrar's office) is required and must be submitted with this application if this is the candidate's initial qualifying category. INITIAL IF APPLIES

- III. Candidates who are foreign trained dental hygienists may take the CITA administered Dental Hygiene Licensure exam if they are able to obtain a letter from a State Dental Licensing Board which states that they would qualify for a dental hygiene license in that state and they may therefore take the CITA administered Dental Hygiene Licensure exam. This letter must be mailed directly to the CITA office. INITIAL IF APPLIES

I, acknowledge and swear that I qualify under one of the above listed categories to take the CITA administered Dental Hygiene Licensure exam. The signature from a school (if required) only reflects my standing with that school at the time of signature. I have read the Dental Hygiene Manual and understand the application process, refund policy, 18 month, and three-time failure rule. Failure to register for the correct exam may result in an administrative fee of \$200 for any changes made after initial payment has been made.

CITA reserves the right to deny admission to its examination should, in CITA's sole discretion, should it have any concern regarding a candidate's mental, physical, or emotional well-being, or questions regarding a candidate's preparedness or educational training to the extent that the candidate may endanger patients engaged in the examination process. By signing this application, I consent to CITA providing to all its member states, ADEX (if an ADEX exam) and other testing agencies information about me, including my exam results, any discrepancies, alleged exam misconduct and other pertinent information.

NOTARY

Candidate Signature Date State of County of
The statements on this document are subscribed and sworn to before me this day of 20
Notary Public My Commission Expires

2016-Pre-Graduation

MUST INCLUDE NOTARY STAMP

**Council of Interstate Testing Agencies
2016 Hygiene
Facility Fees and Staffing Fees**

It is important to read the online facility information which includes the specific instrument availability as well as sterilization details.

The following fees are charged by the testing facility, with the exception of staffing fees which are collected by CITA on behalf of the testing site. **Fees MUST be paid online at the time of registration.** Candidates who are testing at their own school may have these fees assessed just after the 60 day deadline. It is the candidate's responsibility to pay these fees prior to the 30 day deadline. **A \$200.00 ADMINISTRATIVE FEE IS CHARGED FOR APPLICATION CORRECTIONS MADE AFTER PAYMENT HAS BEEN MADE.** Please contact the CITA office with questions.

CITA staffing fees are required for the hygiene exam at UAB, GTCC, A-B Tech, and UNC. These fees are for hired staff for the administration of the examination.

Alabama:

FACILITY FEE only includes facility use and sterilization. Candidates are required to make arrangements with the school for sterilization of their own instruments OR to bring their own sterilized instruments.	Hygiene Facility Fee	Staffing Fee
All candidates taking the CITA Hygiene exam	\$250.00	\$275.00
All candidates enrolled in the ADHP (state only exam)	\$100.00	\$100.00

Louisiana: **\$150.00 INITIAL AND RETEST**

This fee covers hygiene exam and instrument rental.
(Current LSU students are required to pay the facility fee ONLY once)

North Carolina (UNC):

FACILITY FEE includes facility use, instrument rental, and sterilization	Hygiene Facility Fee	Staffing Fee
Current students enrolled at UNC	NA	\$275.00
Non-UNC students and all other candidates	\$200.00	\$275.00

North Carolina (GTCC):

FACILITY FEE includes facility use and sterilization.	Hygiene Facility Fee	Staffing Fee
Current students enrolled at GTCC (initial test only)	NA	\$275.00
Current students enrolled at GTCC (retest)	\$250.00	\$275.00
Non-GTCC students and all other candidates	\$250.00	\$275.00

North Carolina (A-B Tech):

FACILITY FEE includes facility use and sterilization.	Hygiene Facility Fee	Staffing Fee
All candidates	\$200.00	\$275.00

Fees are determined by the facilities and are subject to change

1003 High House Road, Suite 101, Cary, NC 27513 • www.citaexam.com • 919-460-7750

Council of Interstate Testing Agencies, Inc
Special Accommodations Request Form
Clinical Licensure Examination in Dentistry & Dental Hygiene

Section I: Personal Information

First Name	Middle Initial	Last Name
------------	----------------	-----------

Social Security Number: _____ - _____ - _____

Exam Location: _____ Exam Date: _____

Section II: Disability Information

(Please check all that apply)

Learning Disability Deaf/Hard of Hearing Attention Deficit Disorder

Other: _____

Date when your disability was first diagnosed: _____

Date of your recent evaluation: _____

Name of evaluator making the diagnosis: _____

Have you ever requested accommodations for taking an exam? Yes No

If **YES**, please specify the exam (e.g. Dental-Patient Based, Dental-Manikin Based, Hygiene, other certification exam) or circumstances and the accommodations you requested:

Section III: Accommodation Request

The accommodations being requested should be supported and recommended by the evaluator filling in Section 5-8 of this form.

Extra Time. Please specify how much additional time you are requesting. _____

Separate Testing Environment Other: _____

Section IV: Candidate Signature

I certify that the information I have given above is true to the best of my knowledge.

Signature	Date
-----------	------

Section V: Evaluator Certification

The evaluator who has conducted the most recent evaluation should fill out this page.

Name: _____

License Type: _____ State: _____ License #: _____

Diagnosis: _____

Diagnostic instruments used for diagnosis: _____

Section VI: Recommended Accommodations

List recommended accommodations for each section of the exam. Attach a separate sheet if you need more room.

1. _____

Rationale: _____

2. _____

Rationale: _____

3. _____

Rationale: _____

Section VII: Signature of Evaluator

I certify that I am qualified to make the diagnosis and recommendations listed above for this candidate.

Signature

Date

Important:

Include with this form a report of your test results that include all test scores and a narrative detailing your findings. The accommodations you recommended must be supported by your findings. Be sure to read and follow the "Disability Documentation Guidelines." Forms submitted without appropriate supporting documentation will be returned as incomplete.

Special Accommodation Information

CITA, in accordance with the Americans with Disabilities Act, will provide reasonable and appropriate accommodation for candidates with documented disabilities. CITA will provide reasonable accommodation, auxiliary aids, or services that are necessary to the extent required by law provided the requested accommodation, auxiliary aids, or services would not fundamentally alter the measurement of the skills or knowledge the exam is intended to test.

Candidates with disabilities who require accommodation while taking the ADEX Dental exam may apply to CITA for consideration of the accommodation by submitting the Special Accommodation Request Form and documentation no later than 45 days prior to the exam. For an accommodation request to be considered the Special Accommodation Request Form must be completed and submitted to CITA with supporting documentation in accordance with the conditions and guidelines stated.

The candidate is responsible for obtaining documentation of disabling conditions that require accommodation. Specific guidelines for acceptable documentation of disability can be found under the "Disability Documentation Guidelines" section. It is recommended that these guidelines be shared with the evaluators providing the documentation for the applicant, as incomplete or inadequate documentation written in support of accommodation may be denied by CITA as insufficient. CITA reserves the right to verify all information submitted by an applicant in support of a request for accommodation, and additional information from evaluators providing the supporting document may be requested. CITA has the right to refuse an accommodation request and/or deny the candidate's eligibility status if it is found that either the candidate has deliberately misrepresented the information or the profession providing the information.

Appeal Process

Candidate may appeal a CITA accommodation decision. Appeals must be submitted to CITA in writing within 10 working days from the date the written notification of denial of accommodation is received. The candidate must submit pertinent, additional information for consideration with the written request for appeal. CITA's decision regarding the appeal is final.

Confidentiality

All information requested on the following pages and any supporting documentations submitted in support of an accommodation request will be treated as strictly confidential information by CITA and its assignees, except as authorized by the express permission of the candidate.

Disability Documentation Guidelines

Documentation submitted to CITA in support of an accommodation request must include a diagnosis of the disabling condition and show that the applicant is substantially limited in one or more of life's activities. The documentation must support the request accommodation, auxiliary aids, or services.

Documentation submitted in support of accommodation requested will be evaluated by CITA using the following criteria:

Evaluators Must be Qualified

Evaluators conducting assessments and providing a diagnosis of any disability must be qualified to do so. Documentation submitted to CITA should include information about the evaluator's licensure and/or certification. For the diagnosis of learning disabilities, examples of qualified evaluators include licensed school, education and clinical psychologists, neuropsychologists, psychiatrists, learning disability specialists, or medical professionals experienced within the field of learning disabilities. For the diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD) or other mental disorders that require accommodation, examples of qualified evaluators include licensed school, education and clinical psychologists, neuropsychologists, psychiatrists or other medical evaluators with experience and training in psychological/psychiatric evaluation.

Documentation Must be Recent

Documentation submitted must be less than three years old.

The Evaluation and Assessment Procedures MUST BE Comprehensive and Appropriate for Adult Subjects

Documentation must be thorough and comprehensive. AD/HD and learning disability documentation must minimally include appropriately named measures of intellectual ability and/or information processing such as the Wechsler Adult Intelligence Scale, Third Ability, or the Woodcock-Johnson Psycho-Educational Battery-Revised Tests of Cognitive Ability, and appropriately normed measures of academic ability such as Woodcock-Johnson Psycho-Education Battery-Revised Test of Academic Achievement. Screening tests such as the Wide Range Achievement Test are inappropriate as the sole measure of a person's academic skill development. A narrative describing the test procedures and their instruments used must be included. Documentation submitted without scores of tests administered will be denied, and scores submitted without a narrative report that supports diagnosis will be denied.

The Documentation MUST Provide Evidence of Support for the Specific Accommodation Requested by the Candidate and MUST List the Specific Accommodation Required

It is the candidate's responsibility to ensure that the evaluator completing the documentation understands the nature of the exam and specifies the accommodation requested for each section of the exam. Since this is a clinical exam, the accommodation routinely made for written exams may not apply. When a written exam is involved, it is imperative that the recommendation include whether the candidate requires a separate testing environment. Requests for additional time must specify the amount of additional time required.

APPLICATIONS WHICH DO NOT COMPORT WITH CRITERIA OR WHICH ARE RECEIVED BY CITA LESS THAN 45 DAYS PRIOR TO THE EXAM MAY BE DENIED

Council of Interstate Testing Agencies, Inc. (CITA)

2016 INTERPRETER BADGE FORM

Directions: Candidates wishing to have an interpreter are required to complete and sign this form. Forms will be collected during the set up period of the examination.

Candidates MUST bring to registration one (1) passport-size photo of their interpreter with their interpreter's name on the back. A name badge will be included in the candidate's packet. Candidates will affix the photo AND add the interpreter's name to the interpreter's name badge prior to entering the clinic floor.

All interpreters will be required to have a CITA-issued identification badge and will be required to wear the badge at all times while on the clinic floor.

The interpreter must have a picture ID with them. A CITA exam team member will visit the candidate's unit to collect this form and check the interpreter's ID.

Failure to timely provide the items listed will result in the interpreter being prohibited from assisting in the examination.

Interpreter Name: _____

Interpreter's Address: _____

Interpreter's Telephone: () _____

Procedure during which the interpreter will be present:

_____ Restorative _____ Periodontal _____ Dental Hygiene

As the candidate listed below, I certify that the interpreter listed above is not a licensed or unlicensed dentist/dental hygienist; third or fourth year dental student; final year dental hygiene student; dental technician; serving as a dental assistant during the exam; an employee of the school where the examination is being administered; or an expanded duty auxiliary (if providing services normally done by a dentist).

AFFIX BAR CODE HERE
DURING SET UP PERIOD

Candidate
Initials



DENTAL HYGIENE

Patient Consent, Disclosure, and Assumption of Responsibility

I authorize the individual listed below (the "Candidate") to perform the following dental procedure(s) during the administration of a dental hygiene licensing examination (the "Examination") by the CITA testing agency.

- Hygiene Probing and Prophylaxis**
- Radiographs (as Required)**

Acknowledgment

I understand the following

- that the Candidate is not a licensed dental hygienist and the State Board has not yet determined whether the Candidate has the requisite skills to attain a license
- that the testing agency has no knowledge of the Candidate's skill or competence and makes no promises about them
- that any arrangements between the Candidate and me regarding my serving as a patient (including any financial arrangements) are solely between the Candidate and me, and do not involve the testing agency in any way
- that the testing agency has no duty to, and will not, notify me of inadequate work done by the Candidate during the Examination
- that it is my responsibility to have any and all dental work performed by the Candidate checked by a licensed dentist to determine that it is satisfactory

Disclosure of Risks

The Candidate has explained to me the risks involved in the procedures the Candidate will perform on me. The nature and purpose of the dental procedure(s), as well as the risks and possible complications, have been explained to me to my satisfaction by the Candidate. My questions with regard to the dental or dental hygiene procedure(s) have been answered.

Adequacy of Treatment

I understand that the treatment provided during the Examination does not necessarily fulfill all my oral health needs, may not be performed correctly, or may not represent my entire treatment plan, and that further treatment may be necessary. I have been informed of the availability of services to complete treatment.

Authorization of Disclosure of Medical Information

I recognize that medical information which could be pertinent to the oral health care I receive in the course of the examination may be communicated to the testing agency, their examiners, the staff and clinicians of the dental school which is the location of the Examination, and other medical professionals when deemed medically necessary, or when necessary for the administration for the Examination. I authorize this disclosure. This authorization specifically includes the disclosure of radiographs (X-rays), and information about my current medical and dental condition and my prior medical and dental history.

12/11/2015

Medical Condition and Medications

I have fully disclosed my current medical conditions and medical history to the best of my knowledge to the Candidate. I understand that if I am taking medications that are associated with certain chronic conditions, I may not be accepted as a patient for the Examination. I have fully disclosed all medications that I am currently taking to the Candidate. I have been informed that patients who are taking bisphosphonate medications may be at risk of osteonecrosis of the jaw after dental treatment or as a result of dental infections. I understand that neither the testing agency nor the school assumes any responsibility or liability regarding the health status of patients or candidates or concerning the procedures conducted by the Candidate. As neither the Candidate nor patient is considered an employee of the testing agency or school, OSHA regulations do not apply. If an exposure to blood borne agents such as HIV or hepatitis or other infectious conditions occurs, it is not the responsibility of the school or testing agency to provide serologic testing, counseling, follow up care or any other health service.

Consent to X-Rays and Photographs

I consent to the taking of appropriate radiographs (X-rays) and the examination of my teeth and gums. I also consent to having testing agency examiners or the staff and clinicians of the dental school take photographs of my teeth and gums for use in future examinations, provided that my name is not in any way associated with the photographs or X-rays.

Anesthesia

I understand that as part of the dental or dental hygiene procedure(s), it may be necessary to administer topical or local anesthetics and I consent to the use of such anesthetics by the candidate.

Agreement

I release CITA, participating dental schools, and their employees and/or agents from any and all responsibility or liability of any nature whatsoever for their acts, and any acts of the candidate (including negligence) which occur during the course of this Examination and any damages or injuries I may suffer as a result of my participation in the Examination. With full knowledge of all of the risks described above, I hereby expressly assume all risks as described or which can be inferred from the statements in this document. I further agree that neither CITA, nor the participating dental schools, nor their employees or agents are responsible to provide any medical evaluation, treatment, counseling, follow-up care, or any compensation for any condition or occurrence arising out of any act or omission of the Candidate, and I hereby indemnify and agree to hold them harmless from any such claims and expenses, including attorney's fees.

I verify that I am not a dentist (licensed or unlicensed), a dental student in the third, fourth or the final year of dental school, a dental student in a graduate level dental program, or a dental hygiene student in the final year of school.

By my signature below, I verify that I have read and fully understood the above information, and I agree to the terms of this agreement in consideration for the treatment provided by the Candidate.

AFFIX BAR CODE HERE
DURING SET UP PERIOD

Candidate Signature (at exam check out only)

Patient: Printed Name / Date of Birth

Patient Signature / Date

Patient Street Address

Patient City / State / Zip Code

Patient Phone Number / E-mail Address

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Candidate #

Council of Interstate Testing Agencies, Inc. (CITA)

CERTIFICATION OF EXAMINATION PREPARATION AND ORIENTATION FORM

Directions: This form must be signed and turned in at the exam day registration. **You will NOT be admitted into the examination without this form completed.**

I will be taking the following exam(s):

Dental Patient Dental Manikin

Dental Hygiene

I certify that I have thoroughly read the 2016 examination manual(s) for the examination(s) and have prepared for the examination to the best of my knowledge.

Print Name

Signature

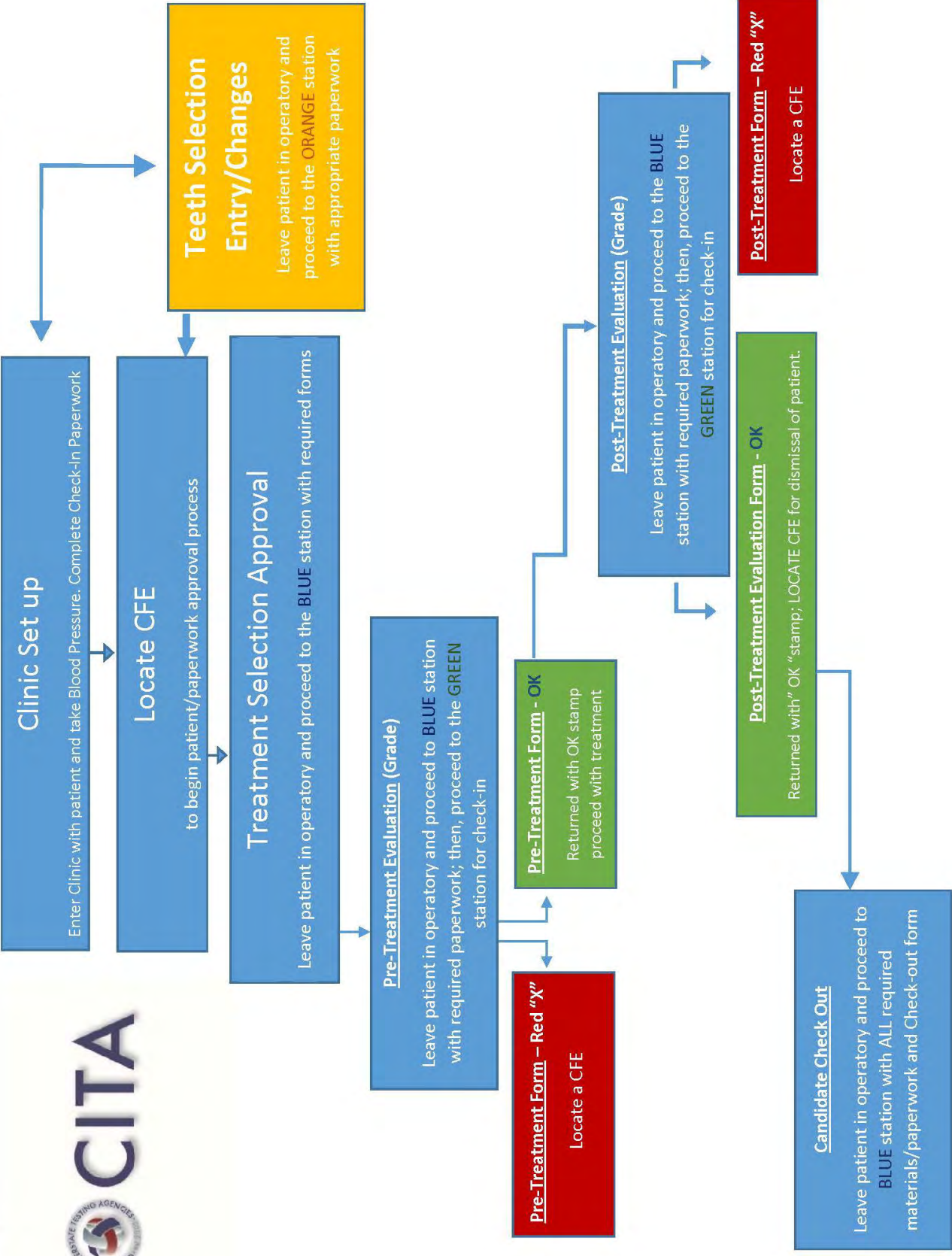
Date

Examination Site

Exam Date



DENTAL HYGIENE EXAM FLOWCHART



Candidate Sequential: _____
PLACE ID LABEL HERE

Test Site: _____

Place ID label above. If you do not have an ID label, write in the corresponding numbers from your ID card on the lines above.

Medical History

Candidate Sequential:

Cubicle #:

Patient's name _____ Date Form Completed ____/____/____

Birthdate ____/____/____ Weight _____

Blood Pressure _____ Date/Time Taken _____
Required - Must Be Taken Day of Examination

Examiner Confirms BP Taken Day of Exam
Examiner Number

INSTRUCTIONS TO THE PATIENT:

Answer the following questions as completely and accurately as possible. All information is CONFIDENTIAL. Please circle "yes" or "no" to all questions, and write in your answers as appropriate.

- Are you under the care of a physician at this time?..... YES NO
If yes, for what condition? _____
- The name and address of my physician is: _____
- Your last physical examination was on _____
- Has a physician treated you in the past six months? YES NO
If yes, for what condition? _____
- Have you been hospitalized or have a serious illness (including MRSA infection) within the last five years? YES NO
If yes, please specify: _____
- Are you allergic or had any adverse reaction to any medicines, drugs, local anesthetics, LATEX or other substances? ... YES NO
If yes, please specify: _____
- Do you now or have you ever smoked cigarettes or used tobacco products?..... YES NO
If yes, please specify:Number of packs/day _____Number of years: _____
- Do you have or have you had any of the following diseases/problems? Please explain "YES" answers on the back.

A. Abnormal bleeding, bruise or history of transfusion. Taking aspirin or blood thinner. YES NO	Q. Artificial/Prosthetic heart valves..... YES NO Date: _____
B. Lung/Respiratory condition (asthma, bronchitis, emphysema)..... YES NO	R. Valve damage following heart transplant... YES NO
C. Diabetes..... YES NO	S. Congenital heart disease..... YES NO
D. Emotional/Mental health disorder (anxiety, depression, bipolar disorder)..... YES NO	T. Infective endocarditis (heart infection) YES NO
E. Epilepsy/Seizures/Convulsions..... YES NO	U. Heart attack Date: _____ YES NO
F. Liver disease (Hepatitis/Jaundice/Cirrhosis). YES NO	V. Heart surgery Date: _____ YES NO
G. High blood pressure..... YES NO	W. Stroke Date: _____ YES NO
H. HIV positive/AIDS..... YES NO	X. Congestive heart failure..... YES NO
I. Hives, itching or skin rash..... YES NO	Y. Coronary artery or other heart disease..... YES NO
J. Kidney/Renal disease..... YES NO	Z. Arteriosclerosis/Coronary occlusion.....
K. Sexually Transmitted Disease(s)..... YES NO	AA. Pacemaker..... YES NO
L. Stomach ulcers..... YES NO	BB. Implanted cardio-defibrillator..... YES NO
M. Thyroid disease..... YES NO	CC. Immune suppression or deficiency..... YES NO
N. Tuberculosis..... YES NO	DD. Cancer/Chemo/Radiation therapy..... YES NO
O. Artificial/Prosthetic joint replacement (knee or hip).....Date: _____ YES NO	EE. Drug abuse (cocaine methamphetamines, heroin, crack) or drug rehabilitation..... YES NO
P. Angina/Chest pain, Shortness of breath..... YES NO	FF. Alcohol abuse (alcohol rehabilitation)..... YES NO

LETTER	EXPLANATION FOR QUESTION 8

Turn Over ➡

LETTER	EXPLANATION FOR QUESTION 8 (Continued)

9. Have you had surgery or x-ray treatment for a tumor, growth or other condition of your head or neck? YES NO
 If yes, please list: _____

10. Do you have any other diseases, conditions, or problems not listed above? If yes, please explain:..... YES NO

OTHER CONDITION	EXPLANATION

11. Are you taking or have you ever taken any medications, (examples below), either orally or by injection, for osteoporosis, osteopenia or bone loss due to aging OR lung cancer, breast cancer, prostate cancer, colorectal cancer, wet macular degeneration, Paget’s Disease, or multiple myeloma? YES NO
 Examples: Fosamax® (alendronate); Boniva® (ibandronate); Actonel® (risedronate); Reclast® yearly injection (zoledronic acid); Aredia® (pamidronate); Zometa® (zoledronic acid); Bonefos® (clodronate); Avastin® (bevacizumab); Erbitux® (cetuximab); Herceptin® (trastuzumab)?

If yes, please check the appropriate medication below:

12. Please list any premedication, medications, pills, or drugs with dosage which you are taking both prescription and nonprescription (Must be completed the DAY OF THE EXAMINATION)

MEDICATION/DOSAGE	REASON PRESCRIBED
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

13. **WOMEN ONLY:** Are you pregnant? YES NO
 If yes, when is your expected due date? _____

Are you currently breast feeding?..... YES NO

Any item on the Medical History with a “YES” response, in questions #4-13 could require a Medical Clearance from a licensed physician if the explanation section indicated the possibility of a systemic condition that could affect the patient’s suitability for elective dental treatment during the examination. The Medical Clearance must include the physician’s name, address, and phone number.

AMERICAN SOCIETY OF ANESTHESIOLOGY (ASA) CLASSIFICATION.....CLASS _____
 (ASA I: Normal healthy patient; ASA II: Patient with mild systemic disease; no functional limitation–eg, smoker with well-controlled hypertension; ASA III: Patient with severe systemic disease; definite functional impairment–eg, diabetes mellitus (DM) and angina pectoris with relatively stable disease, but requiring therapy)

I certify that I have read and understand the above. I acknowledge that I have answered these questions accurately and completely. I will not hold the testing agency responsible for any action taken or not taken because of errors I may have made when completing this form.

PATIENT SIGNATURE: _____ **DATE SIGNED:** _____

CANDIDATE INITIALS: _____ **DATE INITIALED:** _____ **CANDIDATE SIGNATURE:** _____
 (Added at end of exam)

DENTAL HYGIENE TREATMENT SELECTION WORKSHEET

This form may be used to register teeth in the candidate online profile prior to the exam, or on the day of the examination with the Desk Coordinator at the Check In Station. Desk Coordinators will enter changes into the patient management software system and print two (2) confirmation sheets. The candidate will enter their candidate ID # on one copy which the desk will keep. The second copy is for candidate use.

Tooth #	Surfaces			
1	M	D	F	L
2	M	D	F	L
3	M	D	F	L
4	M	D	F	L
5	M	D	F	L
6	M	D	F	L
7	M	D	F	L
8	M	D	F	L
9	M	D	F	L
10	M	D	F	L
11	M	D	F	L
12	M	D	F	L
13	M	D	F	L
14	M	D	F	L
15	M	D	F	L
16	M	D	F	L
17	M	D	F	L
18	M	D	F	L
19	M	D	F	L
20	M	D	F	L
21	M	D	F	L
22	M	D	F	L
23	M	D	F	L
24	M	D	F	L
25	M	D	F	L
26	M	D	F	L
27	M	D	F	L
28	M	D	F	L
29	M	D	F	L
30	M	D	F	L
31	M	D	F	L
32	M	D	F	L

Patient's Name	Candidate #	Unit #
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Teeth Selection Requirements

In the adjacent grid place an "X" in the box corresponding to the teeth and surfaces of the 6-8 teeth selected for treatment, at least three of which are molars or premolars, including at least one molar. All posterior teeth must have at least one approximating tooth within two (2) millimeters. Each of the selected teeth must have at least one surface of subgingival calculus selected for calculus removal. (M = Mesial, F = Facial, D = Distal, L = Lingual).

Calculus Detection Requirements:

There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth. No more than four surfaces may be on incisors. Three (3) of the twelve (12) identified surfaces of calculus must be on inter-proximal surfaces of posterior teeth, i.e., on molars and/or premolars.

Plaque/Stain Removal

The first six (6) teeth from the list of teeth selected for Subgingival Calculus Detection, will be evaluated for the removal of plaque, stain, and supragingival deposits on the coronal surfaces of the teeth.

Dental Hygiene Progress Form

Candidate Identification



Candidate #

Unit #

ANESTHETIC RECORD

Topical Gel: YES NO

Oraqix Gel (or similar): YES NO

Carpules: 1 2

Patient Name

Anesthetic Approval

CFE #

Additional Oraqix

(MAX—3 Total)

CFE #

PRE-TREATMENT MEDICATION

Medication(s):

Dosage/When Taken:

CASE ACCEPTANCE

Paperwork Acceptance

- Progress Form Completed
- Medical Health History Form Completed
- Treatment Consent Form Completed
- Acceptable Radiographs
- Blood Pressure Checked
- Patient Meets Requirements

Paperwork Denial

- Incomplete Progress Form
- Incomplete Medical Health History Form
- Incomplete Treatment Consent Form
- Radiographs (Missing/Non-Diagnostic)
- Blood Pressure Not Recorded
- Patient Does Not Meet Requirements

APPROVED:

CFE #

NOT APPROVED:

CFE #

CFE #

Start Time

OPTIONAL

:

OPTIONAL

Finish Time

:

Exam Completed

Patient Approved for Dismissal

CFE #

Candidate and Patient Early Dismissal

CFE #

Dental Hygiene Evaluation Station Request Form

Candidate #

--	--	--

Unit #

--	--	--



Send your patient to the evaluation area with:

1. This Form
2. Health History Form (unsigned by candidate)
3. Patient Consent Form (unsigned by candidate)
4. Diagnostic Radiographs
5. Patient's Protective Eyewear
6. Patient Napkin with ID Label Affixed
7. Sturdy, plastic container containing:
 - a. #11/12 Explorer
 - b. Probe WITH Williams Markings
 - c. Mirror
 - d. 2x2 Gauze

COMMUNICATION FROM CANDIDATE:

PRE-TREATMENT

EVALUATION STATION USE ONLY!

STAMP REQUIRED

Examiner #1:		OPTIONAL			
Examiner #2:		CITA USE			
Examiner #3:		ONLY			

POST-TREATMENT

EVALUATION STATION USE ONLY!

STAMP REQUIRED

Examiner #1:		OPTIONAL			
Examiner #2:		CITA USE			
Examiner #3:		ONLY			

1

Time Return		:			
Time Out:		:			

Time Stamp
(CITA use ONLY!)

2

Time Out:		:			
Time Return		:			

Council of Interstate Testing Agencies, Inc.
1003 High House Road, Suite 101
Cary, North Carolina 27513
(919) 460-7750

For office use ONLY:

Status Date: _____

Date Mailed: _____

Staff Initials: _____

Request for Duplicate Scores and Additional Manuals

All Dental and Dental Hygiene exam results since 2014 are now available electronically to all State Dental Boards who accept the results from ANY CITA administered examination. This form is only required if an official paper copy of the results are needed due to an individual state board regulation.

Request for Duplicate Scores:

Candidates who wish to receive an *unofficial copy of their results, took their exam prior to 2014, OR a state dental board has requested a paper copy of their scores*, must submit this form to the CITA office and pay the appropriate fees.

Fees: \$35.00 per Jurisdiction Board address. A \$50.00 fee is required per examination manual if requested.

Submit by Mail: This form must be notarized if submitted by mail. Mail form along with a **Certified Check or Money Order** (no personal checks) for the set fee amount.

Submit Electronically (if exam was taken in 2014 or later): Email form to the CITA office. Fees will be applied to the candidate's online profile for credit card payment. The request will be processed after payment has been received.

Please submit this form after all exams have been completed and results released. When requested, scores are sent via US mail to State Dental Boards for licensure purposes. FedEx options are available for an additional fee. (Please allow 10 business days for your request to be processed)

(PLEASE PRINT. The information below must match your online candidate profile)

Name: _____ Name at time of examination: _____

Address: _____ City/State/Zip _____

Telephone Number: () _____ Email Address _____

Social Security Number: _____ Exam Date/Year: _____ Exam Site Location: _____

Score Verification: DDS Exam Scores: Full Exam: ADEX Status or CITA Status (if taken before 2014)
 Partial Exam (ALL parts taken will be sent)

Dental Hygiene Exam Scores: PTCE (Patient Treatment Clinical Exam) CSCE (if completed)

Requests for Manuals:

Check the manual(s) you wish to receive. Manuals will be sent for the year the clinical exam was completed.

Dental Manikin-based Manual (\$50) Dental Patient-based Manual (\$50) Dental Hygiene Manual (\$50)

Select the format in which the manual(s) will be sent PDF (email must be provided) Mailed via USPS

Name and Address to which results and/or manuals are to be sent:

CANDIDATE

I hereby release, discharge, and hold harmless CITA or representatives and any person furnishing information, records, or documents of any and all liability.

Signature

Date

NOTARY (Only required if submitted by mail)

State of _____ County of _____

The statements on this document are subscribed and sworn to before me this _____ day of _____, 20__

Notary Public

My Commission Expires

MUST INCLUDE NOTARY STAMP

**Council of Interstate Testing Agencies, Inc
1003 High House Road, Suite 101
Cary, North Carolina 27513
(919) 460-7750**

**DENTAL HYGIENE
Review/Appeal Process**

CITA maintains an examination review process whereby you may request a review of your individual examination results. This is a formalized process and is conducted by a special committee whose charge is to review your request. Any request for such a review **MUST BE FILED** and received at CITA's central office **NO LATER THAN** fourteen days after results are released, along with a certified check or money order in the amount of \$125.⁰⁰ for the filing fee.

CITA's special committee is required to complete its review within sixty (60) days from the time it receives a formal request. The review is based on a re-assessment of documentation of your performance on the examination. The review **DOES NOT INCLUDE A REGRADING** of that performance; it is limited to a determination of whether or not there exists substantial evidence to support the judgment of the examiners at the time of the examination.

Name: _____

SS#: _____ **Phone Number:** () _____

Address: _____

_____ **City** _____ **State** _____ **Zip Code** _____

Date of Examination: _____

Concise Statement of Appeal (If necessary, attach a separate sheet):

_____ **Signature** _____ **Date** _____

GLOSSARY

GLOSSARY OF WORDS, TERMS AND PHRASES

The following information provides definitions and/or descriptions of words, terms or phrases used by CITA for purposes of examining and evaluating candidates for dental hygiene licensure. Furthermore, this information should assist not only candidates with their understanding of the criteria and procedures for this examination, but also examiners in making consistent evaluations of candidate performance.

The words, terms or phrases have been collected from many sources, including, but not limited to CITA's evaluation criteria, various evaluation forms, and information appearing elsewhere in this manual. Other similar items not found in the foregoing sources have been included, inasmuch as they also may be used by examiners or candidates during the course of the examination. The definitions or descriptions for the words, terms or phrases were derived from dictionaries, dental dictionaries, operative dentistry textbooks, glossaries from dental schools, operative dentistry technique or procedure manuals. The periodontal terms were taken from the "*Glossary of Periodontic Terms*" published by the American Academy of Periodontology.

TERM	DEFINITION
Abfraction	The deep V-shaped groove usually noted at the CEJ which is caused by bruxism. This may be visible or below the gingival margin.
Abrasion	Abnormal wearing of tooth substance or restoration by mechanical factors other than tooth contact.
Abutment	A tooth used to provide support or anchorage for a fixed or removable prosthesis.
Acrylic Resin	Synthetic resin derived from acrylic acid used to manufacture dentures/denture teeth and provisional restorations
Adjustment	Selective grinding of teeth or restorations to alter shape, contour, and establish stable occlusion
Angle	A corner; cavosurface angle : angle formed between the cavity wall and surface of the tooth; line angle : angle formed between two cavity walls or tooth surfaces.
Apical	The tip, or apex, of a root of a tooth and its immediate surroundings.
Attached Gingiva	The portion of the gingiva that extends apically from the base of the sulcus to the mucogingival junction.
Attrition	Loss of tooth substance or restoration caused by mastication or tooth contact.
Axial Wall	An internal cavity surface parallel to the long axis of the tooth.

TERM	DEFINITION
Base	Typically a replacement material for missing dentinal tooth structure, used for bulk buildup and/or for blocking out undercuts. Examples include ZOE B&T, IRM, glass ionomer cement and zinc-phosphate cement.
Bevel	A plane sloping from the horizontal or vertical that creates a cavosurface angle which is greater than 90°.
Bonding Agent	See “ <i>Sealers.</i> ”
Bridge	Permanently fixed restoration that replaces one or more missing natural teeth.
Build Up	A restoration associated with a cast restoration, which replaces some, but not all, of the missing tooth structure coronal to the cementoenamel junction; the buildup provides resistance and retention form for the subsequent cast restoration; Pin Amalgam Build Up (PABU) or Foundation.
Calculus	A hard deposit attached to the teeth, usually consisting of mineralized bacterial plaque.
Caries	An infectious microbiological disease that results in localized dissolution and destruction of the calcified tissues of the teeth. The diagnosis of dentinal caries is made by tactile sensation with light pressure on an explorer described as (1) a defect with a soft, sticky base, or (2) a defect that can be penetrated and exhibits definite resistance upon withdrawal of the explorer.
Cavity Preparation	Removal and shaping of diseased or weakened tooth tissue to allow placement of a restoration.
Cavosurface Margin	The line angle formed by the prepared cavity wall with the unprepared tooth surface; the margin is a continuous entity enclosing the entire external outline of the prepared cavity; also called the cavosurface line angle.
Cementoenamel Junction	Line formed by the junction of the enamel and cementum of a tooth.
Centric Occlusion	That vertical and horizontal position of the jaws in which the cusps of the maxillary and mandibular teeth interdigitate maximally.
Centric Relation	That operator guided position of the jaws in which the condyles are in a rearmost and uppermost position in the fossae of the temporomandibular joint.
Contact Area	The area where two adjacent teeth approximate.
Convenience Form	The shape or form of a cavity preparation that allows adequate observation, accessibility, and ease of operation in preparing and restoring the cavity.

TERM	DEFINITION
Convergence	The angle of opposing cavity walls which, when projected in a gingival to occlusal direction, would meet at a point some distance occlusal to the occlusal or incisal surface.
Core	A restoration associated with a cast restoration which replaces ALL coronal tooth structure and is usually associated with a post of one type or another; the core provides resistance and retention form for the subsequent cast restoration.
Crown	Cast-metal restoration or porcelain restoration covering most of the surfaces of an anatomical crown.
Cusp (Functional)	Those cusps of teeth which by their present occlusion provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Cusp (Non-Functional)	Those cusps of teeth which by their present occlusion DO NOT provide a centric stop which interdigitates with a fossa or marginal ridge of an opposing tooth/teeth.
Debris	Scattered or fragmented remains of the cavity preparation procedure; all debris should be thoroughly removed from the preparation before the restoration is placed.
Defective Restoration	Any dental restoration which is judged to be causing or is likely to cause damage to the remaining tooth structure if not modified or replaced.
Dentin	Calcified tissue surrounding the pulp and forming the bulk of the tooth.
Deposits--Subgingival	Deposits which are apical to the gingival margin.
Deposits--Supragingival	Deposits which are coronal to the gingival margin.
Divergence	The angle of opposing cavity walls which, when projected in an occlusal to gingival direction, would meet at a point some distance gingival to the crown of the tooth.
Embrasure	A "V" shaped space continuous with an interproximal space formed by the point of contact and the subsequent divergence of these contacting surfaces in an occlusal (incisal), gingival, facial or lingual direction.
Enameloplasty	The selected reshaping of the convolutions of the enamel surface (fissures and ridges) to form a more rounded or "saucer" shape to make these areas more clean able, finish able, and allow more conservative cavity preparation external outline forms.
Erosion	Abnormal dissolution of tooth substance by chemical substances; typically involves exposed cementum at the CEJ.
Exposure	See "Pulp Exposure."

TERM	DEFINITION
Fissure	A developmental linear fault in the occlusal, buccal or lingual surface of a tooth, commonly the result of the imperfect fusion of adjoining enamel lobes.
Flash	Excess restorative material extruded from the cavity preparation extending onto the unprepared surface of the tooth.
Foundation	See " <i>Build Up.</i> "
Gingival Recession	The visible apical migration of the gingival margin, which exposes the CE junction and root surface.
Gingival Wall	An internal cavity surface perpendicular to the long axis of the tooth near the apical or cervical end of the crown of the tooth or cavity preparation.
Gingivitis	Inflammation of the gingiva.
Glass Ionomer	Material containing polyacrylic acid and aluminosilicate glass that that can be used as restorative, lining or luting material.
Grainy	The rough, perhaps porous, poorly detailed surface of a material.
Ill-Defined	A cavity preparation which, while demonstrating the fundamentals of proper design, lacks detail and refinement in that design.
Infra-Occlusion	A tooth or restoration which lacks opposing tooth contact in centric when such contact should be present.
Interproximal Contact	The area of contact between two adjacent teeth; also called proximal contact.
Isthmus	A narrow connection between two areas or parts of a cavity preparation.
Keratinized Gingiva	In healthy mouths, this includes both the free marginal and attached gingiva which are covered with a protective layer of keratin; it is the masticatory oral mucosa which withstands the frictional stresses of mastication and tooth brushing; and provides a solid base for the movable alveolar mucosa for the action of the cheeks, lips and tongue.
Line Angle	The angle formed by the junction of two surfaces; in cavity preparations there can be internal and external line angles which are formed at the junction of two cavity walls.
Line of Draw	The path or direction of withdrawal or seating of a removable or cast restoration.

TERM	DEFINITION
Liner	Typically, a material placed between dentin and a dental restoration to provide protection to the dentin and/or pulp. Examples of liners include Gluma, Vitrebond, Dycal and Cavitec.
Liner - Treatment	An appropriate dental material placed in deep portions of a cavity preparation to produce desired effects on the pulp such as insulation, sedation, stimulation of odontoblasts, bacterial reduction, etc.; also called therapeutic liner.
Long Axis	An imaginary straight line passing through the center of the whole tooth occluso-apically.
Marginal Deficiencies	Failure of the restorative material to properly and completely meet the cut surface of the cavity preparation; the marginal discrepancy does not exceed 0.5 mm, and the margin is sealed; may be either voids or under-contour.
Marginal Excess	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also " <i>over-contoured</i> ," " <i>flash</i> ," " <i>over-extension</i> ."
Mobility	The degree of looseness of a tooth.
Occluso-Axial Line Angle	In a casting preparation, the angle formed by the junction of the prepared occlusal and axial (lingual, facial, mesial, distal) surfaces.
Open Margin	A cavity margin or section of margin at which the restorative material is not tightly adapted to the cavity preparation wall(s); margins are generally determined to be open when they can be penetrated by the tine of a sharp dental explorer
Outline Form (External)	The external boundary or perimeter of the area of the tooth surface to be included within the outline or enamel margins of the finished cavity preparation.
Outline Form (Internal)	The internal details and dimensions of the finished cavity preparation.
Over-Contoured	Excessive shaping of the surface of a restoration so as to cause it to extend beyond the normal physiologic contours of the tooth when in health.
Over-Extension (Preparation)	The placement of final cavity preparation walls beyond the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Over-Extension (Restoration)	Restorative material which extends beyond the cavosurface margin of the cavity walls; marginal excess may or may not extend onto the unprepared surface(s) of the tooth; see also " <i>Over-Contoured</i> ," " <i>Flash</i> ," " <i>Marginal Excess</i> ."
Overhang (Restoration)	The projection of restorative material beyond the cavosurface margin of the cavity preparation but which does not extend on to the unprepared surface of the tooth; also, the projection of a restoration outward from the nominal tooth surface; see also " <i>Flash</i> ."

TERM	DEFINITION
Path of Insertion	The path or direction of withdrawal or seating of a removable or cast restoration; see " <i>Line of Draw.</i> "
Periapical	Area around the root end of a tooth.
Periodontitis	Inflammation of the supporting tissues of the teeth; usually a progressively destructive change leading to loss of bone and periodontal ligament; an extension of inflammation from gingiva into the adjacent bone and ligament.
Pits (Surface)	Small voids on the polished surface (but not at the margins) of a restoration.
Polishing (Restoration)	The act or procedure of imparting a smooth, lustrous, and shiny character to the surface of the restoration
Pontic	The suspended portion of a fixed bridge that replaces the lost tooth or teeth.
Porous (Restoration)	To have minute orifices or openings in the surface of a restoration which allow fluids or light to pass through.
Provisional Restoration	Any restoration, which by its intent, is placed for a reduced period of time or until some event occurs; any restorative material can be placed as a provisional restoration; it is only the intent or the restoration and not the material which determines the provisional status.
Pulp Cap (Direct)	The technique of placing a base (usually a calcium hydroxide material) over the exposed pulp to promote reparative dentin formation and the formation of a dentinal bridge across the exposure; the decision to perform a pulp cap or endodontics and the success of the procedure is determined by the conditions under which the pulp was exposed.
Pulp Cap (Indirect)	The technique of deliberate incomplete caries removal in deep excavation to prevent frank pulp exposure followed by basing of the area with a calcium hydroxide material to promote reparative dentin formation; the tooth may or may not be re-entered in 6-8 weeks to remove the remaining dentinal caries.
Pulp Exposure (Carious)	The frank exposure of the pulp through clinically carious dentin.
Pulp Exposure (General)	The exposure of the pulp chamber or former pulp chamber of a tooth with or without evidence of pulp hemorrhage.
Pulp Exposure (Irreparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is greater than 0.5 mm; the tooth had been symptomatic; the pulp hemorrhage is not easily controlled; the exposure occurred in a contaminated field; the exposure was relatively traumatic.
Pulp Exposure (Mechanical) Unwarranted	The frank exposure of the pulp through non-carious dentin caused by operator error, misjudgment, pulp chamber aberration, etc.

TERM	DEFINITION
Pulp Exposure (Reparable)	Generally, a pulp exposure in which most or all of the following conditions apply: the exposure is less than 0.5 mm; the tooth had been asymptomatic; the pulp hemorrhage is easily controlled; the exposure occurred in a clean, uncontaminated field; the exposure was relatively atraumatic.
Pulpal Wall	An internal cavity surface perpendicular to the long axis of the tooth; also pulpal floor.
Pulpoaxial Line Angle	The line angle formed by the junction of the pulpal wall and axial wall of a prepared cavity.
Pulpotomy	The surgical amputation of the vital dental pulp coronal to the cement-enamel junction in an effort to retain the radicular pulp in a healthy, vital state.
Resistance Form	The features of a tooth preparation that enhance the stability of a restoration and resist dislodgement along an axis other than the path of placement.
Retention Form	The feature of a tooth preparation that resists dislodgment of a crown in a vertical direction or along the path of placement.
Root Planing	A definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with calculus, or contaminated with toxins or microorganisms.
Scaling	Instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces.
Surface Sealant Composite Resin Restoration Coating	After polishing, the application of the unfilled resin (bonding agent) of the composite resin system to the surface of the restoration to fill porosities or voids in the body of the restoration or at the margins or to provide a smooth surface to the restoration followed by curing.
Sealers	Cavity sealers provide a protective coating for freshly cut tooth structure of the prepared cavity; Varnish: A natural gum, such as copal rosin, or a synthetic resin dissolved in an organic solvent, such as acetone, chloroform, or ether; examples include Copalite, Plastodont, Varnish, and Barrier; Resin Bonding Agents: Include the primers and adhesives of dentinal and all-purpose bonding agents; examples include All-Bond 2, Scotchbond MP+, Optibond, ProBond, Amalgambond, etc.
Shade (Restoration)	The color of a restoration, as defined by hue, value, and chroma which is selected to match as closely as possible the natural color of the tooth being restored.
Shoulder Preparation	A shelf cut around the tooth as for a porcelain jacket crown.
Sound Tooth Structure	Enamel that has not been demineralized or eroded; it may include proximal decalcification that does not exceed ½ the thickness of the enamel and cannot be penetrated by an explorer

TERM	DEFINITION
Stain - Extrinsic	Stain which forms on and can become incorporated into the surface of a tooth after development and eruption; these stains can be caused by a number of developmental and environmental factors.
Stain - Intrinsic	Stain which becomes incorporated into the internal surfaces of the developing tooth; these stains can be caused by a number of developmental and environmental factors.
Sonic Scaler	An instrument tip attached to a transducer through which high frequency current causes sonic vibrations (approximately 6,000 cps). These vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Sterilization	A heat or chemical process to destroy microorganisms.
Supra-Occlusion	A tooth or restoration which has excessive or singular opposing tooth contact in centric or excursions when such contact should not be present and should be balanced with the other contacts in the quadrant or arch.
Taper	To gradually become more narrow in one direction
Temporary Restoration	See " <i>Provisional Restoration.</i> "
Tissue Trauma – Gross Hard	Unwarranted iatrogenic damage to the intraoral hard tissues resulting in injury to the teeth and/or bone which would require that reparative measures are taken to correct the injury to the patient and restoration of the patient's hard tissues.
Tissue Trauma – Gross Soft	Unwarranted iatrogenic damage to extra/intraoral soft tissues resulting in significant injury to the patient such as lacerations greater than 3.0 mm, burns, amputated papilla, or large tissue tags.
Tissue Trauma - Hard	Abrasions, alterations, and/or disruptions to the natural cellular composition and/ or morphology of the teeth and/or supporting alveolar bone which are the result of chemical or mechanical contact with agents, instruments, and/or armamentarium employed by the candidate during the examination evaluation process.
Tissue Trauma – Soft	Breaks, alterations, abrasions, disruptions or other changes to the natural cellular composition or morphology of that area, which are the result of chemical or mechanical contact with agents, instruments, and/or armamentarium employed by the candidate during the examination evaluation process.
Ultrasonic Scaler	An instrument tip attached to a transducer through which high frequency current causes ultrasonic vibrations (approximately 30,000 cps); these vibrations, usually accompanied by the use of a stream of water, produce a turbulence which in turn removes adherent deposits from the teeth.
Un-coalesced	The failure of surfaces to fuse or blend together such as the lobes of enamel resulting in a tooth fissure.

TERM	DEFINITION
Under-Contoured	Excessive removal of the surface of a restoration so as to cause it to be reduced beyond the normal physiologic contours of the tooth when in health.
Undercut	Feature of tooth preparation that retains the intra-coronal restorative material; an undesirable feature of tooth preparation for an extra-coronal restoration.
Under-Extension (Preparation)	Failure to place the final cavity preparation walls at the position required to properly restore the tooth as determined by the factors which necessitated the treatment.
Under-Extension (Restoration)	Restorative material which fails to extend to the cavosurface margin of the cavity walls thereby causing exposure of the prepared cavity wall.
Undermined Enamel	During cavity preparation procedures, an enamel tooth surface (particularly enamel rods) which lacks dentinal support; also called unsupported enamel.
Unsound Marginal Enamel	Loose or fragile cavosurface enamel that is usually discolored or demineralized, which can be easily removed with hand instruments when mild to moderate pressure is applied.
Varnish	See “ <i>Sealers.</i> ”
Void(s)	An unfilled space within the BODY of a restoration or at the restoration margin which may or may not be present at the external surface and therefore may or may not be visible to the naked eye.

End of Manual