



# CITA

## **CITA DENTAL HYGIENE** **EXAMINATION**

### **2016 CANDIDATE MANUAL**

**Administered by:**

Council of Interstate Testing Agencies, Inc.  
1003 High House Road, Suite 101  
Cary, NC 27513  
[www.citaexam.com](http://www.citaexam.com)

**Registration information included**  
**Please read this manual in detail prior to attending the examination**

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## **ATTENTION DENTAL HYGIENE CANDIDATES**

The CITA Dental Hygiene Examination is administered on behalf of a number of state dental boards and in accordance with state licensing requirements. This examination should be valid in any state accepting the CITA Dental Hygiene Examination. However, to be certain, candidates should check with the state dental board of any state in which they wish to be licensed to determine whether this examination will qualify them for licensure in that state.

This manual is published by the Council of Interstate Testing Agencies, Inc. and is specific to the administration of that examination. For information about examination sites, dates, deadlines and fees, visit the CITA website at [www.citaexam.com](http://www.citaexam.com).

Occasionally examinations are interrupted or postponed because of hurricanes, blizzards, other severe weather, power outages, or similar occurrences. CITA reserves the right in its sole discretion, to delay, halt, postpone, or cancel an examination because of unforeseen and serious events. In the event of predicted severe weather events, candidates should monitor the testing agency website and email for site specific candidate information.



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## IMPORTANT NOTICE

This manual has been developed to provide the candidate with the information required to be successful on the CITA Dental Hygiene examination. Every effort has been made to ensure that this manual is accurate, comprehensive, clear and up-to-date. **In the rare instances when examination related instructions need to be updated or clarified during the examination year, those changes will be posted on CITA's website (<http://www.citaexam.com>).** There may also be other test related material sent to candidates directly by the CITA office should the need arise.

The electronic scoring and patient management software is currently utilized for both the dental periodontal examination as well as the dental hygiene examination. There may be some forms and electronic pages that refer to a "periodontal" process and/or examination. Please understand that this scoring system does reflect the current dental hygiene examination and process.

All candidates who participate in the CITA Dental Hygiene examination are responsible for reading and understanding the CITA Dental Hygiene examination manual, any website documented changes to the published CITA manual, and for reviewing and understanding all other material provided by CITA. If, in reviewing any CITA provided material, questions arise, it is the candidate's responsibility to resolve those questions by directing them to the CITA office **via email**. (See contact information below)

Prior to taking the CITA examination, each candidate will be required to sign forms certifying that he/she reviewed the 2016 CITA manual and read other material provided by CITA.

Please see the *Registration and Administrative Guidelines* section for step-by-step instructions on how to register for the Dental Hygiene exam through CITA. During the online registration process, candidates are required to create a unique profile that contains all relevant contact information. It is extremely important that candidates maintain a current email and physical mailing address with CITA. This is the only way to ensure that there will be a timely receipt of important materials from CITA.

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## About CITA

The Council of Interstate Testing Agencies, Inc. (CITA) is a non-profit corporation which serves the community as an independent regional testing agency. CITA now administers the ADEX Dental examination and the CITA Dental Hygiene examination. Regional testing agencies contract with individual boards of dentistry to administer the clinical examination required for licensure in those states/jurisdictions. Regional testing agencies DO NOT have the authority to license individuals or implement policy that goes beyond the laws of its member states/jurisdictions. Furthermore, regional testing agencies should not be confused with state boards of dentistry. Therefore, it is the obligation of the candidate to ascertain the necessary qualifications and procedures necessary to obtain licensure in the intended jurisdiction of practice, prior to the candidate undertaking any activity or activities which may constitute the practice of dentistry.



*CITA MISSION STATEMENT: "CITA's mission is to provide psychometric, technical and administrative services in the administration and delivery of clinical licensure examinations in dentistry and dental hygiene. CITA will demonstrate integrity and fairness as it provides assistance to state boards of dentistry in their mission to protect the health, safety and welfare of the public by assuring that only competent and qualified individuals are allowed to practice dentistry and dental hygiene."*

### CITA-member states map:



■ CITA-member state (accepts results of CITA DH exam)

### The CITA Dental Hygiene exam is currently accepted in 27 jurisdictions:

CITA-member state ■

Non-CITA-member state but accepts results of CITA DH exam ■

Does not accept results of CITA DH exam ■



# **The CITA Dental Hygiene Examination**

## **I. Registration & Administrative Guidelines**





# Registration

## 1. Candidate Profile Creation and Online Exam Registration

Applicants are required to fully complete an online profile via <https://cita.brighttrac.com> prior to being permitted to register for a dental hygiene examination.

Candidates should create their required profiles well in advance of a published deadline. Profiles must be verified in order to apply for any exam date. Late fees will be assigned for any exam registrations that are submitted after the examination's thirty (30) day deadline. Verification can take up to two (2) weeks. Therefore, candidates should plan accordingly when beginning the registration process. See the CITA website at [www.citaexam.com](http://www.citaexam.com) for specific deadlines for each exam.



### STEP 1: CLICK

Go To: <https://cita.brighttrac.com/>

Click the *fill out a basic profile* link and complete the form.



To ensure that emails from the CITA office reach you please register with a non-school email. The email address you enter will become your username to login to your profile and will be used to communicate your site assignment and notify you when results are available for release. Double check your email address and choose a secure password.

### **\*\*IF YOU NEED TO RESET YOUR PASSWORD AT ANY TIME, CONTACT THE CITA OFFICE\*\***

Once you have created your login and password, you will see your Dashboard which will include the following tabs:

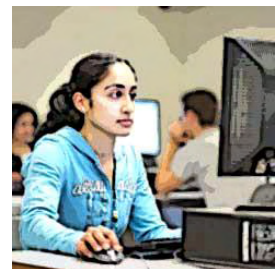
**Dashboard.** Under this tab the candidates find a list of items they must submit for their CITA profile and the status of each item.



Check Mark = completed item



Exclamation Mark = item requires attention



**Profile.** Under this tab candidates can view and edit their personal information and upload their photo, proof of graduation form (s), scheduling requests, name change, etc.

**Apply.** Once all profile information has been uploaded and the profile has been verified the candidate may use this tab to apply for examinations. Detailed instructions will be presented based on the available examinations. This tab is also where the candidate's clinical assignment and exam number will be listed once the site schedule is finalized.

**Documents.** Candidates must visit this tab prior to the examination to download and possibly fill out any required forms and documents. Instructions about each document will be given.

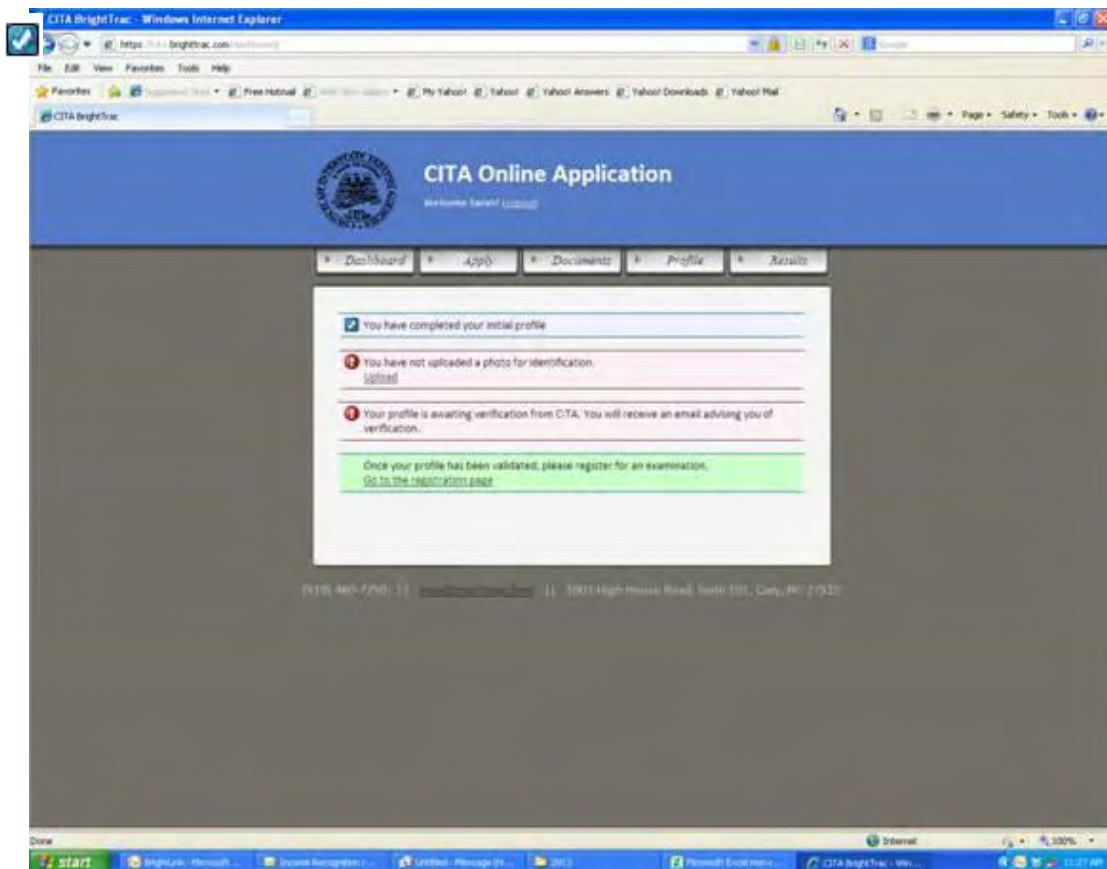


**Results.** Candidate results will be posted under this tab once they are finalized and released. Candidates receive an email when scores have been released stating that they should check their profile.

- ***If your name changes, you must upload supporting documentation to the “Name Document” area under the Profile tab of your candidate profile.*** Please contact the CITA office if you are having any difficulty.
- ***Please ensure that your mailing address/email address remain current.*** You may change your mailing address/email address in your online candidate profile. Please contact the CITA office if you are having any difficulty.

Below is what you will see each time you login to your profile The *Dashboard* tab is displayed by default. Here the candidate will find a list of current items and his/her status. **This screen will not reflect all missing documents required for profile verification if the candidate is still in school.** Please see STEP 3 for additional information:

Check Mark = completed item       Exclamation Mark = item requires attention



## STEP 2: UPLOAD PHOTO

On your *Dashboard* page, you will be prompted to upload a photo in which you are wearing professional attire or clinically-acceptable scrubs. Click the *Upload* link and follow the instructions. A current passport quality photo is required. All photos will be reviewed by CITA and may be rejected if they are not found to be acceptable for identification purposes. Submitting an unacceptable photo will delay your registration, as this photo will be printed on your ID badge for wear at all times during the exam.

- Photos must be in one of the following formats: JPG/JPEG, GIF, or PNG.
- Photos must be square and have a minimum resolution of 200 x 200 and a maximum resolution of 500 x 500. Photos must be displayed in the upright position.
- Candidates must be wearing professional or clinical attire.
- The candidate's photo must be a front facing headshot in the format that would be used for a passport. The candidate's name **must not** be visible on the photo. A white background should be used.
- Photos must be resubmitted if any visible changes (such as hair color, facial hair, hair length) in appearance have taken place prior to exam. The candidate's photo must match your current appearance the day of the exam.



## STEP 3: UPLOAD PROOF OF GRADUATION

All applicants must complete the *Dental Hygiene Candidate Application Form*. This form can be found on the CITA website at [www.citaexam.com](http://www.citaexam.com) (click "Download Forms" button in top banner)

Applicants should follow the application directions for their qualifying category:

*If you have not yet graduated from your DH program at time of registration:*

Graduating dental hygiene students may not participate in a CITA examination unless approved by their Dental Hygiene Program Director (or designee). Applicants must have their Dental Hygiene Candidate Application form signed by the Dental Hygiene Program Director (or designee) before they have it notarized. **Once the form has been completed, scan it and create a PDF file. Upload this file to the "Proof of Graduation" area (Profile tab of online candidate profile). APPLICANTS DO NOT NEED TO MAIL IT TO THE CITA OFFICE.**

**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 categories 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 rescind their testing rights until they are able to meet one of the existing requirements. CITA will report all discrepancies to CITA member states as well as other testing agencies.

**Qualifying Categories**  
*(initial only one)*

I, \_\_\_\_\_, am a candidate for the Dental Hygiene Licensure exam. I have completed the application process and I have signed the application process. I have read the Dental Hygiene Licensure exam rules and I 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 an individual's behavior should have any concern regarding a candidate's honesty, integrity, or emotional well-being or questions regarding a candidate's competence or relationship to the extent that the candidate may endanger subjects exposed in the examination process. By signing this application, I consent to CITA's policies to use my name and image in any CITA exam and other testing agencies, advertising, and other promotional materials, including my exam results, and discrepancies, absent exam misconduct and other pertinent information.

**NOTARY**

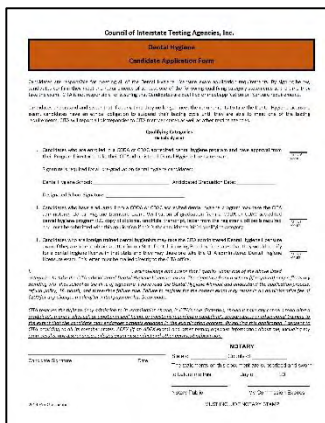
Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
The statements on this document are subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

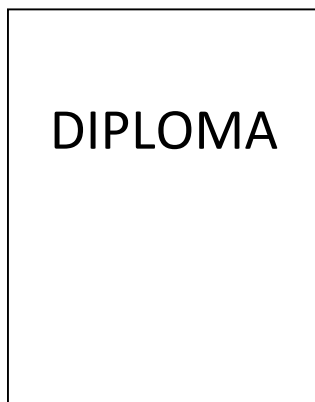
2016-FHS-Graduation MUST INCLUDE NOTARY SIGNATURE

If you have already graduated from your DH program at time of registration:

Applicants who have graduated from a qualified dental hygiene program and who are eligible to apply to take the CITA Dental Hygiene examination are required to upload a copy of their diploma along with their *Dental Candidate Application Form*. Combine the following applicable forms into one PDF file and subsequently upload the file with both forms into the “Proof of Graduation” area (*Profile* tab of online candidate profile). **APPLICANTS DO NOT NEED TO MAIL IT TO THE CITA OFFICE.**

The image shows a 'Dental Candidate Application Form' from the Council of Interstate Testing Agencies, Inc. The form is titled 'Dental Candidate Application Form' and contains several sections for the applicant to complete, including 'Applicant Information', 'Education', and 'Registration'. It includes fields for name, address, phone, and email, as well as checkboxes for various qualifications and a section for the registrars' signatures.

AND



OR



Only applicants who are enrolled in or who have graduated from Dental Hygiene programs accredited by the American Dental Association Commission on Dental Accreditation (ADA/CODA) or by the Commission on Dental Accreditation of Canada (CDAC) are eligible to apply for the CITA dental hygiene licensure examination. International graduates must contact the CITA office for registration assistance.

#### STEP 4: APPLY

After your profile and graduation status are verified, you will be able to click on the *Apply* tab to register for examinations. Follow the options to select an exam location and date. Verify that you have applied for the correct exam by clicking on the *Apply* tab of your candidate profile.

#### Assignment Priorities:

**STUDENTS OF RECORD:** Greater than 60 days prior to the exam date, only candidates of record at the exam site will be accepted to that exam. Applicants who have not been accepted to the exam will be notified via email from the CITA office within one week following the 60-day deadline, and alternate exam date options will be presented. If the exam is full, contact the CITA office for assistance. **\*NOTE: Candidates’ “Exam Status” on their online profiles will remain “tentative” until the exam has officially closed (30-days prior to exam).**

**NON-STUDENTS OF RECORD:** Between 59 and 30 days prior to the exam date, the assignments to the test site will be based on a first come, first served basis. Applicants may register and pay for their exam at any time. However, they will not be assigned to an exam (if seats are available) until 59 days prior to the exam. Applicants will continue to be assigned to a test site until all seats/chairs at the test site are taken. If the exam is full and you cannot register, you must choose an alternative exam date as well as email the CITA office to be placed on a waitlist for your preferred exam. **\*NOTE: Candidates’ “Exam Status” on their online profiles will remain “tentative” until the exam has officially closed (30-days prior to exam).**

## STEP 5: PAY

Once registered, candidates will be prompted to submit payment for the examination they selected in STEP 4. CITA accepts VISA and MasterCard only. Debit cards may be used if allowable by the issuing bank and bear the VISA or MasterCard logo. All payments are drawn immediately and must be paid in full. Failure to pay the registration fee at the time of registration may forfeit the candidate's ability to sit for the examination. **Initial registration fees that are not paid within 72 hours of completing Step 4 may be dropped from the candidate's profile.**

FEE DESCRIPTION	AMOUNT
Initial application fee	\$950.00
CSCE	\$100.00
ADHP State only application fee	\$400.00
Late application fee	\$500.00
Examination review fee	\$125.00
Administrative Fee (including, but not limited to deferrals, refunds, and corrections)	\$200.00
Duplicate Score Request	\$35.00
Request for candidate manuals for jurisdictions not currently member states/jurisdictions of CITA	\$50.00 each
Testing site fees (facility, staff, equipment, instrument (if provided) and/or supply fees)	See Examination Forms

Failure to pay the initial registration fees within 72 hours will result in the candidate being automatically dropped from the exam for which the candidate has begun registration.

**BEFORE PAYING:** IF YOUR PAYMENT BALANCE DOES NOT MATCH WHAT YOU HAD ANTICIPATED YOUR EXAM COST WOULD BE, PLEASE CONTACT THE CITA OFFICE WITHIN YOUR 72 HOURS. FAILURE TO DO SO MAY DELAY ENTRANCE INTO AN EXAM. NO PAYMENT ADJUSTMENTS WILL BE MADE ONCE AN EXAM HAS BEEN CLOSED. PAYMENT ADJUSTMENTS MADE AFTER CREDIT CARD PAYMENT HAS BEEN MADE MAY RESULT IN A \$200 ADMINISTRATIVE FEE OR A DELAY IN REFUND UNTIL THE CANDIDATE HAS COMPLETED THE EXAM.

**NOTE: Students of record will only be charged the application fee at the time of registration. Facility and staffing fees will be assessed SEPARATELY if different than non-students of record. All such fees must be paid prior to the 30-day deadline.**

**\*\*SEE FACILITY FEES CHART FOR YOUR SITE'S FACILITY FEES\*\***

### **Late Applications**

All applicants who apply after the published deadline will be assessed in a \$500 late application fee and should be paid within seventy-two (72) hours. Candidates will be accepted only if space is available and after any wait list has been exhausted. No late applications will be accepted once the exam is fewer than 15 days in the future. Candidates who are applying late need to contact the CITA office for assistance.

## **Fee Deferrals and Refunds**

Requests **MUST** be made in writing to CITA via email, fax, or US Postal Service and **MUST** state the reason for the request or transfer. Notification will be sent immediately after a determination is made. Should a fee deferral be granted, the terms and conditions for a future examination will be included. **It should be noted that a “request for” and the “granting of” a deferral does not guarantee seating at the requested examination site.** Such seating will be assigned in accordance with CITA’s exam seating assignment priorities as described earlier in this section.

**Fee deferrals and refunds will NOT be given for a patient's failure to appear, non-acceptability of a patient, or a candidate's inability to secure patients for the examination, as patient approval is considered part of the examination.**

Requests for the examination fee to be deferred to a later examination within the examination cycle or to be refunded will be as follows:

<b>30 days or more prior to exam</b>	<b>29-14 days prior to exam</b>	<b>13 days prior to exam – day 1 of exam</b>
Full refund minus \$200.00 administrative fee	50% of all fees paid minus \$200.00 administrative fee	No refund available

Please note that requests for a fee deferral or refund may not be carried over into the next year’s examination cycle. Requests for a fee deferral or refund received on or after the dates outlined above **WILL NOT** be honored, and all fees will be forfeited. A refund or fee deferral request received that is due to extenuating circumstances may be reviewed on an individual basis by the CITA Board of Directors.

### **STEP 6: MONITOR.**

Watch your online *Profile* for any status changes and required document deadlines. Final Assignments will be made no later than 15 days prior to the exam. Forms and schedules will be emailed to you once the exam closes (30 days prior to exam). Candidates must print each form, complete them, and bring them to the on-site registration. Candidates should also print their schedule (located both at [www.citaexam.com](http://www.citaexam.com) as well as in this manual).

***If your scheduled exam is less than 25 days away and you have not received any communication via email from the CITA office, please contact the CITA office for help.***

**\*\*Check the SPAM folder in your inbox prior to contacting the CITA office\*\***

Please note that requests for a change in assignment time will not be considered or made once the schedule has been distributed. Dental school personnel do not have the authority to accept a candidate for an examination at their site or to make any assignment changes within an examination series. Such arrangements between dental school personnel and a candidate may preclude the candidate from being admitted to the examination, as well as result in forfeiture of all fees. CITA’s Chief Examiner is the only authorized individual who may consider a request for a schedule change. If unusual circumstances warrant such a change and space is available, it is the decision of CITA’s Chief Examiner whether to approve such a request. This decision is made on-site on the day of examination, and prior requests are neither accepted nor considered.



## Required Exam Day Registration Documents

Complete and bring with you to the exam day registration:

1. *Preparation and Orientation Form* (All candidates)
2. *Dental Hygiene Examination Disclaimer*
3. *Radiograph/Follow up Care Form*
4. *Identification Card*. In order to receive the ID badge and the rest of the examination materials at orientation or registration, **candidates must provide their 3-digit sequential number available through their online profile (under the *Apply* Tab) on the online registration website**, along with two forms of personal identification. One of these additional IDs must contain the candidate's signature, and one must have a recent photograph which is similar to the photo the candidate uploaded to his/her profile. (Candidates are required to upload a recent photo of themselves to their online profile--for photo guidelines, see Registration Step #2 on pg. 9 of this manual—during the application process. The photo will be applied to the candidates' individual ID badges, which they will receive on the day of the examination. This ID badge is to be worn at all times during the examination.

### Acceptable forms of ID include:

- Current driver's license
- Current passport
- Military ID
- Employee ID
- School ID
- Voter registration card



A national credit card is an acceptable secondary form of ID. **An expired driver's license, expired passport or a social security card are not acceptable forms of ID for this exam.**

The candidate's name on both forms of ID must match exactly the name used for registration. If the name on the identification presented differs from the name (other than middle name or initial) used for registration, official documentation or authorization of a name change must be presented for admittance to the examination. If a candidate is not admitted because he/she fails to provide this documentation, his/her examination fee will be forfeited.

Once your identification has been verified, you will receive a candidate packet. Each packet will include a minimum of the following items:

- Candidate Name Tag
- Interpreter Name Tag (if requested)
- Candidate Identification Labels
- Cubical Card

**TELEPHONE CONFIRMATION IS NOT PROVIDED UNDER ANY CIRCUMSTANCES! QUESTIONS SHOULD BE SUBMITTED VIA EMAIL.**





# ADMINISTRATIVE GUIDELINES

## 1. Special Circumstances

### i. *Request for Non-Standard Accommodations*

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 CITA exam may apply to CITA for consideration of the accommodation by submitting the “Special Accommodations Request Form” and documentation at least 45 days prior to the first day of 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 of the *Special Accommodation Request Form* (see Appendix A for example of form). 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.

### ii. *Special Testing Provisions and Auxiliary Aids*

CITA will provide appropriate auxiliary aids for such persons with impaired sensory, manual or speaking skills unless providing such auxiliary aids would fundamentally alter the measurement of the skills or knowledge the examination is intended to test. To ensure that auxiliary aids or other requested modifications are available and can be provided, candidates requesting such modifications or auxiliary aids must

- Submit, in writing, a request for the auxiliary aid or modification stating the exact auxiliary aid or modification(s) needed. Requests received after the registration deadline date and retroactive requests will not be considered.
- Provide documentation of the need for the auxiliary aid or modification, indicating any portion of the dental examination for which such aid or modification will be needed.
- Provide a letter from an appropriate healthcare professional documenting the disability. This letter must be received by CITA at least 45 days prior to the first day of the exam.
- In providing such auxiliary aids or modifications, CITA reserves the ultimate discretion to choose between effective auxiliary aids or modifications and reserves the right to maintain the security of the examination. All information obtained regarding a candidate’s physical and/or learning disability will be kept confidential, with the following exceptions:
  - Authorized individuals administering the examination may be informed regarding any auxiliary aid or modification.
  - First aid and safety personnel at the test site may be informed if the disability might require special emergency care.

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.

### **iii. *Requests for Special Accommodations Due to Religious Constraints***

Candidates requesting special accommodations due to religious constraints must submit in writing a request for Religious Accommodation and specifically the accommodations they need. This request should be submitted by mail at least 45 days prior to the first day of the exam to the CITA office.

## **2. Examination Cancellation Policy**

**CITA reserves the right to cancel or postpone any examination where the number of candidates registered to take the examination does not, in the sole discretion of CITA, financially justify the administration of the Dental Hygiene examination or in the event of an emergency or other unforeseen circumstance that is beyond CITA's control.**



Emergency or unforeseen circumstances may include, but are not limited to, acts of nature, acts of terrorism, events resulting in the destruction of CITA office or testing site facility, loss or delays in the delivery of necessary equipment and/or supplies by a shipping agent, failure of the testing site facility to provide expected and necessary services, equipment, supplies or personnel or other similar events.

Under no circumstance does CITA assume liability for costs incurred by candidates in preparing to take a CITA examination. This policy extends to situations where CITA might be forced to cancel an examination because of an emergency or unforeseen circumstance, such as those listed above, or for the lack of participants as explained above. However, if such an examination cancellation were to occur for those reasons stated or any reason in CITA's sole discretion, CITA would either refund those candidates' application fees or reassign candidates to the next available examination site or reschedule the examination at the earliest possible date.

## **3. Limited Liability Insurance**

CITA has a blanket professional liability insurance policy that covers all dental hygiene candidates for all CITA examinations. The cost of that coverage is included in CITA's examination fee. Therefore, candidates are not required to obtain additional limited liability insurance.

## **4. Three-Time Failure Rule**

Candidates failing the CITA Dental Hygiene exam on three (3) successive attempts during a 12-month period of time must contact their state's licensing board to understand that state's 3-time failure guidelines. Every state board is different. After three failures of the examination, the candidate may be required to undergo remediation by the state board before the exam can be retaken. Contact the state board where you plan to obtain a license to learn about their policy on this rule. It is the candidates responsibility to understand the guidelines of their licensing board before they attempt the exam again.

## 5. Examination Completion and Timeline

To pass the CITA dental hygiene examination and achieve “CITA Status,” the candidate must score 75 or better on the examination. While only state boards of dentistry can legally determine the standards of competency for licensure in their states, CITA has recommended a score of 75 to be a demonstration of sufficient competency, and the participating state dental boards have agreed to accept this standard. The CITA Dental Hygiene examination must be successfully completed within twelve (12) months of the date of a candidate’s initial attempt of the CITA clinical examination, or within twelve (12) months of graduation from an accredited Dental Hygiene Program.

## 6. The Joint Commission’s National Boards (JCNDHE)

CITA no longer requires National Boards scores to be sent to the CITA office. **Candidates should request that a copy of their National Board scores to be sent directly to their State Board office from the National Board office.** The phone number of the JCNDHE Office is (312) 440-2678.

## 7. CSCE (Optional exam)

The CSCE (Computer Simulated Clinical Examination) is an optional computerized exam for Hygiene candidates. Some Dental Board require candidates to take an Extra/Intra oral exam in addition to their clinical boards, before they can be granted a license. In order to help candidates meet this requirement, candidates may register to take the CSCE exam through CITA. CITA member states do not require this at this time. However, it is the candidate’s responsibility to understand the licensing requirements from the Dental Board where they plan to apply for a license.



In order to apply for the CSCE exam, candidates must have a verified online CITA Profile (See page 7). Once verified, candidates will click on the Apply tab and select the CSCE exam (individual exam). After the payment has been made, approval will be sent to PSI. PSI will send an email to the candidate when PSI is ready to schedule the CSCE exam with the candidate. A current listing of the locations of PSI Testing Centers can be found on the PSI website at [www.psiexams.com](http://www.psiexams.com). Appointments must be scheduled with a minimum of 24-hour notice. Appointments are made based on availability. Check the *Apply* tab of your candidate profile for your eligibility number and CSCE scheduling instructions.

**For the fastest and most convenient test scheduling process,** PSI recommends that candidates register for their exams using the Internet. Candidates register online by accessing PSI’s registration website at [www.psiexams.com](http://www.psiexams.com). Internet registration is available 24 hours a day. In order to register online, complete the steps below:

- i. Log onto PSI’s website, select Certification/Professional Associations and then select the link associated with the CITA examination. Complete the associated registration form online and submit your information to PSI via the Internet.
- ii. Upon completion of the online registration form, you will be given the available exam dates and locations for scheduling your examination. Select your desired testing date and location.

Candidates must provide no less than a 48-hour notice (Monday-Friday) to reschedule/cancel their testing appointment. Rescheduling/cancellation is done through PSI's Central Registration Office, NOT the local testing center. Failure to provide 48-hours' notice will result in forfeiture of the CSCE exam fee. The cost of the CSCE is \$100.

Requests for waivers must be submitted to PSI in writing within 72 hours of the testing appointment and must include a doctor's note verifying a medical emergency. Candidates who fail to appear for their scheduled test appointment will be reported as a no-show and will need to reschedule as a retest candidate through CITA after paying the CSCE fee of \$100. **Please note the CSCE scores will be released to a Candidates profile (results tab). Candidates must use the Duplicate Score process to have CSCE scores sent to a State Dental Board.**

## 8. Duplicate Score Request

<p align="center"><b>Council of Interstate Testing Agencies, Inc.</b>          1803 High House Road, Suite 201          Cary, North Carolina, 27513          (919) 490-7750</p>		<p>For office use ONLY:          Status Date: _____          Date Mailed: _____          Start Initials: _____</p>
<p align="center"><b>Request for Duplicate Scores and Additional Manuals</b></p>		
<p><small>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.</small></p>		
<p><b>Request for Duplicate Scores:</b>          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.  <b>Fees:</b> \$35.00 per jurisdiction Board address. A \$50.00 fee is required per examination manual if requested.</p>		
<p><b>Submit by Mail:</b> This form must be notarized if submitted by mail. Mail form along with a <b>Certified Check or Money Order</b> (no personal checks) for the set fee amount.</p>		
<p><b>Submit Electronically (if exam was taken in 2014 or later):</b> 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.</p>		
<p><small>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)</small></p>		
<p><small>PLEASE PRINT: The information below may require your entire attention please print.</small></p>		
Name: _____	Name (State of Examination): _____	
Address: _____	City/State/Zip: _____	
Telephone Number: ( ) _____	Printed Address: _____	
Social Security Number: _____	Exam Date/Year: _____	Exam Site Location: _____
<p><b>Score Verification:</b> DDD Exam Scores: <input type="checkbox"/> Full Exam ADEX Status or CITA Status (if taken before 2014)  <input type="checkbox"/> Partial Exam (ALL units taken will be sent)          Dental Hygiene Exam Scores: <input type="checkbox"/> PTCE (Patient Treatment Check Exam) <input type="checkbox"/> CSCE (if completed)</p>		
<p><b>Requests for Manuals:</b>          Check the manual(s) you wish to receive. Manuals will be sent for the year the clinical exam was completed.  <input type="checkbox"/> Dental Manikin-based Manual (DB) <input type="checkbox"/> Dental Patient-based Manual (PB) <input type="checkbox"/> Dental Hygiene Manual (DH)          Select the format in which the manual(s) will be sent: <input type="checkbox"/> PDF (email must be provided) <input type="checkbox"/> Mailed via USPS</p>		
<p><b>Name and Address to which results and/or manuals are to be sent:</b>          _____          _____          _____</p>		
<p><b>CANDIDATE</b>          I hereby release, discharge, and hold harmless CITA or representative and any person furnishing information, records, or documents of any and all liability.</p>		<p><b>NOTARY</b> (Only required if submitted by mail)          State of _____ County of _____          The signatures on this document are subscribed and sworn to before me this _____ day of _____, 20____.          Notary Public _____ My Commission Expires _____          Signature _____ Date _____          MUST INCLUDE NOTARY STAMP</p>

Candidates should first contact the state board where they are seeking licensure. If the State Board requires an official score report and/or copy of the manual, candidates must submit a *Duplicate Score Request Form*. See form for submission options and process. A fee of \$35.00 (per address) will be charged to send specified exam scores and/or CITA Status to the requested jurisdiction.

CITA will only send specified scores to state dental boards for licensure purposes. All other requests must be made in writing and approved by the CITA Board of Directors. Candidates may, however, request an unofficial copy (\$35 fee still applicable).

The *Duplicate Score Request Form* can be found in the appendix of this manual or on the CITA website at [www.citaexam.com](http://www.citaexam.com) (click on "Download Forms" and select "I only need to download a duplicate score request" from the first question).

## 9. Appeals Process

If a candidate believes that his/her results were adversely affected by extraordinary conditions during the examination, the candidate may submit an appeal. Appeals are reviewed by a special committee whose charge is to review the facts, paperwork, and score tabulations to determine if the examiners' findings substantiate the results. Appeals based on patient behavior, tardiness, or failure to appear will not be considered. The appeals process is the final review authority, and if the appeal is denied, there is no further review process authorized by or conducted by CITA.



Candidates who contact CITA's administrative office regarding their examination results must clearly indicate in a written form whether they simply wish to express a concern related to the examination or whether they are interested in initiating a formal appeal.

**A \$125.00 filing fee will be charged by CITA to file and process a formal appeal. Any request for an appeal must be received at CITA's central office no later than fourteen (14) days following the official date on which the scores were released.**

CITA's special committee is required to complete its review within sixty (60) days from the time of receiving a formal request; during that time, the candidate may apply for a re-examination. **If the candidate files a formal request, then retests and passes the examination before the request has been fully processed, the review will be terminated and the \$125.00 filing fee will be forfeited by the candidate.**

In determining whether to file a petition for review, the candidate should be advised that all reviews are based on a re-assessment of documentation of the candidate's paperwork for the examination. **Candidates should understand that the review does not include a re-grading of any performance.**

The review **WILL NOT** take into consideration other documentation that is not part of the examination process such as radiographs, post-treatment photographs, character references or testimonials, dental hygiene school grades, class ranking, faculty recommendations, or opinions of other "experts" solicited by the candidate. In addition, the review will be limited to a consideration of the results of only one (1) examination at a specific test site. Candidates will not participate in the review process and will be notified in writing of the review results within sixty (60) days of receiving the review request.



Again, the review will not take into consideration other documentation that is not part of the examination process. Opinions of the candidate, auxiliaries, faculty members, patients, colleagues, examiners acting outside of their assignment area, and records of academic achievement are not considered in determining the results of the examination and do not constitute a factual basis for an appeal. Consideration can only be given to documents, radiographs, or other materials that were submitted during the examination and remain in the possession of the testing agency.



# **The CITA Dental Hygiene Examination**

## **II. Examination Overview**





# Examination Overview

## A. Examination Content

The examination consists of a patient-based examination. CITA no longer requires candidates to send their National Board scores to the CITA office. Candidate scores will be sent to the state boards upon successful completion of the patient-based exam.

The CITA examination has been developed, and is revised as needed, by the CITA Board of Directors and the Members of CITA. These individuals have considerable content expertise upon which to draw, and also rely on its Job Task Analysis, practice surveys, current educational curricula, standards of competency, published literature and textbooks on psychometric principles and the American Association of Dental Examiners' (AADE) publication entitled "Guidance for Clinical Licensure Examinations in Dentistry" to assure that the content and protocol of the examination are current and relevant to the practice of dentistry. Determining the examination content is also guided by such considerations as patient availability, logistical restraints, and the potential to ensure that a skill can be evaluated reliably. The examination content and evaluation methodologies are reviewed on an ongoing basis and are revised annually.

## B. Examination Schedule

### 1. *Dates, Sites and Registration Deadlines*

Specific examination dates, exam sites and registration deadlines for a participating dental or dental hygiene school can be found on the CITA website.

### 2. *Timely Arrival*

Candidates are responsible for determining their travel and time schedules to ensure they can meet all CITA's time requirements. The candidate is expected to arrive at the examination site at the designated time stipulated in the published schedule for that particular examination. Failure to follow this guideline may result in failure of the examination.

Once the exam has closed (30 days prior to the first day of the exam) Candidates will be informed **via email** to check their profile as to the date and session (AM or PM) on which they are to take the examination. Candidates should note that the dental hygiene patient-based examination procedures have specific time restraints, and all procedures for the examination must be completed within the allotted time. The charts in this manual are samples of the timelines of this examination; however, examination schedules are not finalized until after the examination application deadline.

Candidates should consider the fact that the time allowed for completion of the examination **INCLUDES THE TIME DURING WHICH PATIENTS WILL BE AT THE EVALUATION STATION** and thus should plan their time accordingly. As such, this time may vary according to the procedure being evaluated, the testing site, and the number of candidates.



## Dental Hygiene Examination Schedules

AM Session	Hygiene
<b>6:30 AM</b>	Candidate Registration
<b>6:45 AM</b>	Q & A
<b>7:00 AM</b>	Patient Set Up. Pre-Treatment may start after case acceptance.
<b>8:00 AM</b>	Treatment Begins
<b>10:15 AM</b>	Pre-Treatment Ends
<b>11:00 AM</b>	Exam Ends. (Candidate must be checked-in for Post-Treatment)

PM Session	Hygiene
<b>12:00 PM</b>	Candidate Registration
<b>12:15 PM</b>	Q & A
<b>12:30 PM</b>	Patient Set Up. Pre-Treatment may start after case acceptance.
<b>1:30 PM</b>	Treatment Begins
<b>3:45 PM</b>	Pre-Treatment Ends
<b>4:30 PM</b>	Exam Ends. (Candidate must be checked-in for Post-Treatment)

### C. Interpreters

Candidates can employ the services of an interpreter for their patients who do not speak English or who are hearing impaired with a hearing loss which cannot be corrected. (This is particularly important when the patient has a history of medical problems or is on medications). Interpreters may be related to a patient, but in all cases an interpreter must be at least eighteen (18) years old (nineteen [19] years old in Alabama and twenty one [21] years old in Puerto Rico).



Candidates may not share an interpreter during the examination. All interpreters that are utilized by a candidate during the course of the examination will be required to wear a photo identification badge. All interpreters that are utilized by a candidate during the course of the examination will be required to wear a photo identification badge. Bring to the exam-day registration one (1) passport-size photograph of your requested interpreter taken within the last six (6) months at a local post office, drug store or similar venue, along with a completed *Interpreter Form*. Affix the approved photo to the interpreter badge (available to candidates during exam-day registration). Interpreters will be required to wear the identification badge at all times while on the clinic floor and assisting the patient in the evaluation station. An interpreter will be not be permitted to assist a candidate and his/her patient if he/she does not have a CITA-issued photo identification badge. After you deliver the badge to your interpreter, keep the *Interpreter Form* with you, and remind your interpreter to keep his/her photo ID on his/her person during the set-up period, as an authorized CITA Exam Team official will come to your operatory, verify your interpreter's identity, and collect the *Interpreter Form*.

Candidates are responsible for the conduct of their interpreter during the examination. While there is no strict dress code for interpreters, candidates must be mindful of the fact that the examination site is a professional setting and all personnel should be appropriately dressed. Inappropriate dress would include

short shorts, tank tops and/or halter-tops. Candidates should also be mindful of the fact that CITA is committed to providing a safe and secure examination site. Therefore, CITA requires that:

- All interpreters must appear for the examination with full facial exposure
- Mustaches and beards are acceptable for male interpreters as long as the photograph is reflective of the interpreter's facial condition at the time of the examination
- Cosmetics are acceptable for female interpreters on both the photograph and at the examination as long as the photograph readily permits identification of the interpreter at the examination
- Dark sunglasses will not be permitted at the examination; transitional lenses are permitted
- Coats, jackets, and other bulky clothing will not be permitted in the clinic area
- Interpreters may be asked to stand outside the grading area operatory during examiner grading

The *Interpreter Form* can be downloaded from the *documents* tab of the candidate online profile (<https://cita.brighttrac.com>). 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 badge will be provided in the candidate examination packet on the day of the scheduled examination; failure to timely provide or comply with the items listed above will result in the interpreter being prohibited from participating in the examination.

An interpreter may **NOT** be:

- Under 18 years of age
- A faculty member, dentist, or dental hygienist (licensed or unlicensed)
- A third, fourth, or final year dental student
- A final-year dental hygiene student
- The chairside assistant

Misinformation or missing information that would endanger the patient, candidate, auxiliary personnel or examiners is considered cause for dismissal from the examination.

#### **D. Patient Selection**

Candidates must furnish their own patients. Patient selection and management is an important part of the examination and should be completed independently, without the help or assistance of faculty or colleagues.

**1) Patient Management** - The candidate must behave in an ethical and proper manner towards all patients. Patients shall be treated with proper concern for their safety and comfort. The candidate shall accurately complete the appropriate *Medical History Form* and be capable of notifying an examiner of any considerations which may impact treatment. The patient's health status must be acceptable for clinical treatment and the lengthy examination process.

Only one patient may be submitted for the Dental Hygiene Examination. Due to the natural stress of an examination, candidates should avoid selecting patients who are apprehensive, hypersensitive, have physical limitations that could hinder the examination process or aren't able to stay for the duration of the examination. However, at the candidate's discretion, an individual who has a physical disability may, in most cases, be a patient in the examination. Candidates must contact the testing agency a minimum of 60 days prior to the examination for authorization for patients with special requirements.

## 2) Documentation

- a) **Patient Consent Form** - A Patient Consent Form must be completed and signed by their patient prior to any treatment being rendered. Initially, **only candidate's bar code and date** should be added on the Consent Form; the candidate's name must be added **after** the examination is completed and **before** the records are turned in.
- b) **Premedication Record** - A record must be kept for each patient who requires premedication prior to or during the course of the examination. For each procedure, there is a place on the Progress Form to record the type(s) and dosage(s) of medication(s) administered. Candidates who are sharing a patient requiring antibiotic prophylaxis must treat the patient the same clinical day. Treatment of the same patient on subsequent days will not be permitted.
- c) **Anesthetic Record** - At the time of the examination and prior to the start-check for each hygiene clinical procedure, the following anesthetic information must be indicated on the appropriate Progress Form:
  - Topical Anesthetic(s) (generic or brand name and percent used)
  - Oraqix Gel (or similar)
  - Quantity (volume)

If more than five (5) cc's of topical anesthetic or 2 carpules of Oraqix are needed during any clinical procedure, the candidate must request approval from a CFE, who will document and initial the request. This protocol must be followed for each subsequent application. Additional topical anesthetic or Oraqix may be administered only with approval by the CFE. The total quantity of either anesthetic must also be documented on the Progress Form.

If the patient has already received anesthetic earlier on the same day, the candidate must present the record of the previous anesthetic to the CFE before administering additional anesthetic.

## 3) Patient Health Qualifications and Eligibility

In selecting a patient, candidates should remember that in the clinical examination setting it is necessary that both the candidate and examining personnel be able to monitor the patient at all times. Therefore, CITA will not accept a patient whose face, neck, temples and ears are not fully visible at all times. Such visibility is necessary (1) for detection of acute conditions which might be identified on observation, (2) to monitor possible allergic reactions, and (3) for other similar purposes generally recognized in the profession. Unacceptable patients will be dismissed, and to

continue with the examination, the case acceptance criteria must be corrected on the previously submitted patient. Candidates must advise their patients of the time required to participate in this examination. No extra time will be given in the event a patient is deemed unacceptable.

The minimum patient age is sixteen (16) years, and a parent or guardian must be available in the waiting area during treatment who must provide written consent for minors under the age of eighteen (18). For Alabama, written consent is required for minors under the age of nineteen (19) and for Puerto Rico written consent is required for minors under the age of twenty one (21). Proof of legal guardianship is required.



Dentists, dental hygienists, third or fourth (final year) dental students, and dental hygiene students are **NOT** acceptable as patients for this examination.

In order to participate in the examination, patients must meet the following criteria:

1. Patients must have a blood pressure reading of 159/94 or below to proceed without medical clearance. Patients with a blood pressure reading between 160/95 and 179/109 are accepted only with a written medical clearance from the patient's physician. Patients with a blood pressure reading 180/110 or greater will not be accepted for this examination, even if a physician authorizes treatment.
2. Candidates who are sharing a patient requiring **antibiotic prophylaxis** must treat the patient the same day. Treatment of the same patient on subsequent clinical days will not be permitted.
3. Patient must have no history of heart attack (myocardial infarction), stroke, or cardiac surgery within the last six months.
4. Patients may not have active tuberculosis. A patient who has tested positive for tuberculosis or who is being treated for tuberculosis but does not have clinical symptoms is acceptable
5. Patients may not have undergone chemotherapy for cancer within the last six months.
6. Patients participating in the Dental Hygiene Examination may not have a history of taking IV **or** orally-administered **bisphosphonate medications**.
7. Patients may not have an active incidence of bisphosphonate osteonecrosis of the jaw (BON) also known as osteochemonecrosis or osteonecrosis of the jaw (ONJ).
8. Patients may not have any condition or medication/drug history that might be adversely affected by the length or nature of the examination process.
9. Patients with latex allergies may not participate in the examination.
10. If the patient answers "yes" to any of the questions on the Medical History Form, the candidate must explore the item further and determine whether a medical clearance from a licensed physician would be appropriate. A medical clearance is required if the finding could affect the patient's suitability for elective dental treatment during the examination.
11. Candidates must obtain written medical clearance for patients reporting a disease, condition, or problem not listed on the Medical Health History Form that would pose a significant risk to their own health or safety or others during the performance of dental procedures. If this clearance and/or verification of premedication is not available, the patient will not be accepted for treatment. Furthermore, the medical clearance **MUST NOT** contain the candidate's name anywhere in the document.
12. Candidates must obtain written medical clearance for patients who have taken Dexfluramine, Fenfluramine, Adipex, Pondimin or Redux.
13. Patients must obtain premedication with a written statement from their physician in the case of any significant medical problems that the American Heart Association classifies as moderate-to-high risk. Written clearance and/or antibiotic premedication from a physician or dentist are specifically required for the conditions listed in the table below. The medical clearance must indicate the specific medical concern and must be attached to the Medical Health History Form on the day of the examination.
14. Candidates must follow the current American Heart Association **antibiotic premedication** recommendations when treating patients at potential risk of infective endocarditis following dental treatment. A medical clearance may be indicated to determine the patient's potential risk of infective endocarditis.



15. Candidates must obtain written medical clearance and/or antibiotic prophylaxis, if necessary, for all patients who respond “yes” to question numbers 5.C., 5.D., 5.E., 5.G., 5.H., 5.J., 5.R., and 5.S. on their Medical Health History Form. These items are summarized in the table listed below:

5.C.: Heart Condition	5.D.: Heart Valves—Damaged or Replaced
5.E.: Heart Attack	5.G.: Inborn Heart Defects
5.H.: Infective Endocarditis	5.J.: Unshielded Pacemaker
5.R.: Joint Replacement	5.S.: Stroke

16. For the purposes of this examination, CITA has adopted the current American Heart Association guidelines for antibiotic coverage. Antibiotic Prophylaxis is recommended for the prevention of infective endocarditis in the conditions listed below:

- a. Prosthetic cardiac valve or prosthetic material used for cardiac valve repair
- b. Previous infective endocarditis
- c. Congenital heart disease (CHD)
- d. Unrepaired cyanotic CHD, including palliative shunts and conduits;
- e. Completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention during the first 6 months after the procedure;
- f. Repaired CHD with residual defects at the site or adjacent to the site of a prosthetic patch or prosthetic device (which inhibit endothelialization).
- g. Cardiac transplantation recipients who develop cardiac valvulopathy

Except for the conditions listed, antibiotic prophylaxis is no longer recommended for any other form of congenital heart disease.



## 4) Patient's Medical History

**Medical History Form** - A Medical History Form must be completed independently by the candidate (without help of faculty or colleagues) for each clinical patient prior to the examination. This form may be completed prior to the examination date; however, the form must reflect the patient's current health at the time of the examination. If completed prior to the examination it must be a double-sided form. Two sheets are not acceptable and will have to be transferred to a double-sided sheet onsite if not done so before the examination. Candidates must initial form prior to the exam and then sign the form upon completion of the exam.

**Follow up Questions** - The Medical History Form includes questions pertaining to medical conditions that might affect the patient's suitability for treatment.

The form is titled "Medical History" and includes a "PLACEMENT LABEL HERE" for a candidate's sequential number. It has fields for "Patient Name" and "Date Form Completed". Below these are instructions for the patient to answer questions completely and accurately, noting that the form is confidential. The questions cover various medical conditions and symptoms, with "YES" and "NO" checkboxes. A table of conditions is provided, including: A. Allergies, B. Blood pressure, C. Diabetes, D. Heart disease, E. High cholesterol, F. Hypertension, G. Kidney disease, H. Liver disease, I. Mental health, J. Other conditions, K. Recent travel, L. Smoking, M. Stomach disease, N. Urinary tract, O. Vision, P. Other conditions, Q. Other symptoms. At the bottom, there is a section for "Other conditions or symptoms" and a signature line for the candidate.

**If the patient gives a positive response to one of these questions, the candidate must explore the nature of the condition and provide an adequate explanation on the Medical History Form.**

**Blood Pressure** - A screening blood pressure reading should be taken when the patient is selected and **must be retaken on the day of the examination during the set-up period and recorded on the Medical History Form.** The examination-day reading must be documented by a CFE. If the patient is sitting for more than one examination session on the same day, his/her blood pressure must be taken and recorded prior to each section. Failure to take or falsification of the blood pressure reading will result in dismissal of the candidate from the examination.

**Medications** - On the day of the examination, the candidate must document on the Medical History Form all medications or supplements taken by the patient within the last 24 hours. Candidates should document antibiotic premedication on the appropriate Progress Form, as well as on the Medical History Form.

## 5) Medical Clearance

If the patient indicates a medical history that could affect his/her suitability for treatment, the candidate must receive written medical clearance from a licensed physician indicating that the patient may participate in the examination.



**The medical clearance, if necessary, must include:**

- A clearly legible statement from a licensed physician written within 30 days prior to the examination on official letterhead
- A positive statement of how the patient should be medically managed
- The physician's clearly legible name, address and phone number
- A telephone number where the physician may be reached on the day of the examination if a question arises regarding the patient's health

The Medical History Form and medical clearance will be reviewed by a CFE and must accompany the patient when the treatment selection is submitted for evaluation (patient check-in/case acceptance). If the patient sits for more than one candidate, a separate Medical History Form and Patient Consent Form must be completed for each examination.

## 6) Patient Rejection

Patients who fall into these categories will NOT be accepted:

- Patients who are under 16 years of age
- Patients who are unable to give legal consent
- Minors, as defined by the host state, who are unaccompanied by legal parent or guardian
- Dentists (licensed or unlicensed) and third or fourth year (final year) dental students
- Dental hygienists (licensed or unlicensed) and final-year dental hygiene students



# The CITA Dental Hygiene Examination

## III. Standards of Conduct and Infection Control



## **A. MAINTAINING PROFESSIONAL STANDARDS**

As a participant in an examination to assess professional competency, each candidate is expected to maintain professional standards before, during and after the examination. The candidate's conduct and treatment standards will be observed during the examination and failure to maintain appropriate conduct and/or standards may result in point penalties, failure, and/or dismissal from the examination. Each candidate will be expected to conduct himself/herself in an ethical, professional manner and maintain a professional appearance at all times.

Candidates are prohibited from using any study or reference materials during the examination except for CITA approved materials. Any substantiated evidence of falsification or intentional misrepresentation of application requirements, collusion, dishonesty, and use of unauthorized assistance or intentional misrepresentation during registration, pre-examination, or during the course of the examination, **SHALL AUTOMATICALLY RESULT IN DISMISSAL FROM AND FAILURE OF THE ENTIRE EXAMINATION**, as well as forfeiture of all examination fees for the current examination.

Furthermore, the candidate cannot apply for re-examination for one (1) full year from the time of the infraction. Additionally, all state dental boards will be notified of any candidate cited for dishonesty during the examination process. In some states, candidates failed for dishonesty may be permanently ineligible for licensure. Therefore, candidates who have been cited for dishonesty should address this matter with the state(s) wherein they desire licensure prior to examination retesting.

Failure to adhere to these standards may result in failure of the examination procedure in progress, failure of the entire examination currently being taken by the candidate, point deductions from the candidate's overall score on the examination currently being taken by the candidate, forfeiture of examination fees, or withholding of final examination results by CITA until the candidate complies with the examination requirements set forth in this manual.

In addition, a candidate's conduct prior to and after an examination which does not reflect the level of professionalism expected of a licensed dental hygienist can constitute just cause for CITA providing a summary of relevant facts to a state licensure board or boards.



Examples of situations where such an action might be appropriate include a candidate making inappropriate comments about classmates, instructors, school personnel or others associated with the educational or testing environment or a candidate's misrepresentation of information about why the candidate was unsuccessful in taking the examination.

All substantiated evidence of falsification or intentional misrepresentation of registration requirements, collusion, dishonesty or use of unwarranted assistance during the course of the examination will result in automatic failure of the entire examination series.

In addition, there will be no refund of examination fees and the candidate will not be allowed to reapply for re-examination for one full year from the time of the infraction.

## **B. Standards of Conduct**

**The CITA examination strives to evaluate the candidate's clinical judgment and skills in a fair manner. In addition, conduct, decorum and professional demeanor are evaluated.** The candidate is required to adhere to the rules, regulations and standards of conduct for the CITA Dental Hygiene Examination.

Throughout the examination, the candidate's professional conduct and clinical performance will be evaluated. A number of considerations will weigh in determining the candidate's final score, and penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and further described within this manual.

1. **Unethical personal/professional conduct:** Any substantiated evidence of collusion, dishonesty, use of unauthorized assistance or intentional misrepresentation during registration or during the course of the examinations or failure of the candidate to carry out a directive of the chief examiner shall automatically result in failure of the examination. The candidate must behave in an ethical and proper manner. Patients shall be treated with proper concern for their safety and comfort. Improper behavior is cause for dismissal from the examination at the discretion of the chief examiner and will result in failure of the examination. Additionally, the candidate shall be denied reexamination for one full year from the time of the infraction.
2. **Termination of the examinations:** The right is reserved to terminate or delay the examinations at any time if 1) that action becomes necessary to safeguard the health, safety or comfort of the patient, 2) the candidate or examiners are threatened in any manner or 3) other interfering events occur that are not under the control of the administering testing agency.
3. **Completion of the examination:** Examination procedures performed outside the assigned time will be considered incomplete, and the candidate will fail the examination section. **If all specified materials and required documentation are not turned in at the end of an examination section that section will be considered incomplete, and the candidate will fail the section.**
4. **Misappropriation and/or damage of equipment:** No equipment, instruments or materials shall be removed from the examination site without written permission of the owner. Willful or careless damage of dental equipment may result in failure. All resulting repair or replacement costs will be charged to the candidate and must be paid to the host site before the candidate's examination results will be released.
5. **Submission of examination records:** All required records and radiographs must be turned in before the examination is considered complete. **If all required documentation is not turned in at the end of the examination, the examination will be considered incomplete, and the candidate will fail the examination.**



6. **Assigned procedures:** Only the treatment and/or procedures assigned may be performed. (In the Dental Hygiene Examination, all surfaces of the selected teeth must be scaled and polished; however, only the selected surfaces will be evaluated.) Performing other treatment or procedures may result in failure of the examination.
7. **Electronic recording devices and cameras:** The use of electronic recording devices or cameras by the candidate, an auxiliary or a patient during any part of the examination is a violation of examination guidelines and may result in failure of the entire CITA Dental Hygiene Examination. However, intra-oral photographs may be taken by authorized examiners or school personnel during the course of the examination for the purpose of future examiner standardization and calibration.
8. **Electronic equipment:** The use of pagers, cell phones, computers, DVDs, CDs, PDAs, Blackberries, radios (including walkie-talkies with or without earphones) and any other electronic equipment is not permitted on the clinic floor by candidates, auxiliaries or patients during the examination. Any such use will be considered unprofessional conduct and may result in dismissal from the examination.



### **C. Dismissal from Examination**

In addition to the standards of conduct listed in the previous section, the following list is provided as a quick reference for candidates. While the following is not an all-inclusive listing, it does provide examples of behaviors that may result in dismissal/failure of the examination:

- Using unauthorized equipment at any time during the examination time
- Altering patient records or radiographs
- 26 points or more deducted during pre-treatment evaluation
- Performing required examination procedures outside the allotted examination time
- Failure to follow the published time limits and/or complete the examination within the allotted time
- Receiving unauthorized assistance (prior to or during the exam) from another practitioner, including another candidate, dentist or dental hygienist, school representative(s), etc.
- Exhibiting dishonesty
- Failure to recognize or respond to systemic conditions that potentially jeopardize the health of the patient, and/or total disregard for patient welfare, comfort and safety
- Unprofessional, rude, abusive, uncooperative or disruptive behavior to other candidates, patient and/or exam personnel
- Misappropriation or thievery during the examination
- Noncompliance with anonymity requirements
- Noncompliance with established guidelines for asepsis and/or infection control
- Charging patients for services performed
- Use of cellular telephones, pagers or other electronic equipment in patient care areas
- Use of electronic recording devices or cameras by the candidate, or patient during any part of the examination



## D. Infection Control Requirements



Candidates must follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention for the Dental Hygiene Examination. These infection control procedures must begin with the initial set-up of the unit and continue throughout the examination to include the final clean-up of the operatory. Failure to comply will result in loss of points, and any violation that could lead to direct patient harm will result in failure of the examination.

As much as possible, dental professionals must help prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients shall be treated as if they are, in fact, contagious. Use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization are essential.

Candidates must adhere to the following infection control procedures:

### 1. **Barrier Protection**

- Gloves must be worn when setting up or performing any intra-oral procedures and when cleaning up after any treatment. If rips or tears occur, don new gloves. Do not wear gloves outside the operatory.
- Patients with known allergies to latex will **not** be allowed to sit for the examination.
- Wash and dry hands between patients and whenever gloves are changed. Do not wear hand jewelry that can tear or puncture gloves.
- Wear clean, long-sleeved uniforms, gowns or laboratory coats, and change them if they become visibly soiled. Remove gowns or laboratory coats before leaving the clinic area.
- Wear facemasks and protective eyewear during all procedures in which splashing of any body fluids is likely to occur.
- Discard masks if the masks become damp or soiled.
- Do not wear sandals or open-toed shoes.
- Cover surfaces that may become contaminated with impervious-backed paper, aluminum foil or plastic wrap. Remove these coverings (while gloved), discarded them and replace them between patients (after removing gloves).
- The patient must wear a clean patient napkin when he/she goes to the Evaluation Station.
- Patients must wear protective eyewear during all clinical procedures and are required to bring protective eyewear with them to the Evaluation Station for use during the evaluation of clinical procedures.



## 2. Sterilization and Disinfection

- **Instruments that become contaminated must be placed in an appropriate receptacle and identified as contaminated.**
- Any instrument that penetrates soft or hard tissue shall be disposed of or sterilized before and after each use. Instruments that do not penetrate hard or soft tissues but do come in contact with oral tissues shall be single-use disposable items and must be properly discarded.
- If not barrier wrapped, surfaces and counter tops shall be pre-cleaned and disinfected with a site-approved tuberculocidal hospital-level disinfectant.
- Handpieces, prophylaxis angles and air/water syringes shall be sterilized before and after use or properly disposed of after use.
- Used sharps are to be placed in a spill-proof, puncture-resistant container.
- All waste and disposable items shall be considered potentially infectious and shall be disposed of in accordance with federal, state and local regulations.
- Resuscitation equipment (sterilizable or disposable), pocket masks, resuscitation bags or other ventilation devices will be provided by the school in strategic locations to minimize the need for any emergency mouth-to-mouth contact. Candidates should be familiar with their use.



## 3. Exposure to blood borne pathogens

An exposure incident is defined as contact with blood or other potentially infectious materials (PIMS) through:

- Instrument stick, sharp or other percutaneous exposure
- Non-intact skin exposure, such as an open cut, burn or abrasion
- Contact with a mucous membrane (e.g., inside nose, eye or mouth)

Since maximum benefit of therapy is most likely to occur with prompt treatment, the following policy has been established:

- Immediately following the exposure incident, puncture wounds or other percutaneous exposures should be cleaned with soap and water. Mucous membrane exposed to blood or other PIMS should be extensively rinsed with water or sterile saline.
- All percutaneous exposures and other exposures to blood and PIMS should be reported immediately to the Chief Examiner and the person in authority at the examination site so that appropriate measures can be initiated and the exposure incident documented.
- If possible, post-exposure prophylactic treatment should be initiated at the examination site if appropriate, as determined by the U.S. Department of Health and Human Services recommendations, or an appropriate referral should be made.
- At the completion of all clinical examinations performed in operatories, it is the responsibility of candidates to clean the operatory thoroughly utilizing accepted infection control procedures.



# The CITA Dental Hygiene Examination

## IV. Examination Content



# The Examination

## Time Management

When taking the Dental Hygiene Examination the candidate must plan his/her time to accommodate all procedural considerations such as patient case acceptance, calculus detection evaluation and grading of the candidate performance as part of the post treatment evaluation. Time management is considered an aspect of the examination and the assessment of the candidate's competency.

In scheduling patients and planning the utilization of time, the candidate should be aware that the time allowed for the **examination includes the time during which the patient(s) will be at the Evaluation Station for assignment and evaluation.** The minimum time patients will be in the Evaluation Station is approximately 30 minutes – possibly longer, depending on the time of day. Times may vary according to the procedure being evaluated, the testing site and the number of candidates being processed. Additionally, when a candidate fails to submit the required instruments to the Evaluation Station, the Evaluation Station will instruct the candidate to comply with examination requirements and submit the proper instruments. This results in a loss of candidate treatment time.



Patient selection is also an important aspect of the examination and should be taken into consideration in selecting an individual who will serve as the candidate's patient for the intended procedure.

Lastly, there is no substitute for preparation. Candidates are strongly advised to read the candidate manual and to bring the candidate manual with them to the exam site as a reference if needed. Candidates should come to the examination understanding the process and what will occur during the course of the day's activities.

## Clinic Attire

Clinic attire that meets CDC and OSHA standards must be worn in clinic areas. No bare arms or legs or open-toed shoes are allowed in the clinic areas. Laboratory coats, laboratory jackets, and/or long-sleeve protective garments are all acceptable. Color and style are not restricted. There must be no personal or school identifying information on any clinic attire. The only acceptable identification is the candidate identification badge.



# General Administrative Flow

## Exam Registration

Candidates should consult this manual, their document tab in their online profile and their confirmation email (sent just after the 30 day deadline) for all items required for registration. Candidates for the morning session will receive their examination packet at the registration session held at 6:30 a.m. at a place designated within the school or facility hosting the examination. Candidates for the afternoon session will receive their examination packets at the registration session held at 12:00 p.m. at a place designated within the school or facility hosting the examination.

**Only candidates may be in the registration room. All patients and interpreters must wait in the designated waiting area.**

In order to receive an examination packet and be admitted to the examination, candidates must have:

1. *Two Identification Cards (See Registration and Administrative Guidelines sections for details)*
2. *Preparation and Orientation Form (All candidates)*
3. *Dental/Dental Hygiene Examination Disclaimer*
4. *Radiograph/Follow up Care Form*

**ONLY CANDIDATES WHO HAVE ATTENDED REGISTRATION MAY ENTER THE CLINIC TO BEGIN THE SET UP PROCESS. FAILURE TO OBSERVE AND FOLLOW THIS GUIDELINE WILL RESULT IN DISMISSAL FROM THE EXAMINATION.**

## Check in Stations

During the course of the examination candidates will have their patients sent to the evaluation station for both assessments of the candidate's performance as well as to meet other procedural aspects of the examinations. There will be a table(s) designated in the clinic which will serve as the *Blue Station* (paperwork review) and *Green Station* (electronic check in). Updates to teeth entries may be done at the *Orange Station*. These tables will have administrative staff present at all times.



## Patient Set Up and Approval



Candidates taking the dental hygiene examination in the morning session will begin set up in the clinic at 7:00 a.m. whereas candidates taking the afternoon session will begin set up at 12:30 p.m.

Clinic Floor Examiners (CFEs) will be available in the clinic beginning at 7:00 a.m./12:30 p.m. to assist candidates with examination protocol and to answer any questions from the candidates. Patient check in for the Dental Hygiene examination takes place at the candidate's cubicle between 7:00 a.m. and 8:00 a.m. or 12:30 p.m. and 1:30 p.m. Beginning at 7:00 a.m. or 12:30 p.m. candidates may call over a CFE for patient check in which includes a review of the teeth selection, validation of approximating posterior teeth, a review of the paperwork and forms, and confirmation that the blood pressure has been taken and recorded during the set-up period.



The first item the CFE will validate is whether all posterior teeth listed in the treatment selection have an approximating tooth within 2.0 mm. If the criteria are satisfied the CFE will continue to the evaluation of the *Patient Consent Form* and *Medical History Form*. If the approximating teeth criteria is not satisfied the candidate will be required to submit a revised treatment selection. The candidate will make a new or altered treatment selection, list that selection on a treatment selection worksheet, and present it to the personnel at the *Orange Station* so they can enter it into the electronic treatment selection program.

The form is titled "DENTAL HYGIENE TREATMENT SELECTION WORKSHEET". It includes a header with instructions: "This form is to be used to submit dental hygiene treatment selection to the exam, or to the CFE of the candidate with the 2008 examination of the State of Florida. This candidate will enter the exam, the candidate will enter the candidate's name and the candidate will enter the candidate's name. The candidate will enter the candidate's name. The candidate will enter the candidate's name." Below the header is a grid for recording tooth selections. The grid has columns for "Tooth", "Surface", and "Status". The "Tooth" column lists teeth from 1 to 16. The "Surface" column lists surfaces: M, D, B, L, R. The "Status" column has checkboxes for "Selected", "Not Selected", and "Approximating". Below the grid are sections for "Tooth Selection Requirements", "Candidate Selection Requirements", and "Candidate Consent".

The screen capture shows the "CITA Periodontal Teeth Selection" interface. It displays the applicant's name "Applicant: 7616" and the date/time "11/19/2013 13:49:29". Below this, it states "Your tooth/surface selections have been submitted:" followed by a list of teeth and surfaces: 2M, 2F, 3D, 3F, 4D, 4F, 5M, 7M, 7D, 8M, 14M, 14D, 15M. At the bottom, there is a line for "Candidate Initials: \_\_\_\_\_" and a note: "Verify these are the teeth and surfaces I requested be entered in to the grading system."

Once the revised treatment selection is entered into the electronic system, a tooth selection confirmation page is printed which will serve as validation that the teeth presented on the *Treatment Selection Worksheet* have been correctly entered into the computer program by an Exam Team member at the *Orange Station*. The candidate will be required to confirm the treatment selection by entering his/her initials on the form. The candidate may then have a CFE return to his/her operatory and begin the case acceptance procedure again. The CFE will again review the treatment selection and make the initial determination as to whether or not all the posterior teeth listed in the treatment selection have an approximating tooth within 2.0 mm.

The CFE will then review the *Patient Consent Form* and the *Medical History Form* to ascertain whether proper consent to treatment has been granted and to determine if the patient's health status is consistent with the treatment proposed for the examination. Should the review uncover an error or deficiency in candidate patient presentation, the candidate, if appropriate, may be allowed to correct such deficiency and re-submit the patient for approval. Candidates will not be allowed to proceed with treatment until their patient and documents have been approved.

**Only one patient may be presented for the Dental Hygiene Examination.**

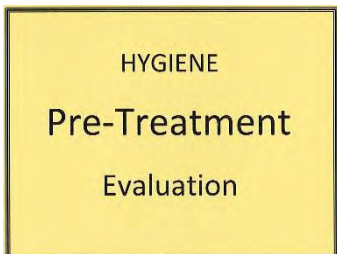
Once a patient has been presented to the Clinic Floor Examiner for patient check-in, a back-up patient may not be presented if that patient is found not to be acceptable due to examination protocols, guidelines or requirements. If the patient is otherwise acceptable but there has been a correctable paperwork error, the candidate may be allowed to correct those errors and re-submit that patient for approval. In all circumstances the candidates must have their patients presented and approved for case acceptance and treatment BEFORE proceeding further with the examination. Treatment on a patient without documented approval by a Clinic Floor Examiner is a violation of examination protocol and may subject the candidate to dismissal from the examination.

**Pre-Treatment Evaluation**

***Whether the candidate is in the morning or the afternoon schedule, the candidate must have completed the Dental Hygiene Pre-Treatment Evaluation with a minimum of 45 minutes remaining in that clinic session (10:15 AM for morning session and 3:45 PM for afternoon session). Candidates who do not meet this deadline will NOT be allowed to continue with patient treatment.***



At 8:00 a.m. or 1:30 p.m. the examination begins. All approved patients may be submitted to the evaluation station for treatment selection evaluation (pre-treatment evaluation). Candidates must gather all required forms, including a completed *Evaluation Station Request Form* (opposite side of *Progress Form*), radiographs, and the patient records and place them in a candidate folder which will be provided at the test site. The folder with all required materials will be presented to the *Blue Station* (paperwork review station) where they will be reviewed by an Exam Team member. This is a review to ascertain that the required documents are present and does not substitute for the approval process which has been conducted by a Clinic Floor Examiner during patient check in on the clinic floor.



If the documents and radiographs are present for the evaluation or process being requested, the candidate will be issued a yellow procedure card which denotes the procedure for which the candidate is submitting their patient. The procedure card will be placed in the front pocket of the candidate folder so that it is easily visible. If not, the candidate will be required to complete the necessary forms and acquire any materials necessary.

Upon receipt of the procedure card the candidate should proceed to the *Green Station* (electronic check-in). If a chair is available in the evaluation station, then it will be assigned and an escort will follow the candidate back to their operatory to pick up their patient. The patient and their required instruments will then be escorted to the evaluation station.

If a seat is not available in the evaluation station, the candidate will return to his/her operatory and have the required instruments ready for the arrival of an escort who will walk the patient to the evaluation station when a chair becomes available. Candidates should NOT bring their patients to the *Blue Station* (paperwork review) or the *Green Station* (electronic check-in).

The procedures, instruments, and materials used are the choice of the candidate, as long as they are currently accepted and taught by accredited dental hygiene schools and the candidate has been trained in their use. For submission to the Evaluation Station, candidates are required to submit those instruments stipulated by examination protocols. **It is the responsibility of the candidate to provide the instruments used in this examination by the evaluation station and listed in this candidate manual, unless such instruments are furnished by the school.**

**\*\* EXAM SITE FACILITY INFORMATION CAN BE FOUND ON THE CITA WEBSITE\*\***

Failure to have the required instruments may result in a penalty being assessed to the candidate. Candidates should consult their manual and/or the *Evaluation Station Form* for a list and description of the instruments required for each visit to the evaluation station.

**Patient Return and Instructions to Candidates**

Once the patient is returned from the Evaluation Station, the candidate should check the paperwork to see that all forms have been completed and to note the presence or absence of an *Instructions to Candidate Form* (ITC) which must, if present, be reviewed with the candidate by a Clinic Floor Examiner. The ITC notifies the candidate of any issues which may need to be corrected BEFORE patient treatment can begin.

The candidate will review the ITC with the Clinic Floor Examiner and will then document that review by entering his/her three digit candidate identification number on the correct area of the ITC form. If a copy of the ITC is left with the candidate then it should be turned in at the completion of the examination.

The form is titled "Instruction to Candidate" and includes the following fields and sections:

- Procedure:** A grid for entering procedure codes.
- Source:** A grid for entering source information.
- Location:** A grid for entering location information.
- Responsible ITC:** A grid for entering responsible ITC information.
- Candidate name:** A line for entering the candidate's name.
- Candidate acknowledgment of ITC:** A grid for entering the candidate's acknowledgment.
- Authorized by (CPE to candidate):** A grid for entering the examiner's name.
- Treatment(s) have been completed:** A grid for entering treatment status.
- Candidate BAR CODE:** A box for entering the candidate's BAR code.

Candidates who receive an *Instruction to Candidate Form* should not assume that they have failed. It is possible to pass the examination after being instructed to modify a procedure. Conversely, candidates who receive no instructions to modify procedures should not necessarily assume that their performance is totally satisfactory or will result in a passing grade. In every instance, each procedure is evaluated as it is presented rather than as it may be modified. The examiner ratings are not converted to scores until after the examination is completed and all records are processed by computer. Examiners at the examination site do not know and cannot provide information on whether each candidate has passed or failed a specific examination.

**Candidates who lose 26 points or more during the pre-treatment evaluation will not be allowed to continue the exam.**

### **Finish Time Assignment**

Candidates will be assigned a finish time of ninety (90) minutes after all pre-treatment evaluations have been completed and their patient has been checked-out of the evaluation station. The latest finish time allowed will be 11:00 AM for the morning section and 4:30 PM for the afternoon session. Candidates must meet the required finish time or they will be in violation of examination protocol and a failure will be entered for that candidate.

The finish time will be listed on the front of the *Progress Form*. The *Evaluation Station Request Form* should be marked with an "OK" stamp at the bottom of the form to denote that pre-treatment has been electronically scored. See the CFE if you do not have a stamp and your patient has returned from pre-treatment evaluation. If your form has been stamped and there is an absence of an ITC form, you may begin treatment of the patient and removal of the calculus listed on the treatment selection grid.

### **Post-Treatment Evaluation**

Candidates are considered to have met required end time deadlines i.e. "candidates must be checked-in for post-treatment evaluation" when they have completed the check in procedure for post-treatment evaluation or the candidate is in line at the *Blue Station* (paperwork review) for post-treatment evaluation.

When candidates are ready to have the final cleaning evaluated they will submit an *Evaluation Station Request Form* (opposite side of *Progress Form*) for the post-treatment evaluation. When the patient is returned from the evaluation station, the *Evaluation Station Request Form* should be marked with an "OK" stamp at the bottom of the form to denote that the post-treatment performance has been electronically scored.

## Exam Schedule Timelines

Dental Hygiene Morning Session	
TIME	ACTIVITY
6:30 a.m.	Candidate registration
7:00 a.m.	<p>Set-up and approval</p> <p>Case acceptance takes place in the candidate's operatory.</p> <p>Candidate may request a CFE to review and approve Medical History, Patient Consent Form, <i>anesthetic record</i> on the Progress Form and radiographs.</p>
8:00 a.m.	Examination begins. Candidates send patients to the evaluation station for treatment selection (pre-treatment) evaluation.
Treatment Time	<p>Candidates have 90 minutes to complete the hygiene treatment, starting after the patient returns from the evaluation station for the treatment selection (pre-treatment) evaluation.</p> <p>Candidates must be in line for paperwork acceptance per stated time lines</p> <p>Thus, patients must visit the evaluation station twice during the Dental Hygiene Examination – once before the treatment and once afterward. Each visit will take approximately 30 minutes.</p>
11:00 a.m.	Final post-treatment check-in Exam ends

Dental Hygiene Afternoon Session	
TIME	ACTIVITY
12:00 p.m.	Candidate registration
12:30 p.m.	<p>Set-up and approval</p> <p>Case acceptance takes place in the candidate's operatory.</p> <p>Candidate may request a CFE to review and approve Medical History, Patient Consent Form, <i>anesthetic record</i> on the Progress Form and radiographs.</p>
1:30 p.m.	Examination begins. Candidates send patients to the evaluation station for treatment selection (pre-treatment) evaluation.
Treatment Time	<p>Candidates have 90 minutes to complete the hygiene treatment, starting after the patient returns from the evaluation station for the treatment selection (pre-treatment) evaluation.</p> <p>Candidates must be in line for Paperwork Acceptance per stated time lines</p> <p>Thus, patients must visit the evaluation Station twice during the Dental Hygiene Examination – once before the treatment and once afterward. Each visit will take approximately 30 minutes.</p>
4:30 p.m.	Final post-treatment check-in Exam ends

## **Patient Dismissal**

When a candidate's patient has returned from their post-treatment evaluation, the candidate must ask for a CFE to dismiss their patient. The CFE will sign the GREEN patient dismissal area on their progress form.

## **Candidate Check-Out Procedure**

Upon completion of the exam, candidates must personally submit all examination packets to a central location determined by the chief examiner. Usually there will be a candidate check-out station set up in an easily accessible and prominent area near the check in stations.

The check-out station will be manned by CITA Staff. These staff persons will help guide the candidate through the examination check-out process. In addition there will be a check-out form on the form table which will list the forms, badges, and other items required for candidates to successfully check-out.



**PLEASE DO NOT APPROACH THE CHECK-OUT AREA UNLESS ALL FORMS ARE IN ORDER AND YOU HAVE COMPLETED THE CHECK-OUT FORM.**

The following items **must be submitted in the provided white envelope and accounted for prior to dismissal from the examination site:**

- The **complete mouth series** of radiographs for the dental hygiene examination need not be submitted unless requested by an examiner. (If the testing site requires that radiographs be retained in the patient record, the candidate may submit duplicates of the required radiographs.)
- Photo Candidate ID badge
- Photo Interpreter ID badge (if any)
- Patient Consent Form
- Medical History Form
- Progress/Evaluation Form
- Cubical cards

**All required examination records must be submitted to the check-out station before the examination is considered complete.**

**An exam flow chart can be found in the examination forms section.  
Candidates may display a copy of this flow chart during the exam.**



## Scoring Content

### **Dental Hygiene Examination – 100 points**

<b>DENTAL HYGIENE EXAMINATION</b>	<b>FORMAT</b>
<i>Assignment</i> 1. Case acceptance 2. Subgingival calculus detection	Performed on a patient  Time: 3 hours or less at the candidate's discretion
<i>Treatment</i> 3. Subgingival calculus removal 4. Supragingival plaque/stain removal 5. Tissue and treatment management	Treatment Time: 1.5 hours (following pre-treatment evaluation)

## Scoring Process

The scoring rubric for the Dental Hygiene examination is defined by the candidate receiving points for the successful completion of specified skill sets. The ultimate goal is to accumulate points so that the ratio of points accumulated as a function of the number of available points, when equated to one hundred, would result in a passing score for the examination. The four aspects of the examination are as follows:



- 1. Case Acceptance** – Penalties are assessed for those areas that do not meet the described criteria for case acceptance.
- 2. Calculus Detection and Removal.** – 90 points total with 7.5 points for each surface of subgingival calculus correctly detected and removed.
- 3. Supragingival Deposit Removal** – 6 points total with one point for each one of the first 6 teeth selected in ascending order.
- 4. Treatment Management** – 4 points total for pain control and tissue management that meets the written criteria. The candidate will receive a maximum of 2 points for Patient Comfort and 1 point each for Hard and Soft Tissue management

## **Score Release**

**Scores will be released no more than ten (10) business days from the completion of the last day of the examination.** Following completion of the examination the candidate's individual scores will be released electronically to the candidate's online profile. An email will be sent to each candidate at the same time the results have been released stating that their scores can now be viewed online in their profile. Dental hygiene program coordinators may contact the CITA office for information on how they can receive scores of their candidates.

**Scores are not released to candidates or their representatives by telephone or fax.** Scores are not released to anyone other than the candidate, the candidate's dental hygiene program and the participating jurisdictions, unless a request for a Score Report is received and a Confidentiality Agreement has been executed with CITA.

**Scores will be listed as "Pass, score 75 or above" for a passing score and "Fail, score below 75" for a failing score.** A report of the candidate's deficiencies in their clinical performance for all failing candidates is furnished to the candidate within their online profile.

***Once a candidate has successfully passed the CITA examination, a certification of CITA Status is automatically distributed to all states that accept the results of the CITA Dental Hygiene exam within fifteen (15) business days from the time the scores have been released. A map of the 27 states where the CITA Dental Hygiene exam is accepted may be found on CITA's website at [www.citaexam.com](http://www.citaexam.com) as well as in the beginning of this manual.*** These results may be accepted by state boards for a period of five (5) years from the date of each candidate's successful completion of the CITA examination, or for a different time period as determined by the individual state boards.

\*Please note: In order to maintain the security of the CITA Dental Hygiene examination, a critique of candidate performance is issued to the candidate in lieu of a review of actual examination papers or clinical paper or Electronic Evaluation Forms.



# Treatment Selection Requirements

## A. Qualifications

The candidate's treatment selection must include the proper number of teeth adequate deposits of calculus as defined below:

- **Teeth** - There must be at least six and not more than eight permanent teeth selected, 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 2 mm distance. Each of the selected teeth must have at least one surface of subgingival calculus selected for removal. (If the candidate has a treatment selection where tooth number eighteen is missing, the distal of tooth number nineteen would NOT be a valid surface for meeting the number requirement for interproximal surfaces but may be used in the examination as an otherwise qualifying surface of calculus.) The numbers of the teeth must be listed in ascending order. The teeth selected for treatment should be entered electronically at least 72 hours prior to the start of the examination. (See below for details.)
- **Calculus** - There must be exactly 12 surfaces of explorer-detectable subgingival calculus identified on the selected teeth, and no more than four surfaces may be on incisors. Three of the 12 identified surfaces of calculus must be on interproximal surfaces of molars and/or premolars. The canines are considered posterior surfaces but do not qualify as interproximal surfaces.
  - Explorer detectable subgingival calculus is defined as a distinct deposit of calculus that can be felt with an 11/12 explorer as it passes over the calculus. Qualified deposits may exhibit such characteristics as:
    - A definite "jump" or "bump" felt by the explorer, with the rough surface characteristic of calculus
    - Ledges or ring formations
    - Spiny or nodular formations
  - Qualified deposits must be apical to the gingival margin and may occur with or without associated supragingival deposits.

## B. Exclusions


- Patients with full-banded orthodontics are **not** acceptable.
- Implants or teeth with any fixed appliance – banded, bonded or splinted, either orthodontically or periodontally – may **not** be included in the treatment selection.
- No retained primary teeth may be included in the treatment selection.



### C. Online Treatment Selection

Once the candidate has been assigned to an examination site the candidate should return to his/her CITA Online Profile. The Dashboard will prompt the candidate to enter their teeth selections for the calculus detection and removal aspect of the examination. **The deadline for tooth entry will be posted on the dashboard. Deadlines are always 72 hours prior to the start of the exam on the first exam day.** The treatment selection must include the proper number of teeth and adequate deposits of calculus as defined above in the treatment selection qualifications. Candidates should print a copy of their online treatment selections and bring it with them to the exam.

Should a candidate need to enter the teeth selection at the examination site, a computer will be available for that purpose near the Blue or Green stations. CITA staff will be available to assist with updating/entering teeth selections.



! Online teeth selection entry closes at: 10/23/2013 08:00 AM  
[Input Teeth](#)

! Your current preference is to take the Periodontal exam.  
[Opt Out](#)

### D. Performance Requirements

**Scaling** - After the candidate performs the hygiene procedure, the subgingival surfaces of the assigned teeth must be smooth, with no deposits detectable with an 11/12 explorer. Air may be used to deflect the tissue to locate areas for tactile confirmation. (All subgingival surfaces on an assigned tooth must be scaled, but only the selected surface will be evaluated.)

**Supragingival Deposits (polishing)** - All supragingival calculus, plaque and stain must be removed from **all coronal surfaces** of the assigned teeth so that all surfaces are visually clean when air-dried and tactilely smooth upon examination with an 11/12 explorer. The use of disclosing solution is **not** permitted.

**Candidates may lose points by failing to meet stated criteria as defined below:**

The following scoring point deductions are applicable to the Dental Hygiene Examination. The candidate must meet the criteria established for Satisfactory on each criteria or the candidate performance will be reduced by the penalty points consistent with the examiner's observation. As part of the scoring decision rule penalty points for Case Acceptance are not cumulative (only the highest penalty in both areas is assessed as one penalty).

## ***I. Treatment Selection***

### **1. Radiographs**

Acceptable (ACC) – 0 point penalty  
Marginally Substandard (SUB) – 15 point penalty  
Critically Deficient (DEF) – 100 point penalty

### **2. Required Forms**

Satisfactory (SAT) – no penalty  
Minimally Acceptable (ACC) – 5 point penalty  
Marginally Substandard (SUB) – 15 point penalty  
Critically Deficient (DEF) – 100 point penalty

### **3. Blood Pressure**

Satisfactory (SAT) – no penalty  
Minimally Acceptable (ACC) – 5 point penalty  
Critically Deficient (DEF) – 100 point penalty

## ***II. Treatment Evaluation***

### **1. Patient Comfort**

Satisfactory (SAT) – no penalty  
Marginally Substandard (SUB) – 2 point penalty

### **2. Soft Tissue Management**

Satisfactory (SAT) – no penalty  
Minimally Acceptable (ACC) – no penalty  
Marginally Substandard (SUB) – 1 point penalty  
Critically Deficient (DEF) – 100 point penalty

### **3. Hard Tissue Management**

Satisfactory (SAT) – no penalty  
Marginally Substandard (SUB) – 1 point penalty  
Critically Deficient (DEF) – 100 point penalty



# Penalties

*Throughout the examination, the conduct and clinical performance of the candidate will be observed and evaluated. A number of considerations are weighed in determining the final scores. Penalties are assessed for violation of the examination standards for certain procedural errors as described below:*

- Any of the following may result in a deduction of points from the score of the entire examination part or dismissal from the examination:
  - Violation of universal precautions, infection control or disease barrier technique or failure to dispose of potentially infectious materials and clean the operatory after individual examination sections
  - Unprofessional demeanor: unkempt, unclean or unprofessional appearance; inconsiderate or uncooperative behavior with other candidates, examiners or testing site personnel
  - Poor patient management, disregard for patient welfare or comfort
  - Improper management of significant history or pathosis
  - Improper operator/patient position
  - Improper record keeping
  - Improper treatment selection
  - Administration of topical anesthetic before approval of tooth selection assignment by examiners
  
- The following will result in the loss of all points for an individual examination:
  - Violation of examination standards, rules or guidelines
  - Treatment of teeth other than those approved or assigned by examiners
  - Gross damage to adjacent teeth or tissue
  - Failure to complete treatment within the stated time guidelines

This listing is not exhaustive, and penalties may be applied for errors not specifically listed, since some procedures will be classified as unsatisfactory for other reasons, or for a **combination** of several deficiencies.



# The CITA Dental Hygiene Examination

## V. Patient, Radiograph, and Criteria Guidelines



# Patient Management Guidelines

## General Guidelines

1. The patient must be informed that he/she will be participating in an examination and that additional treatment may be required to meet his/her oral health needs.
2. **Only one patient may be presented for the dental hygiene examination.** Once a patient has been submitted to the Clinic Floor Examiner for patient check-in and approval, a back-up patient may not be presented if that patient is found not to be acceptable due to examination protocols, guidelines or requirements. If the patient is otherwise acceptable but there has been a correctable paperwork or radiographic requirement error, the candidate may be allowed to correct those errors and re-submit that patient for approval. In all circumstances the candidate must have their patients presented and approved for treatment BEFORE proceeding further with the examination. Treatment on a patient without documented approval by a CFE is a violation of examination protocol and may subject the candidate to dismissal from the examination.
3. The *Treatment Selection Worksheet*, a practice form provided in the examination forms section, may be completed prior to the day of the examination to help the candidate identify the selection of teeth he/she will present for evaluation. 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.
4. The candidate must accurately transfer the information from the *Treatment Selection Worksheet* to the electronic treatment selection grid (available on the CITA website up to 72 hours prior to the exam) to indicate his/her treatment selection. The teeth should be selected, and the surfaces to be treated should be indicated in the smaller box to the right.
5. The dental hygiene *Progress/Evaluation Station Form* will be provided at the examination site. When the candidate receives the *Progress/Evaluation Station Form*, he/she should place a candidate identification label on the form and enter his/her cubicle number. The cubical number should also be added to a candidate's cubical card.
6. The procedures, instruments and materials used are the choice of the candidate, as long as they are currently accepted and taught by accredited dental and/or dental hygiene schools and the candidate has been trained in their use. It is the responsibility of the candidate to provide the instruments used in this examination and listed in this candidate manual, unless such instruments are furnished by the school.
7. The candidate may call over a CFE beginning at 7:00 a.m. (12:30 p.m. for afternoon session) to check the *Medical History Form*, *Patient Consent Form* (including the *anesthetic record* section) and confirm the patient's blood pressure was taken that day. At 8:00 a.m. (1:30 p.m. for afternoon session) the patient may be sent to the evaluation station for case acceptance and dental hygiene pre-treatment evaluation.
8. If any problems arise during the examination, the candidate should immediately notify a CFE. The CFE is also present to aid in any emergencies that may occur.
9. Candidates must complete the anesthesia portion on the *Progress Form* **whether or not** anesthesia is to be used. If the patient is too sensitive to withstand the use of a periodontal probe or explorer during patient check-in, the candidate may request authorization from a CFE to anesthetize the patient prior to patient check-in.