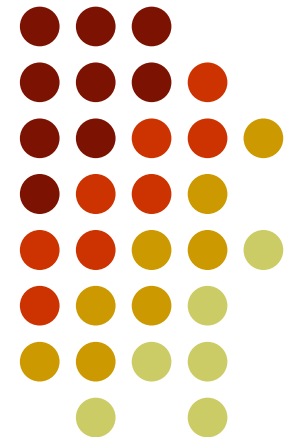


# DENTAL HYGIENE CLINICAL EXAMINATIONS SUMMARY

February 2009



Regional and state clinical dental hygiene examinations are administered to evaluate the clinical competency of candidates for dental hygiene licensure. Clinical examinations provide a reliable third party assessment of candidates' clinical skills and are used by state dental boards in making valid licensing decisions.

All exams consist of skill-specific patient treatment in a clinical setting. Additionally, some exams include a written or electronic patient-based component. Clinical licensure exams are administered at various times throughout the year at various host institutions.

This document was created by the American Dental Hygienists' Association (ADHA) to assist candidates for dental hygiene licensure by providing a general overview of regional and state clinical examinations required for licensure for the practice of dental hygiene.

Included in this Dental Hygiene Clinical Examination Summary are the regional testing agencies known as

- *Council of Interstate Testing Agencies (CITA),*
- *Central Regional Dental Testing Service (CRDTS),*
- *North East Regional Board of Dental Examiners (NERB),*
- *Southern Regional Testing Agency (SRTA) and*
- *Western Regional Examining Board (WREB)*

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.

## Clinical Exams Accepted for Initial State Licensure

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
District of Columbia	Colorado	Colorado	Arkansas	Alaska
Kansas	Connecticut	Connecticut	Colorado	Arizona
Louisiana	District of Columbia	District of Columbia	Connecticut	Colorado
Maine	Georgia	Illinois	District of Columbia	Connecticut
Missouri	Hawaii	Indiana	Indiana	District of Columbia
Montana	Idaho	Kansas	Kansas	Idaho
New Hampshire	Illinois	Kentucky	Kentucky	Indiana
North Carolina	Indiana	Louisiana	Louisiana	Iowa
Oregon	Iowa	Maine	Maine	Kansas
West Virginia	Kansas	Maryland	Massachusetts	Kentucky
	Louisiana	Massachusetts	Missouri	Louisiana
	Maine	Michigan	Montana	Maine
	Massachusetts	Missouri	Nebraska	Massachusetts
	Minnesota	Montana	New Hampshire	Minnesota
	Missouri	Nebraska	North Dakota	Missouri
	Montana	New Hampshire	Ohio	Montana
	Nebraska	New Jersey	Oregon	Nebraska
	New Hampshire	New York	Rhode Island	Nevada (Independent)
	New Mexico	North Dakota	South Carolina	New Hampshire
	North Dakota	Ohio	Tennessee	New Mexico
	Ohio	Oregon	Texas	North Dakota
	Oregon	Pennsylvania	Utah	Ohio
	Rhode Island	Rhode Island	Virginia	Oklahoma
	South Carolina	Texas	West Virginia	Oregon
	South Dakota	Utah	Wyoming	Rhode Island
	Texas	Vermont		South Dakota
	Utah	Virginia		Tennessee
	Vermont	Washington		Texas
	Virginia	West Virginia		Utah
	Washington	Wisconsin		Virginia
	West Virginia	Wyoming		Washington
	Wisconsin			West Virginia
	Wyoming			Wisconsin
				Wyoming

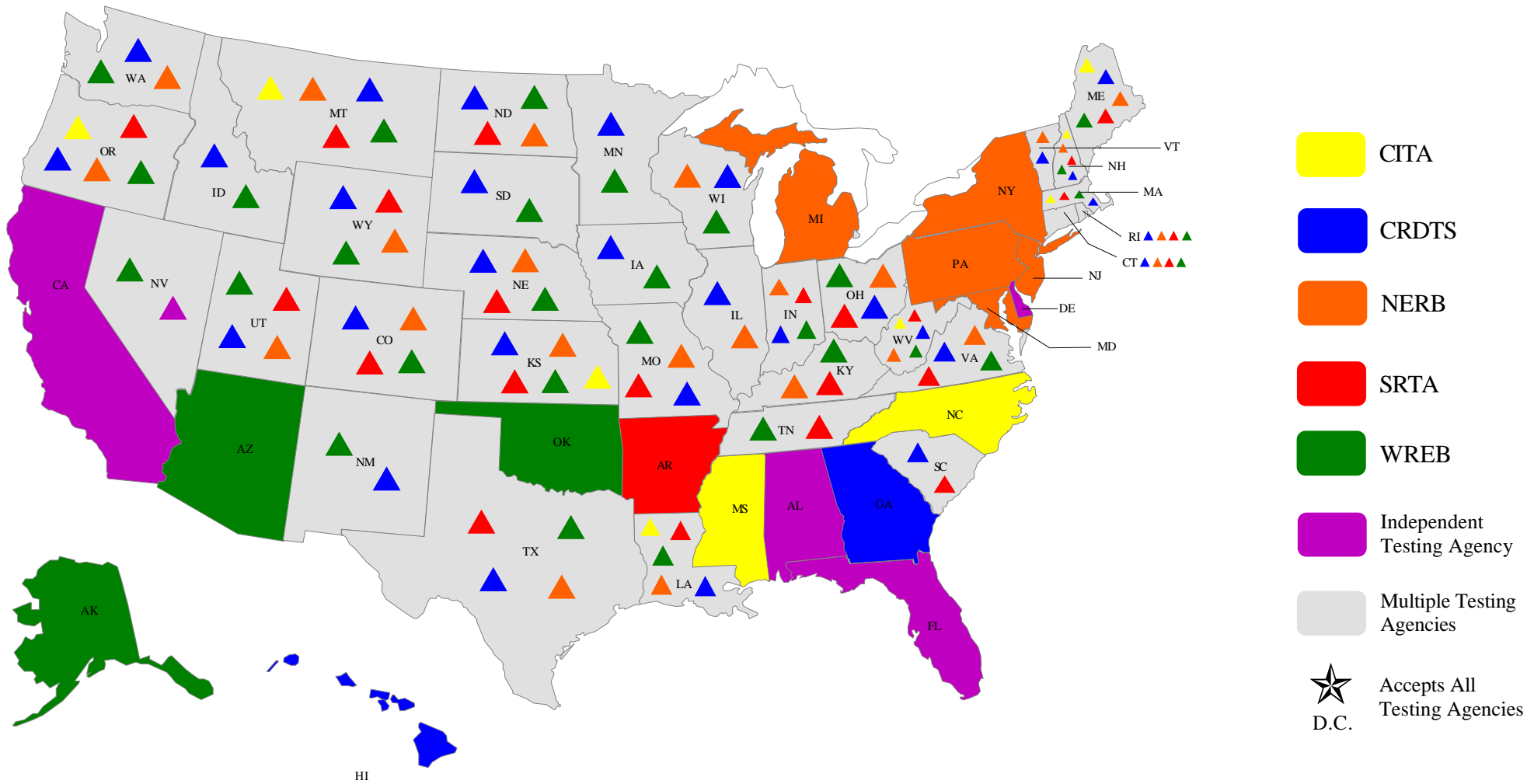
### Independent

Alabama  
California  
Delaware  
Florida  
Nevada

ADHA defines *Initial Licensure* as state licensure sought immediately following graduation from an accredited dental hygiene program.

**Please note that recognizing jurisdictions and licensing requirements are subject to change. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.**

# Clinical Examinations Accepted for Initial Licensure



*Please note that recognizing jurisdictions and licensing requirements are subject to change. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.*

\* Information is based upon individual calls to the respective State Boards of Dentistry.

ADHA defines Initial Licensure as state licensure sought immediately following graduation from an accredited dental hygiene program.

Date: February 19, 2009

## Exam Schedules

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u>	<u>SRTA</u>	<u>WREB</u>
<a href="http://www.citaexam.com/">www.citaexam.com/</a>	<a href="https://www.crdts.org">https://www.crdts.org</a>	<a href="http://www.nerb.org">http://www.nerb.org</a>	<a href="http://www.srta.org">http://www.srta.org</a>	<a href="http://www.wreb.org">http://www.wreb.org</a>

## Fees

<p>\$750.00 plus site fees dependent on host institution</p>	<p>\$850.00 plus site fees dependent on host institution</p>	<p>\$925 - both exams (Clinical AND Electronic) \$525 - one exam (Clinical OR Electronic) \$130 - Local Anesthesia exam \$125 – Nitrous Oxide exam</p>	<p>\$925.00 for both exams. \$825.00 for Clinical \$100.00 for Electronic plus site fees dependent on host institution</p>	<p>\$800.00 - Clinical exam \$225.00 - Local Anesthesia exam \$375.00 - Restorative exam plus site fees dependent on host institution</p>
--	--	--	--	---

## Retest Fees

<p>\$750.00 plus site fees dependent on host institution</p>	<p>\$850.00 plus site fees dependent on host institution</p>	<p>\$925 – both exams. (Clinical AND Electronic) \$525 - one exam (Clinical OR Electronic) \$130 - Local Anesthesia exam \$125 – Nitrous Oxide exam</p>	<p>\$925.00 for both exams. \$825.00 for Clinical \$100.00 for Electronic plus site fees dependent on host institution</p>	<p>\$800.00 - Clinical exam \$225.00 - Local Anesthesia exam \$375.00 - Restorative exam plus site fees dependent on host institution</p>
--	--	---	--	---

*This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.*

## Liability Insurance

### CITA

Professional liability insurance coverage included in exam fee.

### CRDTS

Professional liability insurance coverage included in application fee.

### NERB

Professional liability insurance coverage included in exam fee.

### SRTA

Candidates may apply for coverage with exam application at no additional charge.

Candidate may also secure personal coverage at his/her expense.

### WREB

Professional liability insurance coverage included in exam fee

Also required for administration of local anesthetic; included in exam fee.

## Application Requirements

Proof of graduation from a dental hygiene program OR

Letter of Certification from program director verifying candidate is clinically competent, in good standing, and anticipated to fulfill school requirements for graduation prior to or within 45 days after the date of the CITA exam.

Proof of graduation from an accredited dental hygiene program OR

Letter of Certification completed by program director verifying anticipated graduation date within 60 days of examination

Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic

Proof of graduation from a Commission on Dental Accreditation (CODA) accredited OR

Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program OR

Written certification from program director of CODA or CDAC accredited program verifying candidate's sufficient preparation and expected graduation within 45 days of scheduled clinical exam.

Copy of candidate's diploma from a Commission on Dental Accreditation (CODA) accredited dental hygiene program OR

Letter from program director, dean or school stating candidate is academically in good standing and allowing candidate to sit for exam.

Verification of successful completion of a degree program (for dental hygiene exam) or course (for anesthesia and restorative exams) from an accredited dental hygiene program OR

Certification of enrollment in final semester from the school dean or dental hygiene program director.

*This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.*

## Patient Treatment Selection Requirements

### CITA

- Candidate must select 6-8 teeth upon which the candidate will designate twelve (12) surfaces of explorer-detectable subgingival calculus for removal.
- Four of the teeth and at least 8 surfaces must be in posterior teeth; four of these posterior surfaces must be interproximal.
- Selected teeth must have at least one approximating tooth within a 2mm distance.

### CRDTS

- Candidate must select 6-10 teeth, including no more than 3 anteriors, with at least 14 surfaces of qualifying subgingival calculus.
- Of the 14 qualifying surfaces, at least 9 must be on posterior teeth, and of those, at least 3 surfaces must be on molars.

Prohibited treatment selections (if in the areas of selected treatment):

- Class III furcations or mobility
- Class IV periodontal disease
- Ortho brackets or bonded retainers
- Implants
- Partially erupted 3<sup>rd</sup> molars
- Retained deciduous teeth

### NERB \*

- Candidate must select 6-10 permanent teeth with 14 surfaces of subgingival calculus.
- Of the 14 surfaces, 11 must be on posteriors; 7 must be interproximal surfaces. Five of these interproximal surfaces must be on molars.
- All posterior teeth must have at least one approximating posterior tooth within 2mm distance.
- Selection must include three pockets of 4mm or greater, each on a different tooth.
- One additional anterior and 1 additional posterior tooth must be available for selection by the examiner for pocket depth measurement.

### SRTA

- Candidate must select one full quadrant and up to 4 additional teeth with a minimum of 14 surfaces of EASILY detectable subgingival calculus.
- The selected quadrant must contain at least 6 natural teeth; at least one tooth in the quadrant must be a permanent molar with at least 1 proximal contact.
- Of the 14 surfaces, a maximum of 6 can be on anterior teeth; a minimum of 4 must be on molars.
- Candidates are encouraged to avoid choosing teeth with excessive decay.

### WREB

- Candidate must select one full quadrant and up to 4 additional teeth, including 1 molar with a proximal contact and at least 6 natural teeth.
- Selection must include a minimum of 12 surfaces of qualifying subgingival calculus.
- At least 3 of the 12 surfaces must be on molars; no more than 4 of the 12 may be on anteriors.

Prohibited treatment selections (if in the areas of selected treatment):

- Probing depths >6mm
- Class III furcations; class III mobility
- Ortho bands
- Overhanging margins; temp. or faulty subgingival restorations
- Gross caries

*This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.*

## Radiographic Component

<b><u>CITA</u></b>	<b><u>CRDTS</u></b>	<b><u>NERB</u> *</b>	<b><u>SRTA</u></b>	<b><u>WREB</u></b>
<p>Complete Mouth Series (exposed within 2 years) with horizontal or vertical bitewings (exposed within 6 months) reflecting current clinical conditions OR</p> <p>Panorex (within 3 years) and bitewings ((within 1 year)</p> <p>Radiographs of poor diagnostic quality result in point deductions and could affect patient acceptability.</p>	<p>Complete Mouth Series (exposed within 3 years) with horizontal or vertical bitewings (exposed within 1 year).</p> <p>Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability.</p>	<p>Complete Mouth Series (exposed within 3 years) including bitewings (exposed within 6 months).</p> <p>Radiographs are non-graded; however radiographs of poor diagnostic quality will result in point deduction or discontinuation of exam.</p>	<p>Complete Mouth Series (exposed within 3 years) with horizontal or vertical bitewings (exposed within 1 year).</p> <p>Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability.</p>	<p>Horizontal or vertical bite-wings with anterior and posterior periapicals that include all teeth in treatment submission.</p> <p>Radiographs taken within 12 months; not necessarily exposed by candidate.</p> <p>Radiographs that do not meet Evaluation Criteria listed in Candidate's Guide are assessed a four point penalty.</p>

## Computer Component

<p>Proof of candidate's successful completion of the Dental Hygiene National Board Examination administered by the Joint Commission on National Dental Examinations (JCNDE) is required.</p>	<p>No computer-based exam included.</p>	<p>75-100 multiple-choice simulated patient questions - 2 hrs in length.</p> <p>Local Anesthesia and Nitrous Oxide exams are also computerized.</p> <p>Taken at Prometric Testing Centers by appointment.</p>	<p>75 multiple-choice questions.</p> <p>Electronic examination taken at the same site on the same day as the clinical exam.</p>	<p>No computer-based exam included at this time; anticipated implementation in 2010.</p>
--	---	---	---	--

*This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.*

## Administration of Local Anesthesia

<u>CITA</u>	<u>CRDTS</u>	<u>NERB</u> *	<u>SRTA</u>	<u>WREB</u>
<p>Local anesthetic administration is not permitted.</p> <p>Topical anesthetic administration only.</p>	<p>Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required.</p> <p>Qualified practitioner may administer local in lieu of candidate.</p> <p>A subgingival anesthetic gel can be used.</p> <p>Not evaluated as part of the exam.</p>	<p>Injectable local anesthetic is not permitted.</p> <p>Topical anesthetic administration only.</p>	<p>Admission of local anesthetic by candidates who have successfully completed a course on local anesthesia from a CODA accredited program is permitted.</p> <p>Qualified practitioner may administer local in lieu of candidate who is not qualified to administer.</p>	<p>Administration of local anesthetic by candidate is permitted.</p> <p>Successful completion of <i>WREB Written and Clinical Local Anesthesia</i> examination required prior to the clinical exam.</p> <p>Qualified practitioner may administer local in lieu of candidate.</p>

\* Currently, NERB is the only agency that administers the American Dental Hygiene Licensing Examination (ADLEX), the dental hygiene examination approved by the American Board of Dental Examiners, Inc (ADEX). ADEX is a private not for profit organization composed of member state and regional boards of dental examiners throughout the United States and its territories, whose mission is to provide the dental community with a national dental and dental hygiene clinical licensure examination.

*This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.*

## Exam Scoring

<b><u>CITA</u></b>	<b><u>CRDTS</u></b>	<b><u>NERB</u></b>	<b><u>SRTA</u></b>	<b><u>WREB</u></b>
Score of <b>75% or higher</b> on each required to pass:	Score of <b>75% or higher</b> required to pass:	Score of <b>75% or higher</b> on each required to pass:	Score of <b>75% or higher</b> on each required to pass:	Score of <b>75% or higher</b> required to pass:
<u>Dental Hygiene National Board Exam</u> AND	<u>Patient-Based Exam:</u>	<u>Computer Simulated Clinical Examination</u> AND	<u>Electronic Examination</u> AND	<u>Clinical Examination:</u>
<u>CITA Clinical Exam:</u>	<ul style="list-style-type: none"> <li>• Extra/Intraoral assessment 14 pts</li> <li>• Perio Probing 12 pts</li> <li>• Subgingival Calculus removal 56 pts</li> <li>• Supragingival Deposit removal 6 pts</li> <li>• Tissue Management 12 pts</li> </ul>	<u>Patient Treatment Clinical Examination:</u>	<u>Clinical Examination:</u>	<ul style="list-style-type: none"> <li>• Probe depths/ Recession 15 pts</li> <li>• Extra/Intraoral exam 10 pts</li> <li>• Calculus Removal/ Tissue trauma 75 pts</li> </ul>
<ul style="list-style-type: none"> <li>• Extra/Intraoral Evaluation 10 pts</li> <li>• Perio probing 12 pts</li> <li>• Scaling 60 pts</li> <li>• Plaque/Stain removal 6 pts</li> <li>• Tissue management 12 pts</li> </ul>	Total -- 100 pts	<ul style="list-style-type: none"> <li>• Satisfactory,</li> <li>• Minimally Acceptable,</li> <li>• Marginally Substandard OR</li> <li>• Critically Deficient</li> </ul>	<ul style="list-style-type: none"> <li>• Proper 1<sup>st</sup> selection of teeth 4 pts</li> <li>• Partial prophylaxis 60 pts</li> <li>• Minor tissue trauma 12 pts</li> <li>• Periodontal Assessment 24 pts</li> </ul>	Total -- 100 pts
Total -- 100 pts	Penalty pts may be assessed for:	Penalties may be assessed for violation of the standards as defined in Candidate's Manual. Behaviors resulting in failure of the entire exam are also listed in the Candidate's Manual.	Total -- 100 pts	Total -- 100 pts
Penalty pts may be assessed for:	<ul style="list-style-type: none"> <li>• Treatment Selections that do not meet the described criteria</li> <li>• Violation of standards as defined in Candidates Guide</li> </ul>		Extrinsic stains are NOT evaluated.	Points may be deducted for
<ul style="list-style-type: none"> <li>• Treatment Selections that do not meet the described criteria</li> <li>• Infection control infractions</li> <li>• Patient management and treatment infractions</li> </ul>	A Critical Error of <i>tissue trauma</i> will result in failure of the exam.		Major tissue trauma or a major infection control violation will result in loss of all points.	<ul style="list-style-type: none"> <li>• X-ray penalty</li> <li>• 1<sup>st</sup> patient unacceptable</li> <li>• 2<sup>nd</sup> patient unacceptable</li> </ul>
				No acceptable patient submitted will result in failure of the exam.
				Penalties may be assessed for late patient check-in or check-out.

*This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate's Manual for each examination or contact the agency responsible for the administration of the examination.*

## Contact Information

### CITA

1003 High House Road  
Suite 101  
Cary, NC 27513

Phone Number:  
(919) 460-7750

Fax Number:  
(919) 460-7715

Email Address:  
[Info@citaexam.com](mailto:Info@citaexam.com)

### CRDTS

1725 SW Gage Blvd.  
Topeka, KS 66604

Phone Number:  
(785) 273-0380

Fax Number:  
(785) 273-5015

Email Address:  
[info@crdts.org](mailto:info@crdts.org)

### NERB

8484 Georgia Avenue  
Suite 900  
Silver Spring, MD 20910

Phone Number:  
(301) 563-3300

Fax Number:  
(301) 563-3307

Email Address:  
[jackfeldesman@nerb.org](mailto:jackfeldesman@nerb.org)

### SRTA

4698 Honeygrove Rd.  
Suite 2  
Virginia Beach, VA 23455

Phone Number:  
(757) 318-9082

Fax Number:  
(757) 318-9085

Email Address:  
[help@srta.org](mailto:help@srta.org)

### WREB

9201 North 25<sup>th</sup> Ave.  
Suite 185  
Phoenix, AZ 85021

Phone Number:  
(602) 944-3315

Fax Number:  
(602) 371-8131

Email Address:  
[hygieneinfo@wreb.org](mailto:hygieneinfo@wreb.org)

Information compiled by:

*The American Dental Hygienists' Association, Division of Education*  
Colleen Schmidt, RDH, MS, Director  
444 North Michigan Avenue, Suite 3400  
Chicago, IL 60611  
312-440-8900 x230  
[education@adha.net](mailto:education@adha.net)