



**2023 Dental Therapy
Pediatric
Manikin Examination
CANDIDATE MANUAL**

Please read all pertinent manuals in detail before attending the examination

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EXAMINATION AND MANUAL OVERVIEW

The CDCA-WREB-CITA designs and administers the Dental Therapy Exam. This manual has been designed to assist candidates in preparation for all examination procedures and other related administrative guidelines. The examination is based on specific performance criteria as developed by the CDCA-WREB-CITA for evaluating the candidate's clinical competency. The candidate will be required to perform both the Pediatric Manikin Exam and the Restorative Exam on a patient or simulated patient. Before taking this examination through the CDCA-WREB-CITA, each candidate must review the manual published by the CDCA-WREB-CITA as well as other material(s) provided by the CDCA-WREB-CITA.

Failing to review and master the guidelines provided by the CDCA-WREB-CITA, may adversely impact the candidate's ability to efficiently and effectively take this examination, and may result in dismissal from and subsequent failure of the examination.

Every effort has been made to ensure that this manual is accurate, comprehensive, clear, and current. In the rare instances when examination-related instructions need to be updated or clarified during the examination year those changes will be communicated to the candidates either via the website, manual updates, or email. There may also be other test-related material sent to candidates which will be made available through their online candidate profiles and/or at registration on the day of the exam.

All candidates who take any parts of the CDCA-WREB-CITA Dental Therapy Exam are responsible for reading and understanding the examination manual(s) published by the CDCA-WREB-CITA, any documented changes to the manual(s), and for reviewing and understanding all other material provided by the CDCA-WREB-CITA regarding the exams administered. If, while reviewing any exam-related materials, questions regarding administrative procedures arise, it is the candidate's responsibility to resolve those questions by contacting the CDCA-WREB-CITA office **via the "CONTACT US" tab on our website**. Questions MUST be submitted in writing.

Please see the *Candidate Registration Supplement* for step-by-step instructions on how to register for the Dental Therapy Examination.

EXAMINATION OVERVIEW

The Dental Therapy Exam is designed to test clinical competencies consistent with the Dental Therapist's Scope of Practice. The exam is divided into 3 parts: a manikin-based exam and a restorative exam, and an OSCE. The manikin and restorative exams are specific to the skill sets of Dental Therapists.

Manikin Procedures: 6 HOURS

ENDODONTICS:

- Pulpotomy Tooth

RESTORATION:

- Class II MOD Amalgam Restoration Tooth #T

STAINLESS STEEL CROWNS:

- Stainless Steel Crown Preparation Tooth #L
- Stainless Steel Crown Placement and Cementation Tooth #J

The CDCA-WREB-CITA will provide typodonts for candidates at each testing site. Currently, the CDCA-WREB-CITA uses Acadental MODU-PRO Pedo MP_420 typodont.

Restorative Procedures: 7 HOURS

Class III Composite Preparation and Restoration AND
Class II Preparation and Restoration

- Class II
Composite OR
- Class II Amalgam

Dental Therapy OSCE: 2.5 HOURS

The Dental Therapy OSCE (DT OSCE) is a didactic exam 100-question multiple-choice computerized examination delivered at Prometric Test Centers

The candidate must successfully challenge all procedures to pass the Dental Therapy Examination. Those procedures in which the candidate was unsuccessful may be challenged again on a separate date.

Procedures Overview

- **Pediatric Manikin Exam Components**
- **Examination Schedule Guidelines**
- **Scoring Overview and Scoring Content**
- **Penalties**

A. Examination Schedule Guidelines

1. Dates and Sites

Specific examination dates for a participating examination site can be found on the CDCA-WREB-CITA website. Please refer to the *Candidate Registration Supplement* for the CDCA-WREB-CITA's specific policies and administrative guidelines.

In the event there are extenuating circumstances such as weather, acts of God, or other unforeseen circumstances which may impact or alter the schedule and administration of the examination(s), CDCA-WREB-CITA will make every attempt to contact candidates with the updated information.

2. Timely Arrival

Candidates are responsible for determining their travel and time schedules to ensure they can meet all the CDCA-WREB-CITA's time requirements. All candidates are expected to arrive at the examination site at their designated time. Failure to follow this guideline may result in failure of the examination.

Candidates will be informed in their online candidate profiles as to the date on which they are to challenge each part of the examination. Candidates should note that all procedures for each examination must be completed within the allotted time for that part. Examination schedules are not finalized until after the examination application deadline.

B. PEDIATRIC MANIKIN EXAMINATION: 6 hours

This portion of the exam is performed on a manikin with a typodont in a patient treatment clinic or simulation laboratory and is completed on the same day. Initially, candidates challenge all parts together, but individual parts may be re-challenged as needed.

The manikin portion of the Dental Therapy Exam is composed of 3 parts, each of which is skill specific. All parts are graded separately. The candidate must pass each part of the examination to pass the manikin examination. Any part of the examination that is not successfully challenged, may be taken at a subsequent exam. Only the skill set that is not successfully challenged needs to be retaken. The Stainless-Steel Crown procedures are defined as 1 skill set; therefore, both procedures need to be passed to pass this skill set. Candidates who are unsuccessful in their challenge of any of the skill sets in the manikin exam must re-take those skill sets to successfully complete the Dental Therapy Exam.

1. ENDODONTICS:
 - Pulpotomy Tooth #A
2. RESTORATION:
 - Class II MOD Amalgam Restoration Tooth #T
3. STAINLESS STEEL CROWNS:
 - Stainless Steel Crown Preparation Tooth #L
 - Stainless Steel Crown Placement and Cementation Tooth #J

If you are attempting the entire Dental Therapy Pediatric Manikin Exam, you will have 6 hours to complete all procedures. The Endodontic procedure needs to be done first, the following procedures can be done in the order you choose. You must manage your time appropriately so that all procedures are completed in the 6 hours allotted for the exam.

The manikin examination begins at 8:30 am on the assigned day. Typodonts will be distributed at 7:15. You must fabricate your putty matrix/reduction guide for the SSC preparation before mounting your typodont. CFEs will oversee the setup of typodonts and manikin heads, verifying that the manikin is properly assembled, with the shroud placed in an appropriate anatomic position and that any defective materials have been identified and replaced, as necessary and verify that putty matrices have been fabricated. At 8:30 am, treatment begins for all candidates. All treatment must stop by 2:30 pm, 6 hours from the start of the examination. All candidates must be in line for checkout by 2:45. The 15 minutes between completion of treatment and checkout may be used for cleaning your typodont, before turning it in.

If only parts of the examination are being challenged, the time allotted for each part is:

1. ENDODONTICS
1.5 hours
2. RESTORATION
1.5 hours
3. STAINLESS STEEL CROWNS
3 hours

*NOTE: If more than 1 part is being taken, the time allotted is equal to the sum of the allotted time for each procedure being challenged.

C. Scoring

General overview

To pass the manikin examination, you must score 75 or higher on all procedures.

The scoring system for this examination is based on pre-established criteria. Parts within the examinations are graded independently (1. CII MOD Amalgam Restoration, 2. Pulpotomy, 3. Stainless Steel Crown: Preparation and Placement/Cementation and always in a triple-blind manner, meaning that three qualified examiners evaluate the performance independently and anonymously. A candidate must demonstrate competence in each skill set evaluated. A poor or failing performance in one part is not compensated for by a good performance in the others.

- **ACC:** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge, and skill.
- **SUB:** The treatment is of marginal quality, demonstrating less than expected clinical judgment.*
- **DEF:** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment knowledge, and skill.

A rating is assigned for each criterion in every procedure by three calibrated, independent examiners, as previously noted. Based on the level at which a criterion is rated by at least two of the three examiners, points will be awarded to the candidate. If none of the three examiners' ratings agree, the median score is assigned. If a criterion is assigned a rating of critically deficient by two or more examiners, no points are awarded for that procedure or the examination section, resulting in a failure of that part of the Examination. Each procedure(s) within a specific skill set need to be successfully challenged to pass this examination.

If the candidate is unsuccessful in his/her challenge of any part of the examination, only that part of the exam needs to be retaken.

Both stainless steel crown procedures need to be passed to successfully complete that part of the examination. A poor or failing performance in one part is not compensated for by a good performance in the other. If the candidate fails this part of the examination, both procedures need to be retaken.

Scoring Rubric for Dental Therapy Manikin Exam

The score for each procedure is calculated as a percentage of the total possible points.

See the table below for examples:

PROCEDURE	# OF CRITERIA	POSSIBLE POINTS
Amalgam Restoration	8	32
Pulpotomy	7	28
SSC Preparation	13	52
SSC Cementation	8	36

D. Penalties

The integrity of the examination process depends on fairness, accuracy, and consistency. Penalties are assessed proportionally for violations of 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 procedure or dismissal from the examination:

- Improper/incomplete record keeping
- Improper treatment selection
- Improper/inadequate isolation
- Improper retraction of simulated facial tissue
- Removing or dismantling the teeth, typodont, or manikin without authorization from a CFE
- 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
- Improper operator/patient/manikin position (The manikin must be mounted and maintained in a physiologically acceptable operating position while performing all procedures. The facial shroud must be maintained in the same position as the normal facial tissue)
- Unprofessional demeanor: unkempt, unclean, or unprofessional appearance; inconsiderate or uncooperative behavior with other candidates, examiners, or any member of the exam team

The following will result in the loss of all points for an individual examination:

- Performing treatment procedures other than those assigned
- Performing procedures outside the authorized examination clinic area
- Failure to complete preparation.
- Violation of examination standards, rules, or guidelines (treatment may not be initiated before the established starting time, and treatment *must* be completed within the allotted time for each procedure)
- Use of prohibited electronic devices in the designated examination area during the exam (i.e.: cell phones, smart watches, pagers, computers, cameras, recording devices, etc.)
- Treatment of teeth other than those approved or assigned by examiners (once a procedure has been started, the procedure must be carried to completion on the assigned tooth/teeth with no substitutions permitted; if a candidate discovers that the wrong tooth has been prepared, he/she must immediately contact the CFE, and whichever procedure is in progress will be stopped)
- Critical lack of clinical judgment
- Non-compliance with anonymity requirements

This listing is not exhaustive. Penalties may be applied for errors not specifically listed.

Administrative Protocols

- **General Manikin-based Exam Administration Flow**
- **Candidate Orientation**
- **Exam Time Lines**
- **Infection Control Guidelines**
- **Candidate Professional Conduct**

A. Pediatric Manikin Examination Administration Flow

1. *Before the Exam: Candidate Orientation Session*

Typically held in the evening on the day preceding the first examination day a candidate orientation session is led by some of the Clinic Floor Examiners (CFEs) and/or the Chief of the exam. The time and location of the orientation session will be communicated to you by email or the site's exam coordinator (typically a faculty member at that school). The orientation session is designed to give the candidates any site-specific information that is relative to the administration of the exam, answer general administrative questions candidates may have, as well as distribute the candidate packets to each of the candidates. The candidate packets contain a variety of required materials each candidate will use during the exam-day process, including a **candidate ID badge**, **required forms**, and **ID labels** that are required for use on a variety of materials candidates submit during the examination.

2. *Exam Day: Timeline*

<i>Time</i>	<i>Task</i>
6:30 am	Candidates may enter the clinic and begin initial cubicle set-up
7:15 am	Candidates must present Photo ID. Typodonts, ID Labels, and Progress Form distributed to candidates
7:30 am – 8:30 am	Set-up period (make putty matrices, mount typodont/manikin head, place shroud) assure all materials and equipment in good working order
2:30 pm	Examination Ends- candidates must submit exam materials

3. Exam Day: Flow

Auxiliary personnel and/or laboratory technicians are not permitted to assist a candidate during these examination procedures. Violation may result in the failure of this examination.

Before the candidate's arrival, Clinic Floor Examiners (CFEs) will arrive at the simulation laboratory or clinic. Candidates may enter the clinic or simulation lab used for the examination at 6:30 am. Cubicle/workstation assignments will be posted in a prominent location in the clinic or simulation lab being used for the exam. Upon arrival, candidates should locate their assigned cubicle/workstation and proceed to begin set-up:

a. Arrival at Cubicle/Workstation

Remove the following materials from the white envelope you received at orientation:

- **Cubicle card:** you will only need ONE card for this examination. Either separate them or fold the cubicle card sheet in half. Write your cubicle number in the appropriate space on the cubicle card, and then tape it in a prominent place in your cubicle to identify your location
- **Candidate ID label**
Remove the Candidate ID label, with your picture, and place it on your outermost clinical garment. This ID label MUST be visible at all times during the examination
- **Candidate ID labels:** a full sheet of candidate ID labels
 - i. **Progress Form: Fill in your Candidate ID# on the upper right side of the form and place your candidate label in the designated area.**
 - ii. **Fill in the cubicle number box on the upper right side of the form with YOUR cubicle number (also write on your cubicle card)**
 - iii. **Place one candidate ID label in the space provided (top left of the form)**
 - iv. **Place one candidate ID label on the top of the typodont box**

b. Mounting Manikins

Instructions will be provided regarding any necessary adjustments and mechanisms specific to the test site to affect those adjustments to create the best fit occlusion.

c. Set-up Period

- Typodonts will be distributed by CFEs at 7:15 am
- All candidates **must** make putty matrices/reduction guides during the setup period, and may do so without adhering to infection control guidelines. Candidates are NOT authorized to bring pre-made reduction guides, pre-made stents, pre-made impressions, overlays, clear plastic shells, models, or pre-preparations.
- CFEs will circulate to assure appropriate manikin set-up: confirming that all candidates have their manikin heads mounted, and properly articulated, shrouds are properly placed, and the manikin heads are ready to undergo treatment
- CFE annotates the Progress Form that the appropriate manikin setup has been achieved
- CFE annotates the Progress Form that putty matrices/ reduction guide(s) have been fabricated

d. 8:30 am: Manikin Exam Begins

The Chief or a CFE will announce the beginning of the examination at 8:30 am. Candidates may perform procedures in any order they choose. A rubber dam must be used when performing the pulpotomy procedure. CFEs will continually monitor the progress of all candidates and will confirm that all candidates have their manikin heads mounted, and properly articulated, shrouds are properly placed, and the manikin heads are ready to undergo treatment. They will also note that a rubber dam is in place for the pulpotomy procedure. If a rubber dam is not used for this procedure, it will be noted as a violation of examination standards and that part of the examination may be terminated. Any unauthorized alteration in the manikin set-up is a violation of examination protocol and may lead to the termination of the exam. Once the examination has begun, the manikin will, from *that point forward*, be considered a patient, and candidates must observe and maintain all infection control guidelines and barrier controls. Failure to do so is a violation of examination protocol and will result in a penalty being assessed to the candidate. Repeated failure to observe appropriate infection/barrier control protocols will result in failure of the examination.

The exception is that protective eyewear is not required for the manikin during these procedures.

A CFE must be notified immediately in case of equipment failure; he/she will contact school maintenance personnel. The malfunction must be corrected or the candidate relocated

Candidates may NOT remove the typodont from the manikin head, loosen it, or re-tighten it after 8:30 am without a CFE present

4. Time Management

Each candidate has 6 hours for the Examination. You are responsible for managing your time to allow for the completion of all procedures in that time frame. If you wish to take a break during the 6-hour treatment time, you may do so. However, you must check out and check back in with a CFE.

The exam timeline will not be extended. The exam ends at 2:30. You are reminded that this is a patient simulated exam and you must maintain infection control protocols throughout. If the candidate finishes the exam before 2:30, they may notify the CFE and ask to dismount the typodont and checkout.

Only assigned teeth may be treated. If a candidate begins a procedure on the wrong tooth, he/she must notify a CFE immediately and that part of the exam will be terminated. The candidate will be able to continue with the other parts of the exam.

2:30 pm: End of Pediatric Manikin Examination

- At 2:30 pm, all candidates must stop working immediately and step away from their manikins
- Candidates should request a CFE to permit them to dismount the typodont (no more alterations of teeth may be performed)
- Once dismounted, typodonts should be cleaned with water, soap, and a brush/cotton. Rinse all soap off and then dry the typodont thoroughly with towels and an air syringe.
- Candidates *must* be in line to turn in all required materials (see list below) no later than 2:45 pm.

Exam Check-out

The CFE at the check-out station will inspect the typodont and ask you for your sheet of candidate ID labels

- CFE will attach a candidate ID label to the tan-colored tag, and then attach it to the typodont.
- CFE will attach the wing nut and bolt as well, to prevent damage during shipment.
- CFE will place the typodont in the bubble wrap pouch and put it in the typodont box along with the ProgressForm and putty matrices. The candidate will clean the cubicle/workstation and exit the clinic.

B. Infection Control Requirements

Although this is a simulated patient examination, all candidates must comply with and follow the current recommended infection control procedures as published by the Centers for Disease Control and Prevention once the examination treatment time officially begins. Infection control procedure compliance begins with the initial set-up of the unit, continues throughout the clinical examination procedures, and includes the final clean-up of the operatory. It is the candidate's responsibility to fully comply with these procedures, as failure to do so will result in a loss of points, and any violation that could lead to direct patient harm will result in failure of the examination.

ONE EXCEPTION: candidates are not required to maintain protective eyewear on the manikin during manikin procedures. Infection control will be monitored by the CFEs. The typodont procedures are considered to be on the same patient, so it is not necessary to re-sanitize the operatory or re-sterilize instruments between these procedures.

As much as possible, dental professionals must help prevent the spread of infectious diseases. Because many infectious patients are asymptomatic, all patients must be treated as if they are, in fact, contagious. The use of barrier techniques, disposables whenever possible, and proper disinfection and sterilization procedures are essential. Candidates must adhere to the following infection control guidelines:

1. Barrier protection

- Gloves must be worn while 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
- Wash and dry hands between procedures and whenever gloves are changed; do not wear hand jewelry that can tear or puncture gloves
- Wear clean, long-sleeved, closed-neck uniforms, gowns, or laboratory coats, and change them if they become visibly soiled; remove gowns or laboratory coats before leaving the clinic area at any point; wear facemasks and protective eyewear during all procedures in which splashing of any body fluids could occur during actual patient care; discard masks after each patient (or sooner 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), discard them, and replace them between procedures (after removing gloves)

2. Sterilization and Disinfection

- Instruments do not need to be sterilized for this simulated examination but could be provided in an equivalent sterilization bag. However, once the examination has begun, all CDC infection control guidelines must be followed.
- **If an instrument becomes contaminated during the examination, the candidate should notify a CFE and be prepared to describe actions they would take if this were to occur while treating a patient**
- Used sharps are to be placed in a spill-proof, puncture-resistant container; needles are to be recapped with a one-handed method or with special devices designed to prevent needle-stick injuries and disposed of properly
- All waste and disposable items must be considered potentially infectious and shall be disposed of following federal, state, and local regulations

Although masks and protective eyewear are mandatory for a simulated patient exam, the Chief of the Exam may waive the use of gowns, or operator barriers.

The school's requirements for PPE will be followed and will be communicated to the candidate if it varies from the protocols in this manual.

C. Standards of Conduct

This examination strives to evaluate the candidate's clinical judgment and skills in a fair manner. In addition, conduct, decorum, and professional demeanor are evaluated. Professional misconduct is a most serious violation of examination guidelines. Substantiated evidence of professional misconduct during 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 may not be allowed to re-apply for the Dental Therapy Exam for a period of one year from the time of the infraction.

All candidates are required to adhere to the rules, regulations, and standards of conduct as set forth in this manual. Only the candidate manual, or portions thereof, are permitted in the clinic area. No other reference materials are allowed. Candidate notes written in the manual are acceptable. Penalties may be assessed for violation of examination standards and/or for certain procedural errors, as defined and further described below:

1. **Unethical personal/professional conduct:** Falsification or intentional misrepresentation of registration requirements, dishonesty, collusion, receiving unauthorized assistance, misappropriation of equipment (theft), alteration of examination records, or a candidate's failure to follow the instructions of the chief examiner or CFEs will automatically result in failure of all five examination sections. All candidates are expected to behave ethically and properly. Manikins (acting as substitute 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.
2. **Termination of the examinations:** The CDCA-WREB-CITA reserves the right to delay or terminate the exam at any time if the candidate or examiners are threatened in any manner or other interfering events occur that are beyond the CDCA-WREB-CITA's control.
3. **Completion of the examinations:** If all specified materials and required documentation are not turned in at the end of an examination procedure, then that procedure will be considered incomplete.
4. **Misappropriation (theft) 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, typodonts, manikins, or shrouds 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. **Assigned procedures:** Only the treatment and/or procedures assigned may be performed. Performing other treatments or procedures may result in failure of the examination.

Electronic equipment: The use of any electronic equipment is prohibited 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. 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 the failure of the entire Dental Therapy Examination Series. However, photographs may be taken by authorized examiners or school personnel during the examination for future examiner standardization and calibration.

Criteria

- **Stainless Steel Crown Preparation**
- **Stainless Steel Crown Restoration**
- **Class II MOD Amalgam Restoration**
- **Pulpotomy Access Opening**

Stainless Steel Crown Preparation Tooth #L

CRITICAL ERRORS

Wrong tooth/surface treated	No	Yes
Procedure not challenged	No	Yes

ACC = Adheres to Criteria SUB = Marginally Substandard DEF = Critical Deficiency

Proximal Tissue Removal	
ACC	Proximal tissue removal is ≥ 0.5 mm and ≤ 1.5 mm.
SUB	Proximal tissue removal is > 1.5 mm and ≤ 2.5 mm.
DEF	Proximal tissue removal is < 0.5 mm or > 2.5 mm.
Axial Wall Smoothness	
ACC	The axial walls are smooth and well-defined.
SUB	The axial walls are slightly rough.
DEF	The axial walls are rough throughout.
Taper	
ACC	The taper is $\geq 6^\circ$ and $\leq 16^\circ$.
SUB	The taper is $< 6^\circ$ or $> 16^\circ$ but $\leq 30^\circ$.
DEF	The taper is $> 30^\circ$.
Cervical Finish Line	
ACC	The margin has a knife or feathered edge or has a ledge that is ≤ 0.5 mm.
SUB	The margin is > 0.5 mm and ≤ 1.5 mm.
DEF	The margin is > 1.5 mm.
Occlusal Reduction	
ACC	Occlusal reduction is ≥ 1.0 mm and ≤ 1.5 mm.
SUB	Occlusal reduction is ≥ 0.5 mm but < 1.0 mm or > 1.5 mm but ≤ 2.5 mm.
DEF	Occlusal reduction is < 0.5 mm or > 2.5 mm.
Internal Line Angles	
ACC	Internal line angles and cusp tips are rounded.
SUB	Internal line angles and cusp tips are partially/minimally rounded.
DEF	The internal line angles and cusp tips are excessively sharp with no evidence of rounding.
Occlusal Anatomy	
ACC	The general occlusal anatomy is maintained.
DEF	The occlusal anatomy is flat.

Stainless Steel Crown Preparation Tooth #L (CONTINUED)

Margin Extension	
ACC	The cervical margin is at the crest of the free gingival margin or ≤ 0.5 mm apical to the crest of the simulated free gingival margin.
SUB	A. The cervical margin is > 0.5 mm apical to the crest of the simulated free gingival margin but ≤ 1.5 mm apical to the crest of the simulated free gingival margin. B. The cervical margin is above the free gingival margin but ≤ 1.0 mm coronal to the crest of the simulated free gingival margin.
DEF	A. The cervical margin is > 1.5 mm apical to the simulated free gingival margin B. The cervical margin is > 1.0 mm coronal to the simulated free gingival margin.
Margin Definition	
ACC	The margin is smooth, continuous, and well defined.
DEF	The margin has no continuity or definition.
Line of Draw	
ACC	Line of draw is present.
DEF	Line of draw is $> 30^\circ$ from the long axis of the tooth.
Proximal Contact	
ACC	Proximal contact is broken.
DEF	Proximal contact is not broken.
Condition of Adjacent/Opposing Teeth	
ACC	Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or the contact.
DEF	A. There is gross damage to adjacent or opposing tooth/teeth, requiring a restoration. B. There is evidence of gross damage and/or alteration to opposing hard tissue inconsistent with the procedure.
Condition of Surrounding Soft Tissue	
ACC	There may be slight damage to simulated gingiva and/or typodont consistent with the procedure.
DEF	There is gross iatrogenic damage to the simulated gingiva and/or typodont inconsistent with the procedure.

Stainless Steel Crown Restoration Tooth #J

CRITICAL ERRORS

Wrong tooth/surface treated	No	Yes
Procedure not challenged	No	Yes

ACC = Adheres to Criteria SUB = Marginally Substandard DEF = Critical Deficiency

Margin/Extension	
ACC	The crown margin is ≥ 1.0 mm and ≤ 2.0 mm apical from the crest of the simulated free marginal gingiva.
SUB	A. The crown margin is > 2.0 mm and ≤ 3.0 mm apical from the crest of the simulated free marginal gingiva. B. The crown margin is at the crest of the free marginal gingiva or ≤ 0.5 mm coronal or < 1.0 mm apical to the crest of the simulated free marginal gingiva.
DEF	A. The crown margin extension is > 3.0 mm apical to the crest of the simulated free marginal gingiva. B. The crown margin extension is > 0.5 mm coronal to the crest of the simulated free marginal gingiva.
Margin/Definition	
ACC	The crown margins have been properly adapted to the tooth surface with isolated discrepancies ≤ 0.5 mm.
SUB	The crown margins have been properly adapted to the tooth surface with isolated discrepancies > 0.5 mm but ≤ 1.0 mm.
DEF	The crown margins are not adapted adequately to the tooth surface with discrepancies > 1.0 mm.
Surface Finish	
ACC	The crown surface and margins are well polished with no scratches or plier marks present.
SUB	The crown surface and margins are well polished with minimal evidence of scratches or plier marks.
DEF	The crown surface and margins are either rough or show marked evidence of scratches or plier marks.
Cement Removal	
ACC	There is no evidence of cement on the crown surface, margin, interproximal or occlusal surfaces and no evidence of cement in the gingival sulcus, interproximal areas, adjacent teeth, or any gingival tissues.
SUB	There is minimal to moderate evidence of cement on the crown surface, margin, interproximal or occlusal surfaces; or, there is minimal or moderate evidence of cement in the gingival sulcus, interproximal areas, adjacent teeth or any gingival tissues.
DEF	There is significant evidence of cement remaining on the crown surface, margin, interproximal or occlusal surfaces; or, there is significant evidence of cement in the gingival sulcus, interproximal areas, adjacent teeth, or any gingival tissues.
Interproximal Contact	
ACC	The interproximal contact is visually closed and appropriately contoured, and there is definitive resistance when waxed dental floss is used.
DEF	The interproximal contact is visually open, and there is no demonstrated resistance when waxed dental floss is used.

Stainless Steel Crown Restoration Tooth #J (CONTINUED)

Occlusion	
ACC	The crown, when checked with articulating paper, shows occlusal contacts consistent with those of other teeth in the arch.
SUB	The crown, when checked with articulating paper, shows occlusal contacts with minimal evidence of hyperocclusion.
DEF	A. There is gross hyperocclusion such that the crown is the only point of occlusion in that quadrant. B. There is no occlusal contact between the crown and the opposing arch.
Occlusal Anatomy	
ACC	The crown is placed appropriately, and replicates the natural tooth anatomy, and contours marginal ridge height, and is aligned, displaying no rotation or axial inclination.
SUB	The crown placement does not replicate the natural tooth anatomy, contours, or marginal ridge height but would not be expected to adversely affect gingival health.
DEF	The crown placement does not replicate the natural tooth anatomy, contours, or marginal ridge height and would be expected to adversely affect gingival health.
Condition of Adjacent/Opposing Teeth	
ACC	Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or the contact.
DEF	A. There is gross damage to adjacent or opposing tooth/teeth, requiring a restoration. B. There is evidence of gross damage and/or alteration to opposing hard tissue inconsistent with the procedure.
Condition of Surrounding Soft Tissue	
ACC	There may be slight damage to simulated gingiva and/or typodont consistent with the procedure.
DEF	There is gross iatrogenic damage to the simulated gingiva and/or typodont inconsistent with the procedure.

Class II MOD Amalgam Restoration #T

CRITICAL ERRORS

The restoration is fractured	No	Yes
Procedure not challenged	No	Yes

ACC = Adheres to Criteria SUB = Marginally Substandard DEF = Critical Deficiency

Margin Excess	
ACC	A marginal excess may be detectable either visually or with the tine of an explorer at the restoration-tooth interface but is ≤ 1.0 mm.
SUB	A marginal excess may be detectable either visually or with the tine of an explorer at the restoration-tooth interface and is > 1.0 mm but ≤ 2.0 mm.
DEF	There is evidence of marginal excess > 2.0 mm.
Margin Deficiency	
ACC	A marginal deficiency may be detectable either visually or with the tine of an explorer at the restoration-tooth interface but is ≤ 0.5 mm.
SUB	A marginal deficiency may be detectable either visually or with the tine of an explorer at the restoration-tooth interface and is > 0.5 mm but ≤ 1.0 mm.
DEF	There is evidence of a marginal deficiency > 1.0 mm.
Gingival Overhang	
ACC	There is no gingival overhang.
SUB	There is a slight gingival overhang, but it does not adversely affect the gingiva.
DEF	There is a gingival overhang that will adversely affect the gingiva.
Surface Finish	
ACC	The surface of the restoration is slightly grainy and free of pits and voids.
SUB	The surface of the restoration may be slightly grainy or rough, but it is free from significant pits and voids.
DEF	The surface of the restoration is rough and exhibits significant pits and voids.
Adjacent Tooth Damage	
ACC	There is no evidence or modification or recontouring of the tooth structure adjacent to the restoration (enameloplasty).
SUB	There is evidence of removal, modification, or recontouring of tooth structure adjacent to the restoration (enameloplasty).
DEF	There is gross enameloplasty.
Interproximal Contact	
ACC	The interproximal contact is visually closed, and the contact is adequate in size, shape or position, but may demonstrate little resistance to waxed dental floss.
SUB	The interproximal contact is visually closed, but the contact is deficient in size, shape, or position and demonstrates little resistance to waxed dental floss, or shreds the floss.
DEF	The interproximal contact is visually open; or, it will not allow waxed floss to pass through the contact area.

Class II MOD Amalgam Tooth #T (CONTINUED)

Anatomy and Contour	
ACC	The restoration reproduces the normal occlusal anatomy, proximal contours, and marginal ridge anatomy.
SUB	The restoration does not reproduce the normal occlusal anatomy, proximal contours, or marginal ridge anatomy and will not be expected to adversely affect the tissue health.
DEF	The restoration does not reproduce the normal occlusal anatomy, proximal contours, or marginal ridge anatomy and is expected to adversely affect the tissue health.
Occlusion	
ACC	The restoration, when checked with articulating paper, shows contacts consistent with those of other teeth in the arch.
SUB	A. When checked with articulating paper, the restoration is in hyperocclusion inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth. B. The restoration requires adjustment.
DEF	There is gross hyperocclusion such that the restoration is the only point of occlusion in that quadrant.

Pulpotomy Access Opening Tooth #A

CRITICAL ERRORS

Wrong tooth/surface treated	No	Yes
Procedure not challenged	No	Yes
Any part of the tooth is perforated	No	Yes

ACC = Adheres to Criteria SUB = Marginally Substandard DEF = Critical Deficiency

Placement	
ACC	The placement of the access opening allows for straight line access to the root canal system and is found in the mesial pit and central fossa of the tooth.
DEF	The placement of the access opening is not over the pulp chamber and does not allow access to the root canal system.
Access Opening	
ACC	The access opening is of optimal size and allows complete debridement of the pulp chamber.
SUB	The access opening is under-extended and only allows partial debridement of the pulp chamber.
DEF	The access opening is too small to allow complete debridement of the pulp chamber or does not allow access to one or more of the canal orifices.
Size	
ACC	The access opening is ≥ 1.5 mm from the mesial marginal ridge and/or cusp tips, or < 1.5 mm but ≥ 1.0 mm from the height of the oblique ridge.
SUB	The access opening is ≥ 1.0 mm but < 1.5 mm from the mesial marginal ridge and/or cusp tips, or < 1.0 mm but not past the height of the oblique ridge.
DEF	The access opening is < 1.0 mm from the mesial marginal ridge and/or cusp tips, or past the height of the oblique ridge.
Internal Form	
ACC	The internal form of the access preparation tapers to the canal orifices with no or only slight gouges.
DEF	The internal form of the access preparation displays gross gouges and/or ledges which does not allow access to all canal orifices.
Pulp Horn Removal	
ACC	All pulp horns are fully removed.
SUB	All pulp horns are not fully removed.
DEF	Pulp horns are not engaged.
Condition of Adjacent/Opposing Teeth	
ACC	Any damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or the contact.
DEF	A. There is gross damage to adjacent, or opposing tooth/teeth, requiring a restoration. B. There is evidence of gross damage and/or alteration to opposing hard tissue inconsistent with the procedure.
Condition of Surrounding Soft Tissue	
ACC	There may be slight damage to simulated gingiva and/or typodont consistent with the procedure.
SUB	There is gross iatrogenic damage to the simulated gingiva and/or typodont inconsistent with the procedure.