Candidate Number:________________

Simulated Patient Treatment Clinical Examination
Dental Hygiene Mock Board

Calculus Detection

Select "**Yes**" if any subgingival calculus is **present**.
Select "**No**" if subgingival calculus is **NOT present**.

Tooth # Record here & on ACF Form	Surface	Examiner #1	Examiner #2	Examiner #3	Majority response	In agreement with candidate findings (see ACF Form)? Yes or No
	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		
	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		
	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		
	Distal	Yes No	Yes No	Yes No		
	Facial	Yes No	Yes No	Yes No		
	Mesial	Yes No	Yes No	Yes No		
	Lingual	Yes No	Yes No	Yes No		

Total (0-16 pts):
(+1 point for each agreement with Candidate)

v20250912

Candidate Number:_____

Mock Calculus Removal and Complete Calculus Removal

SPTCE Candidates are assigned one quadrant for calculus removal on the SimProDH™, available only for ADEX Dental Hygiene Examinations.

Programs using the Acadental ModuPro DS™ or other simulated models may assign the Lower Right, Lower Left or Lower Arch to meet the recommended number of surfaces for evaluation.

- **Calculus Removal.** Identify (by highlighting) the 12 key calculus removal surfaces within the assignment (5.5 points each).
- **Complete Calculus Removal.** Any additional surfaces within the assignment (up to 6 points total).

Lower Left (LL)

TOOTH # & calculus location	Examiner #1	Examiner #2	Examiner #3	CALCULUS REMOVAL Record check mark for surfaces with 2 or more "YES" responses.
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	

Lower Right (LR)

TOOTH # & calculus location	Examiner #1	Examiner #2	Examiner #3	CALCULUS REMOVAL Record check mark for surfaces with 2 or more "YES" responses.
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	
☐ ☐	Yes No	Yes No	Yes No	

12 surfaces Total x 5.5 pts: ☐ +

Removal of Additional Surfaces = 6 pts
Minus 3 points if 1 surface remains
Minus 6 points if 2 or more surfaces ☐ = ☐

Candidate Number:_____

Post-Treatment Periodontal Probing

Recorded in **mm** after calculus removal

Anterior Tooth (enter here and on ACF Form) ☐

Examiner # 1

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

Examiner # 2

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

Examiner # 3

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

2 or more examiners in agreement with Candidate's findings on ACF (+/- 1 mm)

DL	Yes	No
L	Yes	No
ML	Yes	No
DF	Yes	No
F	Yes	No
MF	Yes	No

Posterior Tooth (enter here and on ACF Form) ☐

Examiner # 1

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

Examiner # 2

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

Examiner # 3

DL	2 or <	3	4	5	6	7 or +
L	2 or <	3	4	5	6	7 or +
ML	2 or <	3	4	5	6	7 or +
DF	2 or <	3	4	5	6	7 or +
F	2 or <	3	4	5	6	7 or +
MF	2 or <	3	4	5	6	7 or +

2 or more examiners in agreement with Candidate's findings on ACF (+/- 1 mm)

DL	Yes	No
L	Yes	No
ML	Yes	No
DF	Yes	No
F	Yes	No
MF	Yes	No

Total (0-12 pts): ☐
(+1 point for each agreement with Candidate)

Candidate Number:_____

Tissue Management

NOTE: Major Hard and Soft Tissue Damage are extremely rare; consult the Candidate Manual for criteria if major damage is suspected.

Soft Tissue *Where MINOR damage is present, list surface in space provided.*	**Examiner #1**	**Examiner # 2**	**Examiner #3**	**If 2 or more "Yes" responses**
1 area of damage	Yes No Surface	Yes No Surface	Yes No Surface	-1 point
2 areas of damage	Yes No Surfaces	Yes No Surfaces	Yes No Surfaces	-2 points
3 areas of damage	Yes No Surfaces	Yes No Surfaces	Yes No Surfaces	-3 points
4 or more areas of damage	Yes No Surfaces	Yes No Surfaces	Yes No Surfaces	-100 points

Total:
(penalties) ☐

Hard Tissue *Where MINOR damage is present, list surface in space provided.*	**Examiner #1**	**Examiner # 2**	**Examiner #3**	**If 2 or more "Yes" responses**
1 area of damage	Yes No Surface	Yes No Surface	Yes No Surface	-1 point
2 areas of damage	Yes No Surfaces	Yes No Surfaces	Yes No Surfaces	-2 points
3 areas of damage	Yes No Surfaces	Yes No Surfaces	Yes No Surfaces	-3 points
4 or more areas of damage	Yes No Surfaces	Yes No Surfaces	Yes No Surfaces	-100 points

Total:
(penalties) ☐

(Accumulated points) - (Tissue Management Penalties) = Final Score

(____) + (____) + (____) - (____) + (____) = _____

Dental Hygiene Simulated Patient Assignment and Candidate Findings Form

Cubicle #

CANDIDATE LABEL

ADEX
AMERICAN BOARD of DENTAL EXAMINERS

Quadrant:

Typodont mounting approved & Assignment confirmed by Examiner #:

CALCULUS DETECTION FINDINGS
Maxillary

For the assigned teeth, indicate the **presence** or **absence** of subgingival calculus by placing an **X** in the appropriate box for each of the four surfaces on each tooth: Mesial, Distal, Facial, and Lingual

Yes = present
No = not present/absent

Tooth #	D		F		M		L	
	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO

CALCULUS REMOVAL ASSIGNMENT
Mandibular

You are evaluated on the removal of all calculus in the assigned quadrant.

QUADRANT:

PERIODONTAL PROBING MEASUREMENT
Mandibular

For the assigned teeth, measure and record in the appropriate boxes the depth of each sulcus on the indicated surfaces to nearest mm.

Anterior Tooth #			
DF		DL	
F		L	
MF		ML	

Posterior Tooth #			
DF		DL	
F		L	
MF		ML	

CANDIDATE ASSIGNED FINISH TIME

CANDIDATE FINDINGS RECORDED Confirmed by EXAMINER #