

CANDIDATE ID LABEL

CANDIDATE WORKSHEET

Unit/Cubicle #



Official exam records are digital. All exam communications are submitted via Tablet-entry.
Candidates are responsible for ensuring accuracy of data entry.

Periodontal Treatment Mock Board

ASSIGNED
FINISH TIME:

- Typodont Mounting evaluated by Examiner
- Procedures Complete (Authorization required to remove typodont arch)
- Candidate Check-Out (Collection of labeled Mandibular arch, Worksheet, ID labels)

Calculus Detection (Maxillary)

Record **Y** = **YES**, Calculus is present

Record **N** = **NO**, Calculus is NOT present

Tooth#	D	F	M	L
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N

Periodontal Probing Measurements (Mandibular)

Record in millimeters

ANTERIOR TOOTH	
___ DF	
___ F	
___ MF	
___ DL	
___ L	
___ ML	
POSTERIOR TOOTH	
___ DF	
___ F	
___ MF	
___ DL	
___ L	
___ ML	

Calculus Removal Quadrant (Mandibular)

Remove calculus from all surfaces within the assigned quadrant

LOWER RIGHT/LEFT



QUADRANT: LR / LL

A B C D E

Draft of Notes to Examiners (if applicable):

Periodontal Treatment Mock Board Calculus Detection (Maxillary)

Teeth assignments are recorded on Periodontal Treatment Mock Board forms and on the **Candidate Worksheet**. Refer to the [Candidate Manual](#) for **Performance Expectations** and **Scoring Rubric**.

Record **Y = YES**, Calculus is **present**.
Record **N = NO**, Calculus is **NOT present**.

Tooth #s	Surface	Evaluator #1	Evaluator #2	Evaluator #3	Majority response	In agreement with candidate findings on Candidate Worksheet? YES or NO
<input style="width: 30px; height: 30px;" type="checkbox"/>	Distal	Y N	Y N	Y N		
	Facial	Y N	Y N	Y N		
	Mesial	Y N	Y N	Y N		
	Lingual	Y N	Y N	Y N		
<input style="width: 30px; height: 30px;" type="checkbox"/>	Distal	Y N	Y N	Y N		
	Facial	Y N	Y N	Y N		
	Mesial	Y N	Y N	Y N		
	Lingual	Y N	Y N	Y N		
<input style="width: 30px; height: 30px;" type="checkbox"/>	Distal	Y N	Y N	Y N		
	Facial	Y N	Y N	Y N		
	Mesial	Y N	Y N	Y N		
	Lingual	Y N	Y N	Y N		
<input style="width: 30px; height: 30px;" type="checkbox"/>	Distal	Y N	Y N	Y N		
	Facial	Y N	Y N	Y N		
	Mesial	Y N	Y N	Y N		
	Lingual	Y N	Y N	Y N		

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

Periodontal Treatment Mock Board

Calculus Removal and Complete Calculus Removal

Candidates are assigned one quadrant for calculus removal on the proprietary SimProDH™, exclusively available during the Periodontal Treatment portion of the ADEX Dental Examination and ADEX Dental Hygiene Examination.

Programs using the Acidental 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 (evaluated at 5.5 pts each for up to 66.0 pts total).
- **Complete Calculus Removal.** Any additional **non-key** surfaces within the assignment (up to 6 pts total).

Record **Y = YES**, Calculus has been **removed**.
 Record **N = NO**, Calculus has not been **NOT removed**.

Lower Left (LL)

	Evaluator #1	Evaluator #2	Evaluator #3	CALCULUS REMOVAL <small>Record check mark for surfaces with 2 or more "YES" responses.</small>
TOOTH # & calculus location				
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	

Lower Right (LR)

	Evaluator #1	Evaluator #2	Evaluator #3	CALCULUS REMOVAL <small>Record check mark for surfaces with 2 or more "YES" responses.</small>
TOOTH # & calculus location				
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	
<input type="checkbox"/> <input type="checkbox"/>	Y N	Y N	Y N	

12 KEY surfaces Total
x 5.5 pts:

Additional **non-key Surfaces** = 6 pts Total
 (Minus -3 points if 1 surface remains)
 (Minus -6 points if 2 or more surfaces)

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Periodontal Treatment Mock Board Periodontal Probing Measurement

Teeth assignments are recorded on Periodontal Treatment Mock Board forms and on the **Candidate Worksheet**.

Grading allows for +/- 1 mm leeway.

Anterior Tooth

Evaluator # 1						
DF	≤2	3	4	5	6	7+
F	≤2	3	4	5	6	7+
MF	≤2	3	4	5	6	7+
DL	≤2	3	4	5	6	7+
L	≤2	3	4	5	6	7+
ML	≤2	3	4	5	6	7+

Evaluator # 2						
DF	≤2	3	4	5	6	7+
F	≤2	3	4	5	6	7+
MF	≤2	3	4	5	6	7+
DL	≤2	3	4	5	6	7+
L	≤2	3	4	5	6	7+
ML	≤2	3	4	5	6	7+

Evaluator # 3						
DF	≤2	3	4	5	6	7+
F	≤2	3	4	5	6	7+
MF	≤2	3	4	5	6	7+
DL	≤2	3	4	5	6	7+
L	≤2	3	4	5	6	7+
ML	≤2	3	4	5	6	7+

Anterior Agreements
2 or more evaluators in agreement with findings on Candidate Worksheet (+/- 1 mm)

DF	Y	N
F	Y	N
MF	Y	N
DL	Y	N
L	Y	N
ML	Y	N

Posterior Tooth

Evaluator # 1						
DF	≤2	3	4	5	6	7+
F	≤2	3	4	5	6	7+
MF	≤2	3	4	5	6	7+
DL	≤2	3	4	5	6	7+
L	≤2	3	4	5	6	7+
ML	≤2	3	4	5	6	7+

Evaluator # 2						
DF	≤2	3	4	5	6	7+
F	≤2	3	4	5	6	7+
MF	≤2	3	4	5	6	7+
DL	≤2	3	4	5	6	7+
L	≤2	3	4	5	6	7+
ML	≤2	3	4	5	6	7+

Evaluator # 3						
DF	≤2	3	4	5	6	7+
F	≤2	3	4	5	6	7+
MF	≤2	3	4	5	6	7+
DL	≤2	3	4	5	6	7+
L	≤2	3	4	5	6	7+
ML	≤2	3	4	5	6	7+

Posterior Agreements
2 or more evaluators in agreement with findings on Candidate Worksheet (+/- 1 mm)

DF	Y	N
F	Y	N
MF	Y	N
DL	Y	N
L	Y	N
ML	Y	N

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



Candidate Number: _____

Periodontal Treatment Mock Board Tissue Management

Indicate surface(s) where damage (if any) is present.

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

Minor SOFT Tissue Damage	Evaluator #1	Evaluator # 2	Evaluator #3	Point Deduction (2 or more "Y" responses in agreement)
1 area of damage	YES NO	YES NO	YES NO	-1 pt
	Surface	Surface	Surface	
2 areas of damage	YES NO	YES NO	YES NO	-2 pt
	Surface	Surface	Surface	
3 areas of damage	YES NO	YES NO	YES NO	-3 pt
	Surface	Surface	Surface	
4 or more areas of damage	YES NO	YES NO	YES NO	-100 pt
	Surface	Surface	Surface	

Soft Tissue Total:
(penalties)

Minor HARD Tissue Damage	Evaluator #1	Evaluator # 2	Evaluator #3	Point Deduction (2 or more "Y" responses in agreement)
1 area of damage	YES NO	YES NO	YES NO	-1 pt
	Surface	Surface	Surface	
2 areas of damage	YES NO	YES NO	YES NO	-2 pt
	Surface	Surface	Surface	
3 areas of damage	YES NO	YES NO	YES NO	-3 pt
	Surface	Surface	Surface	
4 or more areas of damage	YES NO	YES NO	YES NO	-100 pt
	Surface	Surface	Surface	

Hard Tissue Total:
(penalties)

Accumulated Points			Tissue Management Penalties		FINAL SCORE
Detection	Removal	Probing	Soft Tissue	Hard Tissue	