The ADEX Dental Examination Series

DENTAL CANDIDATE MANUAL

Clinical Examinations: Periodontal, Endodontic, Prosthodontic, & Restorative

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American Board of Dental Examiners

EXAM SEASON
2026 - 2027
AUGUST 1 - JULY 31

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ADDENDUM

Candidates are responsible for understanding content included in the Candidate Guide, Candidate Manuals, criteria sheets, forms and website regarding simulated-patient examination procedures, protocols and processes applicable to the **August 1, 2026 through July 31, 2027 exam season**. Candidates are encouraged to periodically review these publications for changes or updates.

Any additions or modifications after initial publication will be noted below.

- **Endodontic Exam**. Candidates will be provided a radiographic image indicating the length of tooth #8 at the start of exam. (Candidates will not measure the length of the tooth.)
- **Posterior Restorative Examination**. Amalgam has been discontinued as a dental restoration material. (08/01/2026)

EXAMINATION OVERVIEW

The American Board of Dental Examiners administers the ADEX Dental Examination, which consists of computer-based and clinical exam components. All examinations are based on specific performance criteria developed by ADEX and other content experts used to measure the clinical competency of candidates.

All components of the **ADEX Dental Examination series** must be successfully completed (passing scores) within 18 months of the initial attempt of any component in the series. In conjunction with this manual, refer to the Candidate Guide (policies) available on the ADEXtesting.org website for more information regarding exam eligibility requirements, registration, the ***ADEX 18-Month Rule, 3-Time Fail Policy***, and other administrative policies.

- The computer-based **American Dental Association (ADA) Dental Licensing Objective Simulated Clinical Examination (DLOSCE)** assesses various aspects of diagnosis and treatment planning knowledge, skills, and abilities. Refer to the separate Computer-based Candidate Manual for more information.

- The **ADEX Clinical Examinations** procedures are performed on simulated patient manikins and proprietary typodont models in a clinic or simulation laboratory within the designated timeframe. (Refer to the ***Examination Timeline*** section of the respective procedure for guidelines and restrictions.) Candidates are evaluated based on the published performance criteria for the respective procedure (see Criteria Sheets).

  Clinical examinations consist of multiple procedures, which are evaluated and reported as singular exam parts or components. Successful completion of all procedures of the respective clinical examination are required to achieve an overall passing score. Meaning that failure of one or more procedures of an examination requires a re-attempt of all procedures of the respective examination.

  A. ***Periodontal Examination.*** Candidates have up to 90 minutes to complete the following procedures:
     1. Calculus detection (maxillary)
     2. Calculus removal on assigned quadrant (mandibular)
     3. Periodontal probing depth measurements (mandibular)

  B. ***Endodontic Examination.*** Candidates have up to three (3) hours to complete the following procedures:
     1. Anterior procedure
     2. Posterior procedure

  C. ***Fixed Prosthodontic Examination.*** Candidates have up to four (4) hours to complete the following procedures:
     1. All-Ceramic Crown preparation (Central Incisor)
     2. Zirconia Crown preparation (Premolar)
     3. Zirconia Crown preparation (Molar)

  D. ***Anterior Restorative Examination.*** Candidates have up to three (3) hours to complete the following:
     1. Class III preparation and restoration of carious lesion on a maxillary incisor

  E. ***Posterior Restorative Examination.*** Candidates have up to three-and-a-half (3.5) hours to complete the following:
     1. Class II preparation and restoration of carious lesion on a mandibular molar or premolar

PROFESSIONAL CONDUCT

Standards of Conduct

Integrity of the examination depends on fairness, accuracy and consistency. Established standards of conduct ensure that these principles are adhered to by examiners, candidates, and all individuals and entities involved in examination administration.

Dismissal, failure of the examination or a reduction in an examination score may result from unethical and/or unprofessional conduct (misconduct).

Candidates are required to adhere to these standards of conduct while participating in any examination administered by the American Board of Dental Examiners. Refer to the Candidate Guide for conduct and examination guidelines resulting in penalties or automatic failure of the examination and/or examination series (e.g. use of prohibited electronic devices, etc.).

IMPORTANT REMINDER: Photography

Photography or recording of any aspect of the clinical or computer-based examination is strictly prohibited and grounds for immediate dismissal.

IMPORTANT REMINDER: WRONG TOOTH

Stop working immediately and notify the CFE if a procedure is started on the wrong tooth.

IMPORTANT REMINDER: Official Resources & References

Only official ADEX Testing Media publications — Candidate Manual, Candidate Guide, and Exam Criteria Sheets — are permitted in the clinic area. A Candidate's personal, handwritten notations or hand-rendered illustrations recorded within the pages of the manual are also permitted.

EXAM PREPARATION

OFFICIAL RESOURCES

Candidates are responsible for reading and understanding manuals and materials published by the American Board of Dental Examiners. Candidates bear all risk of any misunderstanding resulting from the use of or reliance on unofficial, non-authorized or third-party information or materials.

Refer to the Dental Examination Overview and Test Prep pages of the ADEXtesting.org website for official resources.

Candidate Guide, Exam Manuals, Criteria Sheets & Forms

Official **downloadable resources**, accessible via the Dental Examination Overview webpage, are for candidate use during the examination.

- Refer to the ***Candidate Guide*** for American Board of Dental Examiners policies and procedures regarding eligibility requirements, candidate conduct, infection control protocols, results release, and exam administration.
- Refer to this ***Candidate Manual*** for exam content, protocols, procedures, materials, and performance expectations.
- **Criteria Sheets** provide the criteria used to evaluate a candidate's performance.
- **Sample examination forms** are for candidate reference only, not for exam use. Official printed forms are provided during the examination.

Typodonts & Manikins

All candidate assignments are performed on the **magnetically retained typodonts and proprietary teeth** provided by the American Board of Dental Examiners during exam check-in. Manikin, shroud and mounting post are also provided for candidate use during the examination.

Similar products for candidate practice in advance of the exam are available at Acadental.com.

Questions?
Contact Us

Site Info Sheets

Visit the Exam Calendar section of the ADEXtesting.org website for **Site Info Sheets** regarding host-provided supplies and equipment, infection control protocols, PPE, equipment rental, and other valuable information for each clinical exam location. Contact site host directly with questions regarding information listed in their **Site Info Sheet.**

Submit questions regarding exam availability, registration and fees to the American Board of Dental Examiners via Contact Us.

Q&A Session

The **Q&A Session** affords Candidates the opportunity to ask questions about exam processes or other exam-related concerns, including host site-specific protocols, in advance of their clinical examination.

Registered Candidates are notified of their scheduled Q&A Session date and time via email; participation is strongly encouraged. Sessions may be virtual or onsite, depending on host site preference/availability. Q&A Sessions are not recorded by American Board of Dental Examiners.

Video Tools

Visit the Test Prep page to access **videos** highlighting the examination day experience. Only videos branded and published by ADEX Testing Media are valid sources of information. However, these videos are for demonstration purposes only, and not a replacement for information contained within this ***Candidate Manual***.

INSTRUMENTS & MATERIALS

Instrument Guidelines Applicable to All Clinical Examinations

- Candidates are ***responsible for furnishing their own instruments and materials*** as needed to complete the required dental examination procedures.
- Only instruments, materials and techniques within the standard of patient care for the dental procedure specific to each examination part may be used. (Use of inappropriate instruments, materials, solvents or techniques is prohibited and grounds for termination of the examination.)
- Candidates must use their best clinical judgment and diagnostic skills when determining which dental instruments and armamentarium are required to perform each procedure as an instrument list is not provided.
- Instruments must be clean and disinfected, but sterilization is not required for simulated patient (i.e. manikin) examinations. Once the examination begins, all CDC infection control guidelines must be followed.

CONTAMINATED INSTRUMENT PROTOCOL

Once treatment begins, inform the CFE if an instrument becomes contaminated (e.g. dropped). In lieu of replacing the instrument, the candidate must explain the protocol followed for patient treatment, and ***wipe down/disinfect*** the instrument prior to use.

Exam Site Information

Some locations may have instruments available for candidate use for an additional fee. Refer to the Site Info Sheet of the clinical exam location listed in the Exam Calendar section of the ADEXtesting.org website for information regarding instrument availability, hand-piece compatibility, and materials provided.

Any arrangements for instrument or equipment rental should be completed well in advance of the examination to ensure availability, if applicable. Contact the site host directly with questions regarding school-related information listed within their Site Info Sheet.

IMPORTANT REMINDER: School Equipment

Notify Clinic Floor Examiner (CFE) immediately of any school equipment malfunction.

Dental Technologies

The American Board of Dental Examiners recognizes the ongoing development of technologies that enhance the quality and efficiency of patient care. However, as a testing agency, the American Board of Dental Examiners reserves the right to restrict the use of such technologies during the examination until these innovations are established as the standard of care and available to all candidates at all testing locations.

Infection Control Guidelines

Candidates are required to adhere to current ***Centers for Disease Control and Prevention (CDC)*** infection control guidelines and recommendations for all simulated patient (manikin) examinations. However, the exam site host may impose additional requirements or restrictions. Refer to the Site Info Sheet for a list of school-provided materials and equipment, PPE requirements, and plan accordingly.

Personal Protective Equipment (PPE). Candidates are responsible for following basic Personal Protective Equipment (PPE) requirements for all clinical examinations as outlined by the American Board of Dental Examiners.

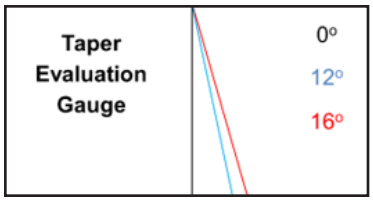
- Mask
- Gloves
- Appropriate clinical attire/scrubs
- Close-toed shoes
- Protective eyewear, loupes or prescription eyewear with side shields

Refer to the Candidate Guide for additional information regarding minimum infection control requirements.

Instruments & Materials Used for Evaluation

Examiners utilize the following instruments and materials during the evaluation processes:

- 11/12 explorer (Periodontal exam)
- Endodontic explorer (Endodontic exam)
- Hu-Freidy Colorvue™ Goldstein Probe with 0.5 mm increments (Endodontic and Prosthodontic exams)
- Taper Gauge (Prosthodontic exam)
- Putty matrices/reduction guides (Prosthodontic exam)
- Perio probe with millimeter markings (e.g. UNC-15) (Restorative exam)
- Sharp explorer (e.g. shepherd's hook) (Restorative exam)
- Dental floss, articulating paper (Restorative exam)



Prohibited Items

Presence of the following prohibited items will result in confiscation of materials, as well as dismissal from and failure of the examination.

Refer to the Candidate Guide for additional information and violations applicable to all exam types.

- Non-dental instruments
- Digital scanner
- Electronic devices that record, receive or transmit (e.g. phone, smart-glasses, smartwatch, camera, etc.)
- Pre-made reduction guides/putty matrices and/or impressions
- Pre-made overlays, clear plastic shells, models
- Extra and/or pre-prepared typodont teeth
- Screwdrivers
- Solvents
- Possession or use of non-ADEX Testing Media publications or reference materials during examination

Dental assistants are not permitted during any aspect of the clinical examinations.

Use of Solvents for Treatment Procedures

Solvents or any technique or material deemed unacceptable for patient care are prohibited.

Alcohol use is **permitted only *after*** the anterior endodontic procedure has been completed to remove excess sealer from the chamber (as performed clinically when treating patients).

EXAM DAY CHECK-IN

Periodontal, Endodontic, Prosthodontic & Restorative

IDENTIFICATION REQUIREMENTS FOR ADMISSION

The following items are required for admission to the clinical examination. Refer to the Candidate Guide for **identification requirements** and **"No Show" Policy**.

- ***PHOTO IDENTIFICATION.*** A physical form of a valid U.S. government-issued or school-issued photo ID. Acceptable forms of non-expired photo identification include such documents as a current, valid non-expired driver license, passport, military ID, or official school ID. (Digital IDs are not valid for this exam.)
- ***Recent Name Change.*** If your legal name has recently changed, bring a copy of the supporting name change document (e.g. marriage certificate, dissolution decree or court document) to the clinical examination.

Candidate ID Number, Badges & Labels

CANDIDATE ID NUMBER. Note that your Candidate ID Number will be used on all badges, labels and forms to maintain your anonymity during the examination; and in conjunction with your name on all post-exam results reports.

ID BADGES. Upon identity verification, candidates receive a sheet of candidate labels, including two (2) Candidate Photo Badge labels. Photo badge label must be visible on your outermost garment throughout the examination.

LABELS. Candidates are responsible for ensuring that all examination forms, cubicle cards, typodont arches and segments are appropriately labeled with their Candidate ID Label/QR Code.

EXAMINATION TEAM MEMBERS

- **Chief Examiner** - oversees exam administration in Candidate and Grading Examiner clinics/areas
- **Clinic Floor Examiner (CFE)** - oversees Candidate functions in Candidate clinics/areas
- **Grading Team Captain/Grading Examiners** - evaluate Candidate performance according to published criteria; no candidate interactions
- **Exam Technical Administrator (ETA)** - provides administrative and technical support in both Candidate and Grading Examiner clinics/areas

PERFORMANCE EXPECTATIONS

PERIODONTAL EXAM

Examination results are based on independent evaluations conducted by three (3) calibrated examiners according to the published criteria for the applicable procedure. Each confidential evaluation is recorded and submitted electronically.

Any **critical deficiency or penalty** resulting in failure must be independently corroborated by two or more examiners, then reviewed by an experienced grading captain. Refer to the **Scoring Rubric** and **Treatment Management** sections for performance parameters for each procedure category.

Scoring Rubric

Skills Assessment	Exam Content	Points Possible
Calculus Detection	• 4 assigned maxillary teeth • 4 surfaces per tooth (M, D, F, L) • 16 surfaces evaluated for presence or absence of subgingival calculus (1 point each)	16
Calculus Removal	• One mandibular quadrant assigned • 12 assigned key surfaces evaluated for calculus removal (5.5 points each)	66

Complete Calculus Removal	• Evaluation of calculus removal on all remaining surfaces within assigned quadrant. Calculus remaining:
	  • 1 surface (-3 points)
	  • 2 or more surfaces (-6 points)
		6

Periodontal Probing Measurement	• 2 assigned teeth (1 anterior; 1 posterior) • 6 measurements per tooth (DF, F, MF, DL, L, ML) • 12 measurements evaluated (1 point each)	12
	TOTAL	**100**

Exam content is based on the "**Universal Numbering System**" of dental notation.

Note: Periodontal probing measurement grading allows for ±1 mm leeway.

Additional Point Deductions. Tissue management or other penalty points are deducted from total points accrued.

Result Details. A score of 75 or greater is required to pass each part of the examination; however, results are reported as Pass/Fail to licensing jurisdictions for each part. Failed attempts are reported to Candidates as a numerical value based on the Scoring Rubric. Post-exam images, details or explanation beyond the stated criteria are not reported to the Candidate.

10-Day Retake Waiting Period. A 10-day waiting period is required between the date of failure and the re-attempt of any part of the ADEX examination.

Treatment Management

Candidates must effectively complete periodontal treatment without causing unwarranted hard or soft tissue damage to the simulated dentition and gingiva. Penalty points will be assessed for each area of tissue damage according to the following criteria, and subtracted from the total points accrued during the grading process.

SOFT Tissue Damage

- **Penalty Point assessment criteria:**
  - One point deducted for each site of minor soft tissue damage, up to three (3) sites.
  - The presence of four (4) or more ***minor*** soft tissue damage sites, or one ***major*** soft tissue damage site results in automatic failure [critical error].
- **Minor Soft Tissue Damage.** Slight soft tissue trauma that is inconsistent with the procedure, including:
  - A laceration/abrasion that is ≤ 3 mm;
  - A laceration or injury that would not result in the need for suturing, periodontal packing, or further follow-up treatment.
- **Major Soft Tissue Damage.**
  - A laceration/abrasion that is > 3 mm and that would require sutures, periodontal packing, or further follow-up treatment.
  - A laceration/injury that would result in exposure of alveolar bone, flap, or amputation of papilla.
  - An unreported broken instrument tip in the sulcus or soft tissue.

HARD Tissue Damage

- **Penalty Point assessment criteria:**
  - One point deducted for each site of minor hard tissue damage, up to three (3) sites.
  - The presence of four (4) or more ***minor*** hard tissue damage sites, or one ***major*** hard tissue damage site results in automatic failure [critical error].
- **Minor Hard Tissue Damage.** Slight hard tissue damage that is inconsistent with the procedure or a pre-existing condition; may include all hard tissue surfaces that would not require additional definitive treatment.
- **Major Hard Tissue Damage.** Major damage to the hard tissue that is inconsistent with the procedure and a pre-existing condition; may include all hard tissue surfaces that would require additional definitive treatment (e.g. a restoration).

PERIODONTAL EXAM PROCEDURES

Candidates must check-in with Clinic Floor Examiner (CFE) for authorization of typodont mounting. As a reminder, both maxillary and mandibular typodont arches must be in place for all treatment procedures.

Candidates will have **up to 90 minutes** to complete the assigned treatment procedures and record their findings on the ***Periodontal Worksheet.*** All treatment must stop when the **Finish Time** is announced.

Clinical Procedures

1. Assess and record **Calculus Detection** surfaces on assigned **maxillary** teeth.
2. Perform **Calculus Removal treatment** within the assigned **mandibular** quadrant.
3. Measure and record **Periodontal Probing depth** findings for assigned **mandibular** teeth.
4. Confirm that all findings are recorded on ***Periodontal Treatment Worksheet***.
5. Notify CFE when you have completed treatment and ready to enter your findings on the tablet.

Exam Completion

1. After all periodontal treatment is complete, request a CFE to begin check-out process of the Periodontal exam.
2. The CFE will come to your unit and present you with a tablet to enter your ***Periodontal Treatment Worksheet*** findings. Review and confirm your treatment findings entry before submitting.
3. CFE will remove and collect the **maxillary arch**. The **mandibular arch remains in manikin**. (***Periodontal Treatment Worksheet*** will be submitted during final check-out.)
4. Once checked out of the Periodontal exam, further treatment on the mandibular arch is prohibited.
5. If applicable, the CFE will permit you to setup for the Endodontic exam.

CONTAMINATED INSTRUMENT PROTOCOL

Once treatment begins, inform the Chief Examiner if an instrument becomes contaminated (e.g. dropped). In lieu of replacing the instrument, the candidate must explain the protocol followed for patient treatment, and ***wipe down/disinfect*** the instrument prior to use. Continued use of a contaminated instrument without discussion with the Chief Examiner will result in a 100 point penalty (exam failure).

PERFORMANCE EXPECTATIONS

ENDODONTIC & PROSTHODONTIC EXAMS

Examination results are based on independent evaluations conducted by three (3) calibrated examiners according to the published criteria for the applicable procedure. Each confidential evaluation is recorded and submitted electronically.

Any **critical deficiency or penalty** resulting in failure must be independently corroborated by two or more examiners, then reviewed by an experienced grading captain. Refer to the Criteria Sheet for acceptable and deficient performance parameters for each procedure category.

Skills Assessment	ADEX Endodontic Exam Content	Criteria
Anterior Procedure Tooth #8	• Access preparation, canal preparation, and obturation	10
Posterior Procedure Tooth #14	• Access preparation and canal identification	6

Skills Assessment	ADEX Prosthodontic Exam Content	Criteria
All-Ceramic Crown Tooth #9	• Preparation on a central incisor	12
Zirconia Crown Tooth #5	• Preparation as an anterior abutment for a 3-unit fixed dental prosthesis (bridge)	12
Zirconia Crown Tooth #3	• Preparation as the posterior abutment for same 3-unit fixed dental prosthesis (bridge)	12

Exam content is based on the "**Universal Numbering System**" of dental notation.

Refer to respective Criteria Sheet for performance criteria for each exam procedure.

Scoring Overview — Endodontic and Prosthodontic Exams

The criteria gradations of competence are described across a 3-level rating scale. Those criteria appear on the respective Criteria Sheet and are the basis for the evaluation. The three rating levels are as follows:

- **ACC (Clinically Acceptable):** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge, and skill.
- **SUB (Marginally Substandard):** The treatment is of marginal quality, demonstrating less than expected clinical judgment and/or skill.*
- **DEF (Critically Deficient):** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge, and/or skill.

  If a criterion is assigned a rating of **critically deficient** by two or more examiners, no points are awarded for that procedure, and the candidate will fail that procedure.

***3-SUB RULE:** If examiners independently confirm three marginally substandard over-preparation criteria on the same procedure, then the procedure will be determined to be critically deficient, and the candidate will fail that procedure. Applicable criteria are highlighted in yellow on the criteria sheet.

NOTE: Candidates are not informed of the outcome of any procedure during the examination.

Result Details. A score of 75 or greater is required to pass each part of the examination; however, results are reported as Pass/Fail to Candidates and licensing jurisdictions for each part. Applicable criteria are provided to candidates of failed clinical attempts. Post-exam images, details or explanation beyond the stated criteria are not reported to the Candidate.

10-Day Retake Waiting Period. A 10-day waiting period is required between the date of failure and the re-attempt of any computer-based or clinical part of the ADEX examination.

ENDODONTIC EXAM PROCEDURES

Candidates must check-in with a Clinic Floor Examiner (CFE) for authorization of typodont mounting and exam start. As a reminder, both maxillary and mandibular typodont arches must be in place for all treatment procedures.

Candidates will have **up to three (3) hours** to complete the Endodontic Exam. If you opt to start earlier than the scheduled start time, the CFE will apprise you of your assigned finish time for the endodontic procedures; record your assigned finish time on your ***Candidate Worksheet***.

1. Endodontic procedures—anterior and posterior—may be performed in any order; however, a separate isolation dam is required for each procedure. Holes may be punched in the isolation dam, but not placed in the manikin prior to exam start time.
2. After all endodontic treatment is complete, request a CFE to begin check-out process of the Endodontic exam.
3. Once checked out of the Endodontic exam, further endodontic treatment is prohibited.
4. If applicable, the CFE will permit you to setup for the Prosthodontic exam.

Tooth #8

Additional treatment considerations:

The exam tooth is designed to be consistent with the pulpal anatomy of a 21-year-old patient. Candidates will be provided a ***radiographic image*** indicating the length of tooth #8 at the start of exam. (Candidates will not measure the length of the tooth.) When ***shaping the canal***, the canal should be prepared to an appropriate file size. The size and shape of the anterior access opening should be consistent with the size and anatomy of the pulp chamber of a 21-year-old patient and allow for complete debridement of the pulp chamber.

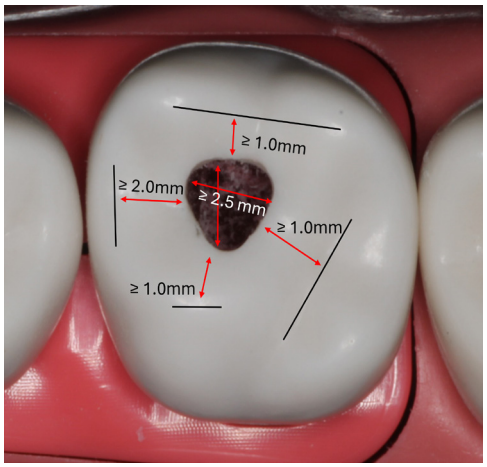
When ***obturating the canal*** on tooth #8, this must be done with pink or colored gutta-percha since white or light-colored obturation material is difficult to distinguish from the sealer. Warm gutta-percha or carrier-based, thermo-plasticized gutta-percha techniques are acceptable but discouraged as they may cause damage to the plastic endodontic tooth.

Avoid placing **isolation dam clamps** on teeth treated during the exam. Clamp only adjacent teeth, or use alternate methods (ligation), to secure isolation dam.

Per manufacturer recommendation, **use only water for irrigation of the Anterior tooth canal.** Chemical or non-water irrigation may result in an ungradable performance and require retake of the exam.

Landmarks used in Evaluating Endodontic Criteria

Anterior Access



Posterior Access

PROSTHODONTIC EXAM PROCEDURES

Candidates must check-in with a Clinic Floor Examiner (CFE) for authorization of typodont mounting and exam start. As a reminder, both maxillary and mandibular typodont arches must be in place for all treatment procedures.

Candidates will have **up to four (4) hours** to complete the Prosthodontic Exam. If you opt to start earlier than the scheduled start time, the CFE will apprise you of your assigned finish time for the prosthodontic procedures; record the assigned finish time on your ***Candidate Worksheet***.

1. Prosthodontic procedures may be performed in any order.
2. After all treatment is complete, request a CFE to begin check-out process of the Prosthodontic exam.
3. Once checked out of the Prosthodontic exam, further prosthodontic treatment is prohibited.

Putty Matrices

Putty matrices or reduction guides may be fabricated without gloves during the setup time. After the Prosthodontic Exam has begun, full infection control procedures including the use of gloves is required.

Using the provided **Acadental CheckMate One™** matrix former, one (1) putty matrix is fabricated for the ceramic crown (sectioned facio-lingually) and two (2) for the combination of both posterior zirconia crown preps (one [1] sectioned mesiodistally and one [1] facio-lingually). Putty matrices are sectioned over each tooth to be prepared.

Putty matrices or reduction guides and all other impressions, casts, or models MUST be submitted to a CFE at completion of the exam.

Impressions

If the exam site allows, Candidates may make analog impressions and pour models to evaluate preparations (e.g. parallelism for the bridge preps or an undercut on any prep). Impressions during the exam must be made following CDC infection control procedures.

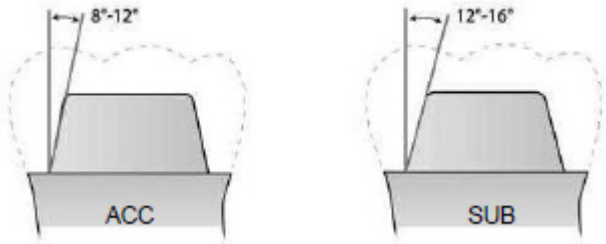
All model pouring must be performed in the designated location. Candidates may not remove any examination materials from the Clinic Floor.

Models and impressions MUST be submitted to a CFE at the completion of the exam.

Digital scanning of preparations is prohibited.

Refer to Guide to Fabrication PDF for additional information regarding candidate-fabricated putty matrices.

Taper is defined as gradually becoming narrower in one direction. For examination purposes, the requirements for tapering are illustrated below:



Taper greater than 16 degrees is considered Critically Deficient.

Preparation Line of Draw
The two bridge abutment preparations must allow a common line of draw.

Additional Information

- Occlusal equilibration of typodont teeth is prohibited.
- Isolation dam not required for this procedure.

EXAM ADMINISTRATION

Periodontal, Endodontic & Prosthodontic

EXAMINATION TIMELINE

Preliminary schedules are subject to change. Candidates are notified via email once their official individual **examination schedule and Q&A Session** information are posted in their Candidates.ADEXtesting.org profile, approximately 2-3 weeks prior to the clinical exam. Candidates assume all risk and responsibility for making travel or lodging arrangements in advance of receiving their official individual examination schedule.

Session	Start Time	Stop/Finish Time
Clinic Entrance, Candidate Check-In, Workstation Setup	6:30 AM	8:00 AM
Periodontal Treatment Examination (90 minutes)	8:00 AM	9:30 AM
Periodontal Candidate Findings Data Entry (up to 30 minutes or more)	9:30 AM	10:00 AM
Endodontic Examination (3 hours)	10:00 AM	1:00 PM
Prosthodontic Examination (4.0 hours)	1:00 PM	5:00 PM

START TIME: Treatment may begin only after the Chief Examiner or Clinic Floor Examiner (CFE) announces the start of examination. All procedures must be completed within the allotted timeframe.

BREAKS. Breaks are permitted between exam parts and taken at the discretion of the Candidate. All procedures must be started by the scheduled start time to receive the full time allotment. Time adjustments or extensions are not permitted for discretionary breaks taken during treatment timelines. Plan accordingly.

****Start Time dictates Stop/Finish Time.** Candidates may begin Endodontic or Prosthodontic procedures in advance of scheduled start time with Clinic Floor Examiner (CFE) authorization. Candidates will be apprised of their assigned Finish Time. All procedures must be completed within the allotted or assigned timeframe.

Candidate Worksheet & Tablet Entry

Official records are submitted electronically via the exam tablet and all communication with examiners is digital. The ***Candidate Worksheet*** is for drafting notes to examiners, if necessary, prior to entering the information into the **tablet**. Any handwritten information that you record on the worksheet is solely for your reference prior to manually entering the data into the exam tablet. **The onus is on the candidate to verify the accuracy of the data entry.** The worksheet is surrendered at Check-out along with other exam materials.

EXAM DAY OVERVIEW

Periodontal, Endodontic & Prosthodontic

Clinic Entrance: ID Verification, Materials Distribution & Setup

1. Candidates may enter the clinic or simulation lab used for the examination at 6:30 am.
2. On arrival, locate your assigned cubicle/workstation and drop off your belongings. Then proceed to the Check-in area with your **physical form of photo identification** (see Candidate Guide).
3. At the Check-in area, the CFE will **verify your identity** and provide you with Candidate ID Labels, cubicle card, worksheet, Endodontic radiograph, **Acadental CheckMate One™ matrix former,** typodont and arches. Return to your assigned unit.
4. At your unit, place your **Photo ID Label** on your outermost garment.
5. Affix your **Numbered ID Labels** to your worksheets and cubicle card.
6. Place the cubicle card in a visible area of your unit for examiner view.
7. Fabricate putty matrices/reduction guides for the Prosthodontic exam using the provided **Acadental CheckMate One™ matrix former**. (Gloves are not required prior to typodont mounting or exam start.)
8. After fabricating putty matrices, mount both maxillary and mandibular typodont arches in the manikin head and adjust the facial shroud.
9. When you've completed the mounting, notify the CFE that you are ready to check-in.
10. The CFE will come to your unit to evaluate your typodont mounting.
11. After check-in is complete, finish setting up your cubicle/workstation.
12. Isolation dams may be prepared but not placed until after the Endodontic exam begins.

Exam Procedure: Check-in, Start & Finish

1. The Chief Examiner or Clinic Floor Examiner (CFE) will announce the official start of the exam day.
2. Treatment or intraoral procedures ***may begin only after the start time is announced or authorized*** by the Chief Examiner or CFE. Candidates will be apprised of their assigned Finish Time.
3. All procedures must be completed within the allotted or assigned timeframe following all CDC infection control guidelines.
4. You will repeat the **check-in, typodont mounting, CFE authorization, and check-out processes** for each exam type: Periodontal, Endodontic and Prosthodontic. Once checked out of an exam, you cannot return to any procedures of that same exam.
5. Once all exam day procedures are complete, bring all exam materials to the designated checkout area.

Typodonts & Assigned Teeth

TOOTH MARKING. Teeth may be marked—*only after the official exam start*—in a manner that could be done on a patient following proper infection control techniques.

WRONG TOOTH. Stop working immediately and notify the CFE If a procedure is started on the wrong tooth.

Time Management

Candidates are responsible for managing and monitoring their time appropriately to ensure timely procedure completion according to their examination schedule or assigned finish time. Examiners are not responsible for stopping candidates at their assigned finish times. Failure to meet the examination timeline requirements for a procedure will result in a violation of exam standards penalty and failure of the exam.

EXAMINATION COMPLETION

Periodontal, Endodontic & Prosthodontic

Once all exam day procedures are complete, bring all materials to the designated checkout area.

1. Once dismounted, typodonts should be thoroughly cleaned and dried.
2. Candidate must be in line to turn in all required materials (listed below) no later than 15 minutes after scheduled exam end time.
3. CFE will be stationed at a central location in the clinic to check and collect all required materials.
4. Candidate is required to present the following items at the check-out station:
    - Candidate ID Labels Sheet
    - Candidate Worksheets (Periodontal, Endodontic, Prosthodontic)
    - Endodontic Radiograph
    - Cubicle Card
    - Acadental CheckMate One™ matrix former
    - Typodont articulator, and/or metal carry trays;
    - Typodont box containing:
        - Molded plastic carrier trays
        - Mandibular Periodontal arch, with Candidate ID Label placed
        - Maxillary Endo/Prosth arch segments labeled with Candidate ID QR Code
        - Any fabricated putty matrices, models, impressions, or reduction guides made during examination
6. Candidates are required to clean their assigned cubicle/workstation before exiting clinic.

CANDIDATE QR CODE LABEL

Placed on each **maxillary** Prosthodontic and Endodontic arch segments

CANDIDATE ID LABEL

Placed on **mandibular** Periodontal arch with ID Number displayed intra-orally

IMPORTANT REMINDER: Typodont Removal

Do not remove typodont arches from the simulated patient until instructed to do so by Clinic Floor Examiner (CFE).

Arch removal without Examiner approval after exam begins is grounds for exam termination.

PERFORMANCE EXPECTATIONS

Restorative

Examination results are based on independent evaluations conducted by three (3) calibrated examiners according to the published criteria for the applicable procedure. Each confidential evaluation is recorded and submitted electronically.

Any **critical deficiency or penalty** resulting in failure must be independently corroborated by two or more examiners, then reviewed by an experienced grading captain. Refer to the Criteria Sheet for performance parameters for each procedure category.

Skills Assessment	ADEX Restorative Exams Content	Criteria
Anterior Restorative Procedures	• Class III Composite Preparation • Class III Composite Restoration	9 6
Posterior Restorative Procedures**	• Class II Composite Preparation • Class II Composite Restoration	13 7

** All Candidates will complete a Composite Posterior Restorative procedure. Amalgam is not an option for this exam.

Exam content is based on the "**Universal Numbering System**" of dental notation.

Scoring Overview — Anterior and Posterior Restorative Exams

The criteria gradations of competence are described across a 3-level rating scale. Those criteria appear on the respective Criteria Sheet and are the basis for the evaluation. The three rating levels are as follows:

- **ACC (Clinically Acceptable):** The treatment is of acceptable quality, demonstrating competence in clinical judgment, knowledge, and skill.
- **SUB (Marginally Substandard):** The treatment is of marginal quality, demonstrating less than expected clinical judgment and/or skill.*
- **DEF (Critically Deficient):** The treatment is of unacceptable quality, demonstrating critical areas of incompetence in clinical judgment, knowledge, and/or skill.

  If a criterion is assigned a rating of **critically deficient** by two or more examiners, no points are awarded for that procedure, and the candidate will fail that procedure.

***3-SUB RULE:** If examiners independently confirm three marginally substandard over-preparation criteria on the same procedure, then the procedure will be determined to be critically deficient, and the candidate will fail that procedure. Applicable criteria are highlighted in yellow on the criteria sheet.

NOTE: Candidates are not informed of the outcome of any procedure during the examination. For the Restorative examination, candidates will restore the prepared tooth even in the case of a failure of the preparation.

Result Details. A score of 75 or greater is required to pass each part of the examination; however, results are reported as Pass/Fail to Candidates and licensing jurisdictions for each part. Applicable criteria are provided to candidates of failed clinical attempts. Post-exam images, details or explanation beyond the stated criteria are not reported to the Candidate.

10-Day Retake Waiting Period. A 10-day waiting period is required between the date of failure and the re-attempt of any computer-based or clinical part of the ADEX examination.

EXAM ADMINISTRATION

Restorative

EXAMINATION TIMELINE

Preliminary schedules are subject to change. Candidates are notified via email once their official individual **examination schedule and Q&A Session** information are posted in their Candidates.ADEXtesting.org profile, approximately 2-3 weeks prior to the clinical exam. Candidates assume all risk and responsibility for making travel or lodging arrangements in advance of receiving their official individual examination schedule.

Session	Start Time	Stop/Finish Time
Candidate Check-In, Clinic Entrance, Workstation Setup	6:30 AM	8:00 AM
Anterior Restorative Examination (3.0 hours)	8:00 AM	11:00 AM
Grading Time as needed (up to 30 minutes or more)	11:00 AM	11:30 AM
Posterior Restorative Examination (3.5 hours)	11:30 AM**	3:00 PM**

START TIME: Treatment may begin only after the Chief Examiner or Clinic Floor Examiner announces the start of examination. All procedures must be completed within the allotted timeframe.

BREAKS. Breaks are permitted at the discretion of the Candidate. All procedures must be started by the scheduled start time to receive the full time allotment. Time adjustments or extensions are not permitted for discretionary breaks taken during treatment timelines. Plan accordingly.

****Start Time dictates Stop/Finish Time.** After the Anterior exam procedures have been graded (i.e. completed restoration has been evaluated and typodont has been returned to candidate), the Candidate may begin the Posterior exam procedures in advance of the scheduled start time with Clinic Floor Examiner (CFE) authorization. Assigned Finish Time will be 3.5 hours after Posterior exam begins. Candidate should note their assigned Finish Time on the worksheet for their reference.

FINISH TIME: All procedures must be completed within the allotted or assigned timeframe. Examiners are not responsible for stopping candidates at their assigned finish times. Failure to meet the examination timeline requirements for a procedure results in a violation of exam standards penalty and failure of the exam.

Candidate Worksheet & Tablet Entry

Official records are submitted electronically via the exam tablet and all communication with examiners is digital. The ***Candidate Worksheet*** is for tracking your progress throughout the exam and for drafting modification requests or notes to examiners prior to entering the information into the **tablet**. Any handwritten information that you record on the worksheet is solely for your reference prior to manually entering the data into the exam tablet. **The onus is on the candidate to verify the accuracy of the data entry.** The worksheet is surrendered at Check-out along with other exam materials.

RESTORATIVE EXAM PROCEDURES

Candidates must check-in with Clinic Floor Examiner (CFE) for authorization of typodont (CompeDont™) mounting and lesion diagnosis. As a reminder, both maxillary and mandibular typodont arches must be in place for all treatment procedures.

1. **Anterior Procedures.** Candidates have **up to 3.0 hours** to complete the Anterior Restorative Examination.
   - **Check-in** with CFE required to begin anterior procedures.
   - **Lesion Diagnosis & Treatment Planning.** Evaluate the radiograph and diagnose the lesion, then record your treatment plan on the tablet. An accurate diagnosis is required to continue with the exam.
   - **Anterior Exam Start.** Intraoral procedures may begin only after the Chief or CFE announces the start of the exam.
   - **Preparation** must be evaluated and graded before beginning the restoration.
   - **Restoration** must be evaluated and graded before completing the **check-out** process.
2. **Posterior Procedures.** Candidates have **up to 3.5 hours** to complete the Posterior Restorative Examination.
   - **Check-in** with CFE required to begin posterior procedures.
   - **Lesion Diagnosis & Treatment Planning.** Evaluate the radiograph and diagnose the lesion, then record your treatment plan on the tablet. An accurate diagnosis is required to continue with the exam.
   - **Posterior Exam Start.** Intraoral procedures may begin only after authorized by the Chief or CFE.
   - **Preparation** must be evaluated and graded before beginning the restoration.
   - **Restoration** must be evaluated and graded before completing the **check-out** process.

Lesion Diagnosis & Treatment Planning. Candidates will be provided with a radiograph of a carious lesion for each procedure. Evaluate the radiograph and diagnose the lesion, then record your treatment plan on the tablet. An accurate diagnosis is required to continue with the exam.

- **First Misdiagnosis**. An initial misdiagnosis will result in a point penalty deduction (-15 pts) for that procedure. You will be permitted a second attempt to diagnose the lesion with an appropriate treatment plan. If the second diagnosis is correct, you will be allowed to proceed.
- **Second Misdiagnosis**. A subsequent misdiagnosis for same procedure will result in loss of all points (-100 pts) and failure of that procedure/exam component. (Candidate will be permitted to move forward to diagnosis of next restorative procedure; only applicable if both procedures are attempted.)

Restorative Guidelines

- **BITE BLOCKS, WEDGES, SECTIONAL MATRICES,** etc, may be used during treatment, but must be removed before sending the CompeDont™ to the Evaluation Area.
- **ISOLATION DAM**: An isolation dam (e.g. rubber dam) is required for all procedures.
  - Isolation dam must be placed before starting the preparation and used until the restoration is completed.
  - Isolation dam must be in place whenever the preparation is sent to the Evaluation Area.
  - At least one tooth on either side of the prepared tooth must be included under the isolation dam.
  - Isolation dam must be intact and provide an unobstructed view of the entire cavity preparation.
  - Candidate must replace isolation dam before rendering any further treatment if dislodged in transit to/from the Evaluation Area.
  - Isolation dam may be removed when the candidate is ready to check and adjust the occlusion of the restoration.
  - Isolation dam must be removed for evaluation of the finished restoration.

Cavity Preparation and Modification Requests

Candidates are required to prepare a cavity to acceptable dimensions as defined in the Criteria Sheet for the complete removal of simulated caries. The exam tooth is designed to be consistent with the anatomy of a human tooth, including soft pulp within a pulp chamber and a carious lesion. Caries, as defined by ADEX for the Restorative Examinations, is penetrable with a sharp explorer using light pressure, exhibiting "tug-back."

Candidates demonstrate their clinical judgment and diagnostic skill by determining whether any aspect of the preparation needs to be extended beyond the acceptable criteria. If the candidate determines that extension of the cavity preparation beyond the acceptable dimensions as defined in the Criteria Sheet is necessary for the complete removal of caries, the candidate must submit a **Modification Request**.

As a reminder, the Modification Request must be submitted and approved ***BEFORE*** extending any aspect of the preparation beyond the acceptable range.

Before submitting your modification request:

- The entire preparation must be within the acceptable range of the published criteria;
- And the specific wall and/or surface requested to be modified must be extended to the maximum limit of the acceptable range.

If the preparation does not meet these specifications, the modification request will be denied, and a penalty applied. Refer to "**Examination Penalty**" on page 28 for additional information.

Submission of Modification Requests

Multiple modification requests as needed may be submitted in one trip to the Evaluation Area.

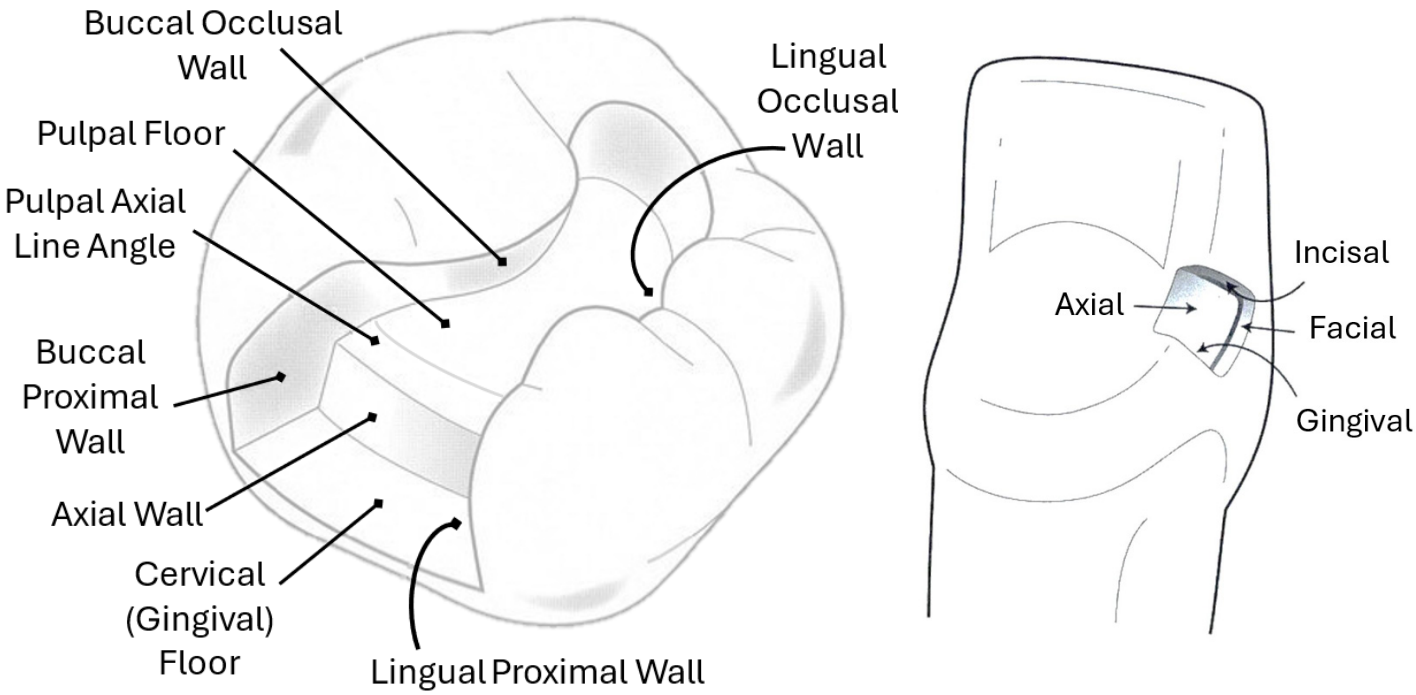
1. Complete the Modifications section of the **Candidate Worksheet** for each requested modification indicating the following. See "**Terminology to be used when requesting a Modification**" on page 24.
    - "**What**" modification will be made to the preparation (e.g. extend the preparation).
    - "**Where**" the modification of the preparation beyond acceptable limits will occur (i.e. which specific wall/surface).
    - "**Why**" the modification beyond acceptable limits is required (e.g. caries).
    - "**How Much**" modification beyond acceptable limits is anticipated (e.g. 1.0 mm).
2. Once the worksheet draft is complete, request a Clinic Floor Examiner (CFE)
3. Enter the official **Modification Request** in the **tablet**. Review and confirm your modification entry before submitting.
4. The typodont/preparation is then transported to the Evaluation Area with an isolation dam in place.
5. When the typodont is returned, the candidate should record the status of each modification (granted or denied) on their worksheet as displayed on the CFE tablet.
6. Note that evaluation of the modification request is not a grading of the preparation. A separate submission for grading of the preparation is required.

Time Management

Candidates are responsible for managing and monitoring their time appropriately to ensure timely procedure completion according to their examination schedule or assigned finish time. Examiners are not responsible for stopping candidates at their assigned finish times. Failure to meet the examination timeline requirements for a procedure will result in a violation of exam standards penalty and failure of the exam.

Matters within a candidate's control, such as procedure planning, number of separate modification request submissions, breaks and time management, have the greatest impact on the candidate's examination schedule. Candidates are advised to plan accordingly.

Terminology to be used when requesting a Modification



Denial of Modification Requests

A request for modification may be denied based on any one of the parts of the request. Candidates are not informed of the specific reason for denial. The onus is on the candidate to re-evaluate the preparation and determine their next step.

Denied requests for modification will result in a point deduction for each request. In addition, more significant penalties will be applied for specific errors related to modification requests which are listed elsewhere in this manual.

- **Lack of clinical judgment or skill.** Should a typodont be presented for a modification request and the candidate's performance or the nature of the modification request(s) demonstrates a critical lack of clinical judgment or skill, a penalty will be applied resulting in a loss of all points (-100 pts) and failure of that procedure.

A Note About Unsupported Enamel

In most cases, the presence of unsupported enamel is either representative of candidate error or the removal of the unsupported enamel does not require a modification request.

When a candidate has approval to extend a certain wall to a specified extent (either within acceptable dimensions or through a modification request), the approved extent includes the cavosurface margin of that specific wall, if applicable.

Modification requests to remove unsupported enamel will be denied in the following cases:

- ***Not yet to extent.*** If removing the undermined enamel *would not extend* the preparation beyond acceptable (or approved) limits, it may be removed to the same extent as the dentin of the associated wall without submitting a modification request.
- ***Over-extended.*** The associated wall has already been over-extended due to candidate error if the margin is undermined and removing it *would extend* the outline of the preparation beyond the acceptable limits.

Identifying/Diagnosing Pulp Exposure

The following steps must be completed when the candidate identifies a dental pulp exposure during cavity preparation.

1. Complete the Pulp Exposure section of the Candidate Worksheet.
2. Request a CFE.
3. Enter the official **Modification Request** to "**Identify/Diagnose Pulp Exposure**" in the tablet, identifying the location and approximate size of the pulp exposure. Review and confirm your entry before submitting.
4. The typodont/preparation is then transported to the Evaluation Area with an isolation dam in place.
5. Examiners will review and evaluate the candidate's diagnosis to determine:
   - If the pulp exposure was appropriately recognized by the candidate and justified by the clinical findings.
   - If any previous Modification Request submission indicates that the candidate had previous approval to extend the preparation.
   - If the candidate exceeded the dimensional limits of the approved modification request(s).
   - If damage to the pulp is slight and does not preclude the possibility of successful pulp capping.**
6. Note that evaluation of the pulp exposure diagnosis is not a grading of the preparation. A separate submission for grading of the preparation is required.

   **Pulp cap placement is not required for this exam. Preparations will be graded without a pulp cap in place, and the candidate may proceed to restoration after the preparation has been graded.

Misdiagnosis of Pulp Exposure

If examiners in the evaluation area find no evidence of a pulpal exposure, the candidate will receive a penalty for demonstrating a critical lack of clinical judgment and diagnostic skill. This penalty results in a loss of all points (–100) and failure of the procedure.

Unrecognized Pulp Exposure

If examiners in the evaluation area discover a pulpal exposure—when reviewing a modification request or a completed preparation—that the candidate did not previously identify, the candidate will receive a penalty for demonstrating a critical lack of clinical judgment and diagnostic skill. This penalty results in a loss of all points (–100) and failure of the procedure.

EXAM DAY OVERVIEW

Restorative

Clinic Entrance: ID Verification, Materials Distribution & Setup

1. Candidates may enter the clinic or simulation lab used for the examination at 6:30 am.
2. On arrival, locate your assigned operatory and drop off your belongings. Then proceed to the Check-in area with your **physical form of photo identification**.
3. At the Check-in area, the CFE will **verify your identity** and provide you with Candidate ID Labels, cubicle card, worksheets, and typodont and arches. Then return to your assigned unit.
4. At your unit, place your **Photo ID Label** on your outermost garment.
5. Affix your **Numbered ID Labels** to your worksheets and cubicle cards.
6. Place one cubicle card in a visible area of your operatory for examiner view; the other cubicle card travels with your typodont to the evaluation area.
7. Label both maxillary and mandibular typodont arches with Candidate ID Number displayed intra-orally.
8. Mount both typodont arches in the manikin head and adjust the facial shroud.
9. When you've completed the mounting, notify the CFE that you are ready to check-in.
10. **Lesion Diagnosis & Treatment Planning.** The CFE will come to your operatory and present you with a radiograph for the exam procedure (one lesion per procedure) .
11. Evaluate the radiograph and diagnose the lesion, then enter your treatment plan on the tablet. Review and confirm your entry before submitting.
12. The CFE will inform you of the outcome of the diagnosis/proposed treatment plan.
13. After your diagnosis is accepted, set up your operatory.
14. Isolation dams may be prepared but not placed until after the exam begins.
15. The CFE will confirm that your arches are labeled and evaluate your typodont mounting for the procedure.

Exam Procedure: Check-in, Start & Finish

1. The Chief Examiner or Clinic Floor Examiner (CFE) will announce the official start of the examination.
2. Treatment or intraoral procedures ***may begin only after the start time is announced or authorized*** by the Chief Examiner or CFE. Candidates will be apprised of their assigned Finish Time.
3. All procedures must be completed within the allotted or assigned timeframe following all CDC infection control guidelines.
4. **Preparation**. Prepare the tooth to the acceptable dimensions as defined in the Criteria Sheet. Refer to the Criteria Sheet for the performance parameters for each category.
   - See "**Cavity Preparation and Modification Requests**" on page 23.
   - See "**Identifying/Diagnosing Pulp Exposure**" on page 25.
5. Once you've completed the preparation, notify the CFE that your preparation is ready for grading.
6. The CFE will send the preparation with the isolation dam in place, along with the cubicle card, to the evaluation area.
7. **Preparation Evaluation.** The CompeDont™ arch may be in the Evaluation Area for **up to 30 minutes or more** per visit.
8. When the typodont returns, the CFE will confirm that the preparation was graded.
9. **Restoration**. Once confirmed, restore the tooth to the acceptable dimensions as defined in the Criteria Sheet. An isolation dam is required for placement of restorative materials.

10. You may remove the isolation dam to check the occlusion of your restoration before submitting it for grading.
11. Once you've completed the restoration to your satisfaction, notify the CFE that your restoration is ready for grading. (Composite restorations must be presented without surface glaze or sealer on the restoration.)
13. The CFE will send the restoration, along with the cubicle card, to the evaluation area, where it will be independently and anonymously evaluated by three calibrated examiners according to the published criteria.
14. When the typodont returns, the CFE will confirm that the restoration was graded and will complete the check-out process for that examination procedure.
15. You will repeat the check-in, diagnosis, preparation, restoration and check-out processes for each exam procedure. Once checked out of an exam, you cannot return to any procedures of that same exam.

Exam Completion & Check-out Process.

When all exam-day procedures are complete, bring your typodont arches and materials to the designated check-out area.

1. The CFE will be stationed at a central location in the clinic to check and collect all required materials.
2. Bring the following items to the check-out station:
   - Candidate ID Labels Sheet
   - Candidate Worksheet
   - Radiographs (Anterior/Posterior)
   - Cubicle Cards
   - Typodont articulator, and/or metal carry trays
   - Typodont box containing:
     - Maxillary and mandibular arches, with Candidate ID Label placed
3. Candidates are required to clean their assigned operatory before exiting clinic.

CANDIDATE ID LABEL

Place label with ID Number displayed intra-orally

IMPORTANT REMINDER: Typodont Removal

Do not remove typodont arches from the simulated patient until instructed to do so by Clinic Floor Examiner (CFE).

Arch removal without Examiner approval after exam begins is grounds for exam termination.

EXAMINATION PENALTIES

Examination Penalty	POINT DEDUCTION
Failure to complete an assigned examination procedure	100
Violation of examination standards, rules or guidelines, or time schedule	100
Treatment of teeth or surface(s) other than those approved or assigned by examiners	100
Gross damage to adjacent tooth structure—teeth or tissue	100
Unrecognized pulp exposure	100
Candidate diagnosed pulp exposure—no exposure present	100
Large pulp exposure requiring endodontic treatment	100
Unjustified pulp exposure	100
Unrestorable iatrogenic fracture	100
Critical lack of clinical judgment/diagnostic skills	100
Unprofessional attitude, rude, inconsiderate/uncooperative with examiners or other personnel	100
Request to remove caries or decalcification without clinical justification	21
Poor simulated patient management	11
Initial preparation is not to at least acceptable dimensions	11
Surface to be modified is not at the limit of acceptable (ACC) criteria	11
Unsatisfactory completion of modifications required/granted by examiners	11
Any denied modification request	1
Appearance: unprofessional, unkempt, unclean	1
Violation of universal precautions	1
Inadequate isolation	1
Improper operator and/or simulated patient position	1

Refer to the Candidate Guide for additional conduct and examination guidelines resulting in penalties or automatic failure of the examination and/or examination series (e.g. use of prohibited electronic devices, etc.).

DENTAL EXAM RESOURCES

Criteria Sheets and sample examination forms are downloadable for candidate reference. Official printed examination worksheets are provided at exam site during Check-In.

PERIODONTAL EXAM

- Candidate Worksheet

ENDODONTIC EXAM

- Anterior Endo Procedure Criteria
- Posterior Endo Procedure Criteria
- Candidate Worksheet

PROSTHODONTIC EXAM

- Crown Prep Criteria - Tooth #9
- Crown Prep Criteria - Tooth #5
- Crown Prep Criteria - Tooth #3
- Candidate Worksheet
- Guide for Fabrication of Putty Matrices

RESTORATIVE EXAM

- Anterior Preparation Criteria
- Anterior Restoration Criteria
- Posterior Preparation Criteria
- Posterior Restoration Criteria
- Candidate Worksheet

Clinical examination overview **videos** are available on the Test Prep page.

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