The **EFDA-Restorative** Examination Series

EFDA-RESTORATIVE CANDIDATE MANUAL

Clinical Examination

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American Board of Dental Examiners

EXAM SEASON
2027
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ADDENDUM

Candidates are responsible for understanding content included in the Candidate Guide, Candidate Manuals, criteria sheets and forms regarding simulated-patient examination procedures, protocols and processes applicable at the time of testing during the **January 1, 2027 through December 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.

EXAMINATION OVERVIEW

The American Board of Dental Examiners administers both computer-based and clinical exam components. All examinations are based on specific performance criteria, developed by subject matter experts, used to measure clinical competency.

The American Board of Dental Examiners **EFDA-Restorative Examination** series offers separate exam components as a pathway to licensure or endorsement in performing **expanded function restorative procedures** where allowed by licensing jurisdiction.

Candidates are responsible for reading and understanding manuals and materials published by the American Board of Dental Examiners and ADEX Testing Media. In conjunction with this manual, refer to the Candidate Guide available on the ADEXtesting.org website for information regarding education requirements, registration, and other administrative policies.

A. The **EFDA-Restorative Computer-based Examination** is an assessment of candidate knowledge, comprehension and skills applicable to dental restorative materials and procedures **within the scope of expanded function training**. Refer to the Computer Candidate Manual for more information.

B. The **EFDA-Restorative Clinical Examination** consists of restorative procedures performed on two separate tooth preparations, which are evaluated and reported as a singular exam component. Successful completion of both procedures is required to achieve an overall passing score of the Clinical examination component.

   Candidates will complete two restorations (placement and finishing) within the allotted 1.5-hour timeframe. All procedures are performed on a simulated patient manikin and typodont model. Candidate performance is evaluated according to the published criteria for the respective procedure (see Criteria Sheets).

   1. Anterior Tooth #8 ML Class III Composite
   2. Posterior Tooth #3 MO Class II Composite or Amalgam

A note about licensing or endorsement requirements. Candidates need only attempt those components required by the licensing jurisdiction. Before registering for any exam component, candidates should confirm the testing requirements of the jurisdiction in which they are seeking licensure or endorsement. The onus is on the Candidate to ensure that all requirements for licensure are met in a given state.

For those **jurisdictions that also require completion of a computer (written)** exam, for licensure or endorsement, the EFDA-Restorative Examination is comprised of both Computer-based and Clinical exam components (e.g. Ohio). All components of the EFDA-Restorative Examination series must be successfully completed (passing scores) within 18 months of the initial attempt of any component of the series. Refer to the Candidate Guide (policies) for more information regarding the ***ADEX 18-Month Rule***.

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.).

During exam registration, candidates must consent to abide by the code of conduct agreement. Violating the code of conduct during (e.g., using unauthorized assistance) or after (e.g., disclosing exam content to others) examination will result in failure and denial of re-examination for one year. See the **Professional Conduct** and **Candidate Attestation** sections of the Candidate Guide for more information

IMPORTANT REMINDER: Photography

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

CLINICAL EXAM PREPARATION

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 EFDA-Restorative 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 EFDA-Restorative Examination Overview webpage, are for candidate preparation and 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.

Questions?
Contact Us

Site Info Sheets

Visit the 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

A **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 the host site availability. Q&A Sessions are not recorded by American Board of Dental Examiners.

Typodont & Manikin Setup

All candidate assignments are performed on the ***magnetically retained typodont and teeth*** provided by the American Board of Dental Examiners during the examination. Manikin, oral cavity cover, 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.

CLINICAL INSTRUMENTS & MATERIALS

Instrument Guidelines

- 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.

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 American Board of Dental Examiners.

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

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:

- Perio probe with millimeter markings
- Sharp explorer (e.g. shepherd's hook)
- Dental floss, articulating paper

Use of Solvents for Treatment Procedures

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

Questions?
Contact Us

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.)
- 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.

EXAMINATION TEAM MEMBERS

- **Chief Examiner (Chief)** - oversees exam administration and Candidate functions in clinic/areas
- **Clinic Floor Examiner (CFE)** - oversees Candidate functions in clinic/areas
- **Exam Technical Support (ETA/ETC)** - provides administrative and technical support in both Candidate and Grading Examiner clinics/areas

CLINICAL EXAM DAY CHECK-IN

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.

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

LABELS. Place your Candidate ID Label on all examination items and worksheets.

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 breaks and time management, have the greatest impact on the candidate's examination schedule. Candidates are advised to plan accordingly.

IMPORTANT REMINDER: Official Resources & References

Only the Candidate Manual, Candidate Guide, and Exam Criteria Sheets are permitted in the clinic area. A Candidate's personal, handwritten notations or hand-drawn illustrations recorded within the pages of the manual are also permitted. All other reference materials are prohibited.

CLINICAL PERFORMANCE EXPECTATIONS

Candidate performance is evaluated according to the criteria defined in the Criteria Sheet for the respective procedure. Examiners evaluate each presentation of candidate performance independently and enter their evaluations electronically.

Skills Assessment	EFDA-Restorative Exam Content	Criteria
Anterior Restoration Procedure	• Tooth #8 ML Class III Composite	6
Posterior Restoration Procedure**	• Tooth #3 MO Class II Composite or Amalgam**	6

** Posterior Restorative procedure candidates may choose to complete either a Composite or Amalgam restoration.

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

Scoring Overview

The criteria gradations of competence are described across a 2-level rating scale. Those criteria appear on the respective Criteria Sheet and are the basis for the evaluation. The rating levels are as follows:

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

Examination results are based on the **independent evaluations completed by three (3) separate calibrated examiners** according to the published criteria as outlined in the candidate manual and criteria sheets. Each "critical deficiency" that leads to a failure must be independently corroborated by two or more examiners. If a criterion is assigned a "critically deficient" rating, the candidate will fail that procedure. Successful completion of all three procedures is required to achieve an overall passing score of the Clinical examination attempt.

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

Exam Retake & 10-Day Waiting Period. Eligible candidates may apply for a fee-based retake via their online Candidates.ADEXtesting.org portal. However, A 10-day waiting period is required between the date of failure and the re-attempt of any computer-based or clinical examination administered by the American Board of Dental Examiners.

Official Results Reporting for Licensure Application. The American Board of Dental Examiners is a testing agency, not a licensing authority. Successful completion of an examination does not constitute licensure. It is illegal to render patient treatment until a license or endorsement is issued by the state or jurisdiction. Contact the respective licensing authority directly for their reporting requirements. See Candidate Guide and Scores page of ADEXtesting.org website for additional information.

CLINICAL EXAM ADMINISTRATION

EXAMINATION SCHEDULE OVERVIEW

Candidates are notified via email once their official individual **examination schedule and Q&A Session** information are posted in their Candidates.ADEXtesting.org account, 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.

Examination timelines are subject to change; candidate schedules vary by clinical location.			
Session	**Group A**	**Group B**	**Group C**
Clinic Entrance & Candidate Check-in	7:30 AM – 8:00 AM	10:45 am – 11:15 AM	2:00 PM – 2:30 PM
Exam Check-in	8:00 AM – 8:30 AM	11:15 AM – 11:45 AM	2:30 PM – 3:00 PM
EFDA-Restorative Exam (1.5-hour total)	8:30 AM – 10:00 AM	11:45 AM – 1:15 PM	3:00 PM – 4:30 PM
Exam Check-Out	10:00 AM – 10:30 AM	1:15 PM – 1:45 PM	4:30 PM – 5:00 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.

Assigned Teeth. Only one prepared tooth per procedure is distributed, unless a validated concern is identified (e.g., crown separates from root). Substitutions of exam teeth are not permitted after the exam start. Do not remove teeth or dismount typodont without examiner authorization.

Examination Procedures. Treatment procedures must be completed within the allotted timeframe. Treatment procedures initiated before the established start time or continued after the finish time will result in failure of the examination.

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.

FINISH TIME: All procedures must be completed within the allotted or assigned timeframe. Failure to meet the examination timeline requirements for a procedure results in a violation of exam standards penalty and failure of the exam.

CLINICAL EXAM DAY OVERVIEW

Clinic Entrance: ID Verification, Materials Distribution & Setup

When clinic entrance time is announced, Candidates will proceed to their assigned workstation and perform the following tasks.

1. Candidates may enter the examination clinic at the assigned time.
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, worksheet, and typodont arch. Then return to your assigned unit.
4. At your unit, place your **Photo ID Label** on your outermost garment.
5. Affix your **Numbered ID Label** to your worksheet.
6. Label the maxillary arch with your Candidate ID Number displayed intra-orally.
7. Mount the maxillary arch in the manikin head and adjust the facial shroud.
8. When you've completed the mounting, notify the Chief/CFE that you are ready to check-in.
9. The Chief or CFE will confirm that your maxillary arch is labeled, and evaluate your typodont mounting for the procedure.

Exam Procedure: Check-in, Start & Finish

Candidates must check-in with the Chief Examiner or designated exam staff for authorization of typodont mounting. As a reminder, both maxillary and mandibular typodont arches must be in place for all treatment procedures.

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 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. Once you've completed the restorations to your satisfaction, notify the Chief/CFE that your restorations are ready for grading. (Composite restorations must be presented without surface glaze or sealer on the restoration.)

Exam Completion & Check-out Process.

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

1. The CFE will collect and confirm receipt of all required materials.
2. Present the following items to the Chief/CFE upon check-out:
   - Candidate ID Labels Sheet
   - Candidate Worksheet (Anterior/Posterior)
   - Typodont maxillary arch, with Candidate ID Label affixed
3. Candidates are required to clean their assigned operatory before exiting clinic.

CLINICAL 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
Gross damage to adjacent tooth structure—teeth or tissue	100
Unrestorable iatrogenic fracture	100
Unprofessional attitude, rude, inconsiderate/uncooperative with examiners or other personnel	100
Poor simulated patient management	11
Appearance: unprofessional, unkempt, unclean	1
Violation of universal precautions	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.).

EFDA-Restorative Examination

RESTORATION: *ANTERIOR COMPOSITE*

ADEX 2027

Criteria applicable January 1, 2027 through July 31, 2027

CRITICAL ERRORS		
Restoration is debonded and/or movable in the preparation	**NO**	**YES**
Restoration is fractured	**NO**	**YES**

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

MARGIN INTEGRITY AND SURFACE FINISH	
Margin Excess/Deficiency	
ACC	A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin. B. The restoration-tooth interface may be detectable visually or with the tine of an explorer.
SUB	A. **DEFICIENCY:** The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin. B. **EXCESS:** There is evidence of marginal excess ≤ 1.0 mm in thickness perpendicular to the tooth surface (overhang) and/or extending laterally beyond the margin of the preparation ≥ 1.0 mm but ≤ 2.0mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.
DEF	A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth. B. There is a marginal excess > 1.0 mm in thickness perpendicular to the tooth surface (overhang) and/or extending laterally beyond the margin of the preparation > 2.0 mm (excluding bonding agent or unfilled resin).
Adjacent Tooth Structure	
ACC	There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration (Enameloplasty).
DEF	There is gross enameloplasty.
CONTOUR, CONTACT AND OCCLUSION	
Interproximal Contact	
ACC	Interproximal contact is visually closed, and the contact appears adequate in size, shape, or position, but may demonstrate little resistance to dental floss.
DEF	A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.
Centric/Excursive Contacts	
ACC	When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
SUB	When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.
DEF	There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.
TREATMENT MANAGEMENT	
Adjacent Tooth Damage	
ACC	Any minimal damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
DEF	There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.
Soft Tissue Damage	
ACC	The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure.

EFDA-Restorative Examination

RESTORATION: *POSTERIOR*

ADEX 2027

Criteria applicable January 1, 2027 through July 31, 2027

CRITICAL ERRORS		
Restoration is debonded and/or movable in the preparation	**NO**	**YES**
Restoration is fractured	**NO**	**YES**

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

MARGIN INTEGRITY AND SURFACE FINISH	
Margin Excess/Deficiency	
ACC	A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin. B. The restoration-tooth interface may be detectable visually or with the tine of an explorer.
SUB	A. **DEFICIENCY:** The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin. B. **EXCESS:** There is evidence of marginal excess ≤ 1.0 mm in thickness perpendicular to the tooth surface (overhang) and/or extending laterally beyond the margin of the preparation ≥ 1.0 mm but ≤ 2.0mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.
DEF	A. There is evidence of marginal deficiency of > 0.5 mm, to include pits and voids at the cavosurface margin, and/or there is an open margin, and/or there is internal contamination at the interface between the restoration and the tooth. B. There is a marginal excess > 1.0 mm in thickness perpendicular to the tooth surface (overhang) and/or extending laterally beyond the margin of the preparation > 2.0 mm (excluding bonding agent or unfilled resin).
Adjacent Tooth Structure	
ACC	There is no or minimal evidence of unwarranted or unnecessary removal, modification, or recontouring of tooth structure adjacent to the restoration.
DEF	There is gross enameloplasty.
CONTOUR, CONTACT AND OCCLUSION	
Interproximal Contact	
ACC	Interproximal contact is visually closed, and the contact appears adequate in size, shape, or position, but may demonstrate little resistance to dental floss.
DEF	A. The interproximal contact is visually open or concave/irregular, allowing for food impaction. B. The interproximal contact will not allow floss to pass.
Centric/Excursive Contacts	
ACC	When checked with articulating paper, all centric and excursive contacts on the restoration are consistent in size, shape, and intensity with such contacts on other teeth in that quadrant.
SUB	When checked with articulating paper, the restoration is in hyper-occlusion, making it inconsistent in size, shape, and intensity with the occlusal contacts on surrounding teeth, and it requires adjustment.
DEF	There is gross hyper-occlusion so that the restoration is the only point of occlusion in that quadrant.
TREATMENT MANAGEMENT	
Adjacent Tooth Damage	
ACC	Any minimal damage to adjacent tooth/teeth can be removed with polishing without adversely altering the shape of the contour and/or contact.
DEF	There is evidence of gross damage and/or alteration to adjacent and/or opposing hard tissue inconsistent with the procedure.
Soft Tissue Damage	
ACC	The soft tissue is free from damage, or there is tissue damage that is consistent with the procedure.
DEF	There is gross iatrogenic damage to the soft tissue inconsistent with the procedure.

CANDIDATE ID LABEL

CANDIDATE WORKSHEET

ADEX
AMERICAN BOARD of DENTAL EXAMINERS

Unit/Cubicle #

- **Official exam records are digital. All exam communications are submitted via Tablet-entry.**
- **Candidates are responsible for ensuring accurate data entry.**
- Handwritten notes are for personal reference only.

EFDA-RESTORATIVE Examination

ASSIGNED FINISH TIME :

- ☐ **Typodont Mounting evaluated by CFE**
- ☐ **Procedures Complete** (Authorization required to Dismantle typodont)
- ☐ **Candidate Check-Out** (Collection of labeled typodont arches)

Draft of Notes to Examiners (if applicable): _____

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