

Board of Dental Examiners of Alabama  
 5346 Stadium Trace Parkway, Ste. 112  
 Hoover, Alabama 35244  
 205-985-7267                      205-985-0674  
[bdeal@dentalboard.org](mailto:bdeal@dentalboard.org)

**2011 Alabama Dental Hygiene Licensure Exam Information  
 June 9-10, 2011**

**General Information for Out of State Applicants**

Examination Fee..... 125.00  
 Facility Fee ..... 100.00  
 Materials Fee.....100.00  
 Certificate Fee..... 25.00  
 Total due with application..... \$350.00\*

\*Does not include additional fee payable to PBIS for background check

June 9, 2011 7:00-AM until 7:45 AM Registration	Orientation - (all candidates) Law and Ethics Exam Dental Hygiene Comprehensive Exam	Doubletree Hotel 808 20th St. South Birmingham, AL
Orientation/Exams 8:00 - 12:00		
June 9, 2011	CLINICAL PROCEDURES	
12:30 Clinic Open 1:00 PM - 5:00 PM	Group A	University of Alabama School of Dentistry 1919 7th Ave. So. Birmingham, AL
June 10, 2011 7:30 Clinic Open 8:00 AM - 12:00 PM	Group B	University of Alabama School of Dentistry 1919 7th Ave. So. Birmingham, AL
June 10, 2011 12:30 Clinic Open 1:00 PM-5:00 PM	Group C	University of Alabama School of Dentistry 1919 7th Ave. So. Birmingham, AL

Examination specifics are enclosed, however final acceptance of the application for the licensure examination will be contingent upon satisfying all requirements pursuant to the provisions of the Alabama Dental Practice Act. Clinic group assignments will not be determined prior to the application deadline, May 9, 2011. Notification of Group assignment will be sent after all applications are processed.

Applications must be received by the Board of Dental Examiners of Alabama at least thirty (30) days before the date of the examination. Applications postmarked after May 9, 2011 will be rejected.

Incomplete applications will be returned without processing any part of the information. **If you do not have a final transcript at the time of application date, include a certified letter from the Dean of your school certifying that you have completed graduation requirements, will graduate prior to the examination date and the transcript will be forthcoming.**

Each application must include:

1. Typewritten or printed information. Print name on all additional pages enclosed with this application.
2. Notary signature and seal
3. One 2" X 2" photograph with signature of applicant, secured to application
4. A copy of your National Board scores, if applicable. Documentation of passing will exempt applicant from the comprehensive exam.
5. Documentation of a current CPR status with course or expiration date.
6. Documentation of completion of two hours of infectious disease training.
7. Proof of completion of Hepatitis B Series. Titer is acceptable.
8. Official transcripts from:
  - a) Dental Hygiene School (ADHP students, just write-in ADHP)
  - b) **OR** Certified letter from dean (indicate Official transcript requested and forthcoming)
9. A certified check, cashier's check or money order in the amount of \$375.00 made payable to the Board of Dental Examiners of Alabama.

**If you are unable to take the exam after you have applied, the Examination Fee will not be refunded.** The Materials/Facility/Certificate Fees will be refunded if you notify the Board of withdrawal at least thirty (30) days before the examination.

Completed application and fee should be mailed to:

**Board of Dental Examiners of Alabama  
5346 Stadium Trace Parkway-Suite 112  
Hoover, Al 35244-4583  
205-985-7267**

## 2011 Alabama Dental Hygiene Licensure Candidate Guide

### General Information

The examinations are conducted to provide total anonymity, including the use of a double blind system for scoring the clinical examinations. Examiners are calibrated prior to examination.

Examination forms will be distributed from 7:00 AM until 7:45 AM, June 9, 2011 in the lower lobby of the Doubletree Hotel, Birmingham, Alabama. Orientation and written exams will begin promptly at 8:00 AM. The clinical examinations will be conducted on Thursday, June 9, 2011 and Friday June 10, 2011 at the University of Alabama, School of Dentistry, 2<sup>nd</sup> Floor Clinic.

You are expected to be familiar with all information included in this Guide, and have it in your possession for the entire examination. **Clinical group assignments will be mailed after the application deadline date.**

The dental hygiene licensure examination consists of a clinical prophylaxis and written examinations that include, Law and Ethics and 1) Alabama Dental Hygiene Comprehensive Exam or 2) Documentation of National Board Exam Scores. The Alabama Dental Practice Act is available on our website, [www.dentalboard.org](http://www.dentalboard.org), for study preparation for Law and Ethics exam.

Evaluation of the oral prophylaxis exercise is based on the assessment of a candidate's ability to perform an oral prophylaxis on the assigned quadrant(s). A minimum of 75% is required on each of the written and clinical examinations.

The results of the examination will be mailed within four (4) weeks. **Please do not call the administrative office or any board member for grading status.** Any review of exam results must be requested in writing. Such requests must include a detailed explanation for any basis or reason for the candidate's disagreement. The request must be received in the Board's office within twenty (20) days of the date of the letter notifying candidates of the examination results. The Board's review shall not entitle the candidate to a hearing. The Board will inform the candidate of the results of its review as soon as possible.

A retake exam is scheduled at the discretion of the Board, and if scheduled it shall be administered within 90 days of the original licensing exam.

Patient selection is an important factor in preparation for the clinical examinations.

The patient's health condition must be acceptable for prophylactic treatment. Patients are required to sign a Patient Disclaimer, Consent and Release Form before any clinical procedure may begin. **If the patient is required to take pre-medication, he/she will be required to state in writing that he/she has done so.** There should be no soft tissue lesions that contraindicate dental hygiene instrumentation.

The following shall be the responsibility of the candidate to provide:

1. All patients. Patients must meet all stated selection criteria
  - a. The patient cannot be a dentist, dental student, dental hygienist, student hygienist or dental assistant.
  - b. Health history, Patient Disclaimer, Consent and Release Form required
  - c. Health status must be acceptable for treatment without risk to the patient, candidate or examiner.
  - d. Vital signs shall be recorded by the candidate prior to treatment.
  - e. Pre-operative full mouth radiographic series is required for patient approval. A mount will be provided after the receipt of the completed application. Forms are available on request.
  - f. The patient shall have received no periodontal treatment for a period of at least six months before the examination.
  - g. The patient must have at least 22 natural teeth with a total of 18 surfaces of explorer and/or radiographically detectable calculus. The patient must have visible supragingival calculus with light to medium subgingival calculus present. Some calculus must be visible on the full series of radiographs presented for patient approval. The examiners will not accept a patient with advanced periodontal disease, such as an ADA Classification IV.

2. All supplies, sterile instruments, handpiece (four -hole compatible - required) etc. for the stated procedure. Instruments required for patient approval and evaluation:
  - a. New reflective front surface mirror, combination explorer -probe (Michigan O probe w/ William's markings), U 15 scaler
  - b. Blood pressure cuff, stethoscope of the applicant's choice
  - c. Pencils for charting; Red, blue and #2 lead
3. Topical anesthetic only is permissible for analgesia (no nitrous oxide, anesthesia patches, nor infiltration/block anesthesia permitted).
4. Compliance with the U. S. Department of Health and Human Services - Public Health Service, Centers for Disease Control and Prevention Recommended Infection Control Practices for Dentistry. The Candidate must provide suitable operating attire, including Protective Attire and Barrier Techniques.
5. Display professional demeanor with consideration for patients and cooperation with examiners, test site personnel and other candidates.

#### **6. Optional**

The use of ultrasonic/sonic/piezo instruments are permitted. (No technical assistance is available either before or during the exam.) Air abrasion/cavijet instruments are not permitted.

#### **Patient Approval**

Patient approval will require a pre-operative full mouth radiographic series taken within six (6) months of the exam. Post-operative radiographs may be required. A mount will be provided after the receipt of the completed application and should be used for the radiographs presented for patient approval. Candidate number (available at Orientation) is required on radiographs and exam forms. All films shall be mounted in ADA fashion, (convexity front mounted) utilizing the universal numbering system. Duplicates will not be accepted. **Digital films will be accepted only on photo grade paper and of diagnostic quality.** Panoramic films will not be accepted.

Patient approval will be conducted at the candidate workstation beginning precisely at the stated time. The Clinic shall be available for candidate set up 30 minutes prior to the stated start time. In the event of patient rejection, the second patient approval will be in the examiners grading area. The candidate may submit **one** back-up patient but will not be allotted additional time. A **two (2)** point penalty is assessed. To minimize lost time, the candidate is encouraged to have completed all required forms and radiographs on the **back-up** patient prior to the examination.

**The Host institution will be capable of providing limited materials, with limited support personnel to maintain and repair equipment within a reasonable amount of time. The Board is not responsible for the malfunction of the facility's equipment and will not allot additional time due to any malfunction.**

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The Board will supply disposable trays required for approval and admittance to grading area.

After the final examiners check, the candidate is responsible for leaving the operatory clean. Due to the continual assignment of work stations, caution should be taken to insure all personal items, materials, instruments and handpieces are removed at the close of the procedure. Neither the Board of Dental Examiners, nor the School of Dentistry is responsible for lost or misplaced items.

**TIME MANAGEMENT** -Candidates are to be cognizant that the allocated period for patient treatment includes the time the patient(s) may be at the Examiner's Grading Area for evaluation of a procedure. (Evaluations may be especially slow between 11:00 - 11:45 A.M. and 4:00 - 5:00 P.M.). Careful consideration must be given by the candidate to be aware of the above conditions so the time allocated can be utilized to the fullest extent.

## **Dismissal and/or Assessment of penalty**

The following is a list of some reasons for deduction of points or dismissal from exam.

- Evidence of dishonesty or misrepresentation during registration of candidates or during the course of the examination shall automatically result in failure of the candidate. Re-examination of candidates failed for dishonesty shall be denied for one full year.
- The candidate exhibits rude, abusive or uncooperative behavior.
- Failure to complete the examinations within the allotted time. (There will be no make-up time, grace period or second effort allowed for any part of this examination)
- Alteration of radiographs. Failure to provide radiographs
- Receiving assistance from a dentist, another candidate, etc.
- Thievery during the course of the examination.
- Noncompliance with anonymity requirements for patient's approval and/or examiner scoring. Failure to vacate clinic as directed.
- Noncompliance with established guidelines for asepsis and infectious disease control.
- A candidate found using a patient who has previously been rejected for a specific procedure.
- Patient reports to scoring areas after stated procedure time has expired.

### **Violation of these standards may be grounds for penalty of immediate dismissal from examination.**

The Alabama Board of Dental Examiners reserves the right to amend exam instructions and requirements before and during the examination of the candidates.

## Clinical Procedure: ORAL PROPHYLAXIS

### A. PATIENT APPROVAL: Patients are to be seated with the following items available in the operatory:

1. A new reflective front surface mirror, air tip, the required explorer/probe combination, and U15 scaler
2. The required pre-operative full mouth radiographs (mounted and displayed on view box) with signed radiographic form. Candidate number only shall appear on the radiographic mount.
3. Pre-Operative Calculus Detection form, Patient health history, Patient disclaimer, Consent and release form. (Blood Pressure and Pulse are to be recorded on site, prior to patient approval)
4. Procedure form. The candidate must carefully review the procedure form to confirm the quadrant(s) assigned for treatment and charting. It is the candidate's responsibility to check the procedure form to determine that two (2) examiners have approved the patient.

### Patient Criteria

The patient must have at least 22 natural teeth with a total of 18 surfaces of explorer and/or radiographically detectable calculus. The patient must have visible supragingival calculus with light to medium subgingival calculus present. Some calculus must be visible on the full series of radiographs presented for patient approval. The examiners will not accept a patient with advanced periodontal disease, such as an ADA Classification IV.

Candidates are **prohibited** from the clinic during this time period and **may not** enter the clinic until advised that they may do so. (**Candidates failing to leave the clinic when advised to do so, risk dismissal from the examination.**)

B. **CHARTING – 10 Percent** - Candidates should check their procedure form carefully before beginning treatment and charting to confirm examiners assignment. Candidates will be assigned one (1) quadrant in which they are to do a complete periodontal charting. Charting is required only on the assigned quadrant. Points will be deducted if the wrong quadrant is treated or charted. The candidate must accurately record the location and extent of dental restorations, missing teeth and fixed prostheses in blue pencil. Fractured, missing, loose or temporary restorations should be shown in blue and outlined in red. The presence of supernumerary, deciduous or partially erupted teeth should be noted. Obvious caries should be charted in red. The assigned quadrant should be probed and recorded after treatment so that charted measurements will correctly reflect the conditions that will be reviewed by the examiners. Your findings should reflect the patient’s condition according to the following criteria:

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1. Mobility

O - No significant tooth movement

I – Significant tooth movement of less than 1 mm in a horizontal direction

II - Movement of 1 mm or more in a horizontal direction without abnormal movement in a vertical direction

III -Movement of 1 mm or more in a horizontal direction and abnormal movement in a vertical direction

2. Furcations

Class I – Beginning Involvement. Significant tissue destruction extends not more than 2 mm into the furcation

Class II – Cul-de-sac Involvement. Tissue destruction extends throughout the entire length of the furcation.

The alveolar bone and periodontal ligament structure that remains prevent blunt instrument penetration from one furcation opening to the next.

Class III – Through and Through Involvement. Tissue destruction extends throughout the entire length of the furcation. A blunt instrument passed between the roots can emerge on the other side of the tooth.

3. Gingival Recession

Indicate the amount of gingival recession apical to the cemento-enamel junction (CEJ), on both the facial and lingual aspects of each tooth. If the CEJ is no longer available for use as reference, select some other relatively stable landmark, e.g., a restoration margin, against which to measure recession and record this reference in the corresponding box on the candidate worksheet. Record the recession to the nearest mm, only where present, in the appropriate location on the candidate worksheet.

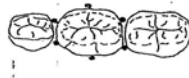
4. Keratinized Gingiva

Record only sites that have less than 1 mm of keratinized gingiva by placing a “K” in the appropriate location on the candidate worksheet.

5. Pocket depth

Using a periodontal probe, measure and record periodontal sulcus/ pocket depths for each tooth.

Measurements should be taken at the greatest depth for each area (M-F, F, D-F, M-L, L, and D-L). A reading that falls between two mm marks on the probe should be rounded upward to the highest mm.



6. Summary Statement

Write a brief (two line maximum) summary statement which describes that patient's gingival and periodontal condition for the teeth charted and treated. (Example: "Generalized moderate gingivitis with localized periodontitis, recession throughout").

C. **ORAL PROPHYLAXIS – 80 Percent** - Candidates should check their procedure form carefully before beginning treatment and charting to confirm examiners assignment.

1. **Subgingival and Supragingival Deposits** - The candidate must effectively remove subgingival calculus so that no deposits are detectable upon probing and is not visible when the tissue is deflected with air. The candidate must effectively remove all calculus, soft deposits and extrinsic stains from the assigned quadrant(s) selected for the oral prophylaxis so the surfaces are:
  - a. visually clean when air-dried
  - b. tactilely smooth upon examination with an explorer/probe
2. **Tissue Condition**  
The candidate must effectively utilize hand instruments, polishing cups or brushes, and dental floss so that no unwarranted soft tissue trauma (abrasions or lacerations) occurs as a result of the prophylaxis procedure.

D. **RADIOGRAPHS – 10 Percent** (Evaluation of pre-operative full mouth series presented for patient approval)

**Digital films will be accepted only on photo grade paper and should be diagnostic quality.** No panoramic films will be accepted.

E. **PERIODONTAL EVALUATION - CANDIDATE CHECK-OUT**

The following should be placed on the disposable tray provided by the board for admittance to the grading area.

The patient should be draped in a clean professional towel and is to be sent to the area designated for the examiner scoring along with the following items:

The candidate is evaluated on the following:

- |                          |  |
|--------------------------|--|
| <b>Diagnosis - 10%</b>   | Completeness and accuracy of findings as charted to include periodontal probing depth, tooth mobility, furcation involvement, identification of any oral tissue disease and/or abnormalities, accuracy of radiographic findings and description of periodontal diagnosis in the summary statement. |
| <b>Radiographs - 10%</b> | Evaluation of preoperative radiographs   |
| <b>Treatment - 80%</b>   | Effective removal of all subgingival and supragingival deposits from all surfaces assigned to the candidate without unwarranted trauma. Ability to manage the patient properly including control of pain and bleeding. Following universal barrier techniques for infection control.               |

1. Pre-operative Calculus Detection Form

2. Original periodontal procedure form, health history, patient disclaimer, consent and release forms
3. A reflective front surface mouth mirror, required explorer/probe combination, U15 scaler
4. Completed periodontal charting
5. Radiographic statement included with patient approval forms
6. Periodontal history/ treatment plan form
7. PreOperative radiographs

**When the examiners release the patient, the candidate will be excused. The candidate is required to clean his/her assigned area. Neither the University of Alabama School of Dentistry nor the Alabama Board of Dental Examiners is responsible for equipment and materials left at the workstation after the exam.**

**Deleted:** Each application must include:¶  
 2. Notary signature and seal¶  
 3. 2" X 2" photograph, signature on front surface of picture¶  
 4. A copy of your National Board scores, if applicable. Documentation of passing will ¶  
     exempt applicant from the comprehensive exam.¶  
 5. A copy of a current CPR card with date.¶  
 6. Proof of completion of Hepatitis B Series.¶  
 7. Official transcripts of:¶  
     a) Dental Hygiene School¶  
     b) OR Certified letter from dean (Official transcript requested and forthcoming)¶  
 8. A certified check, cashier's check or money order in the amount of \$150.00 made payable to the Board of Dental Examiners of Alabama. Personal checks are not accepted.¶  
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**If you are unable to take the exam after you have applied, the Examination Fee will not be refunded. The Materials Fee will be refunded if you notify the Board thirty (30) days before the examination.**¶  
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 Completed application and fee should be mailed to: ¶  
 Board of Dental Examiners of Alabama ¶  
 5346 Stadium Trace Parkway-Suite 112¶  
 Hoover, Al 35244-4583¶