Understanding Licensure

A resource to help guide you through the licensure experience

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Licensure: The Transition

Dental licensure marks the transition between dental school and dental practice. The licensure process, regulated by state boards, validates the dental profession’s self-regulation and protects the public.

Licensure has been a key issue for both the American Dental Association (ADA) and the American Student Dental Association (ASDA). Both organizations are committed to working in cooperation with the American Association of Dental Boards (AADB) and the clinical testing agencies to facilitate advancements in the clinical licensure process. Inside, you’ll find:

- Issues surrounding dental licensure
- Purpose and progress of clinical licensure
- Summary of the licensure process

This publication is designed for:

- Third and fourth-year dental students preparing for licensure
- First and second-year dental students who want to understand the process
- Advanced standing students who wish to learn more about U.S. licensure

The Dental Licensure Process

In the United States, each state sets its own requirements for professional licensure. In addition to health professionals such as dentists, physicians, nurses, and dental hygienists, etc., states also license realtors, attorneys and many other licensure categories. Although each state has a dental board, its level of autonomy varies. Even the independent boards, which exercise all licensing and disciplinary powers, are often functionally housed within other governmental departments. In rare cases board members may be elected, but are most frequently appointed by the state’s governor. Generally, standards for licensure are set by statute and can be changed only by an action of the state legislature.

Requirements

Although specific dental licensure requirements vary among jurisdictions, nearly all states require that applicants for initial dental licensure have graduated from an ADA CODA-accredited dental school, passed the National Dental Board Exams Part I and Part II, and passed a clinical exam administered by the state or by a regional testing agency.

States vary on the eligibility of an internationally trained dentist. All states, except Minnesota (which has different options) require that graduates of non-accredited dental programs obtain a D.D.S. or D.M.D. degree from an ADA Commission on Dental Accreditation (ADA-CODA) accredited program, or Commission on Dental Accreditation of Canada (CDAC) accredited program, or
a state dental board–approved education program. Some states may accept an alternative to the four–year dental program and some states cite specific variations in their laws.

As one step, to assist state boards in determining the qualifications of dentists who seek licensure, the Joint Commission on National Dental Examinations (JCNDE) conducts the National Board Dental Examinations. This Commission includes representatives of dental schools, dental examiners, dental hygiene, dental students, dentists and the public. There are two parts to the National Boards: Part I, which is taken after the second year of dental school, and Part II, taken during the final year of dental school. Both parts are offered in a computerized format. Although additional examinations may be required at the state level, all licensing boards use the National Board Dental Examinations to satisfy a major portion of their licensing examination requirements. Approximately 90% of dental students enrolled in accredited dental schools pass each part on the first attempt.

In 2007, the Joint Commission on National Dental Examinations implemented a restructured Part I examination in which the traditional Part I disciplines are intermingled throughout the examination. While the restructured examination remains a 400 multiple–choice examination, approximately 20% of the items are grouped in interdisciplinary, clinically–focused testlets and the remaining items continue to be independent or discipline–based items. With a comprehensive or interdisciplinary format, a single standard score is reported.

National Board Dental Examination candidates (for both Parts I and II) who have not passed after three attempts are required to wait 12 months after their third attempt before they can reapply. After a one year waiting period, a new cycle of three exam attempts will apply. In addition to the National Board Exam, most states and the District of Columbia require a written jurisprudence examination, which tests the applicant’s knowledge of that state’s dental practice act.

Recent Changes in NBDE Scoring

The National Board Dental Examinations moved from a scored exam to a pass/fail starting January 1, 2012. Candidate performance on Part I and Part II will be reported to candidates, state boards, and dental schools only as pass or fail. The decision to move to pass/fail was made at the Joint Commission on National Dental Examinations’ meeting on March 11–12, 2008. The JCNDE will continue to report raw score performance information in the disciplines covered on the examinations for failing candidates only.

JCNDE: Committee for an Integrated Examination

Joint Commission on National Dental Examinations formed the Committee for an Integrated Examination (CIE) in 2010. The CIE is charged to develop and validate a new comprehensive dental examination that will replace the NBDE Parts I and II integrating basic, behavioral and clinical sciences to assess entry level competency in dental practice. This is a long term project that is expected to not occur prior to 2017.

For more information or to be added to the mailing list to receive CIE updates, please contact the Joint Commission at jcndecie@ada.org.

The Clinical Exam

Once a student meets the educational and National Board Dental Examinations requirements, the next step is to take the appropriate clinical dental licensing examination, if such an exam is required for licensure in your state. Clinical exams are developed and administered by dental clinical testing agencies at dental schools. Most states participate in one or more regional examining boards, and a few administer their own exams. Unlike the written examinations, which are standardized, clinical exam requirements may vary.

Tip: The regional examining boards do not have authority to license individuals and should not be confused with the state boards of dentistry, which are the state licensing authorities. Find your state board at www.dentalboards.org.

Only three jurisdictions currently administer their own clinical examinations:

- California, which also accepts WREB
- Delaware
- The U.S. Virgin Islands

Florida and Nevada now administer the ADEX exam. The remaining boards contract that responsibility to one of the five regional testing agencies.

Clinical Testing Agencies

Until the late 1960s, clinical examinations were administered once per year by individual state dental licensing boards. By 1967, these boards began to realize that the clinical examinations could be improved by increasing and standardizing examiners and by making the examination available at a number of sites and on a number of dates throughout the year. The Northeast Regional Board of Dental Examiners (NERB) was founded in 1969, and by 1976, four regional dental examination agencies had been established. In July 2005, a new testing agency was formed — the Council of Interstate Testing Agencies (CITA), which currently has five member states (AL, LA, MS, NC, PR, WV). Presently, all five regional dental examination agencies provide clinical examinations for most states/jurisdictions.

- Council of Interstate Testing Agencies (CITA)
- Central Regional Dental Testing Services, Inc. (CRDTS)
- North East Regional Board of Dental Examiners, Inc. (NERB)
- Southern Regional Testing Agency, Inc. (SRTA)
- Western Regional Examining Board (WREB)
Clinical Testing Agency Membership

Visit ADA.org/understandinglicensure for a chart that lists clinical testing agency membership. Note that some states accept results of examinations administered by testing agencies of which they are not a member. Contact the individual state boards of dentistry (found at www.dentalboards.org) for information about which examinations are accepted in the state where licensure is sought.

ADEX

In 2005, the American Board of Dental Examiners (ADEX) was established. ADEX consists of state and U.S. territory licensing jurisdictions which are responsible for the ongoing development of the ADEX Dental Examinations. The examinations are available for use by the individual state and regional testing agencies on behalf of their member states. Currently, NERB and the states of Florida, Hawaii, Maryland and Nevada administer the ADEX exams, while CITA, SRTA, WREB and CRDTS administer their own examinations.

Preparing for the Exam — Location and Expense

Preparing for your state clinical licensing exam requires careful planning. Allowing enough time for the application process and patient selection is imperative. Plus, exam fees and travel expenses for both the candidate and the patients (who may also be paid) need to be considered. A table of the various clinical licensing examinations with cost and travel implications can be found on ADA.org/student (or search “Exam Location and Expense”). As sites and fees can change, be sure to contact each state/region for the most up-to-date information.

Curriculum Integrated Format

The Curriculum Integrated Format (CIF) is an alternative to the traditional format of administering an initial clinical licensure examination process. The ADA House of Delegates approved a definition of Curriculum Integrated Format in Resolution 1H-2007 and many agencies use the format in their licensing examinations.

What is the Traditional Format?

The Traditional Format is administered to candidates who have either graduated, or are within forty-five days of graduation of dental school. All four parts of the examination are administered within a few days under the Traditional Format.

What is the Curriculum Integrated Format (CIF)?

The format allows dental students to take their examinations in sections, spread out across their last year of dental school, instead of taking all four parts at the very end of senior year. With the CIF, the simulated examinations are administered early in the senior year and the Restorative and Periodontal examinations early in the second semester of the senior year. Candidate scores are reported to their dental school administration for the purpose of student remediation. Students are permitted to take the simulated patient examinations three times and the patient-based examinations twice prior to graduation.

Feedback on CIF has been positive, with students citing that they are more relaxed and generally more prepared because of the timeframe. Students can be eligible for licensure by the time of graduation, which means that they can plan their transition out of dental school weeks earlier.

Tip: Some testing agencies offer two separate Candidate Guides — one for Traditional Format and one for the Curriculum Integrated Format. Make sure you’ve got the right one.
Patient Selection

Selecting appropriate patients is a key factor in the clinical licensure examination process. Throughout the exam process you will be evaluated on your ability to identify the criteria and recognize conditions in your patient.

Let’s examine the following scenario: Candidate “Joe” spent all day screening patients for his upcoming clinical board exam. He found a total of three patients — two he felt comfortable treating and one who was questionable. Joe asked a faculty member if he thought the questionable patient met the exam criteria. The faculty member acknowledged that the patient met the requirements. Joe was relieved — he had secured three patients for his clinical board exam! After Joe received patient consent, he explained to his patients that he would make their travel and lodging arrangements for the exam. He provided the patients with the address of the exam site and briefed them on when they should arrive.

On the first day of the exam, Joe’s perio patient didn’t show up as scheduled and his amalgam patient was rejected. What could Joe done differently to prevent this situation?

The answer: He could have taken the time to study the published patient criteria, clearly communicated vital information to patients, and used an organized and well-planned system.

Be Vigilant

Study the exam patient criteria and make sure your patients meet all the conditions. If you are not sure whether or not your patient meets the criteria, it’s likely that the patient doesn’t. Look for “virgin” lesions that definitely penetrate “to” the dentino-enamel junction (DEJ). Beware of lesions that have a significant shadow beyond the DEJ. A small notch or “wedge” (only 1/3 penetration), may not be acceptable.

Trust Your Comfort Level

Choose patients with conditions you feel comfortable treating. Meeting only the minimum criteria may result in patients being rejected. Also, don’t rely on others, even faculty members, to select or qualify your patients. As you will in dental practice, use your critical thinking and professional judgment skills to identify qualifying patients. Board examiners have authority to determine the final acceptability of your patient. Having a back-up patient who is readily available is a very good idea.

Remember that Your Patients are Patients

(Not Dentists)

Communicate essential information to your patients to alleviate confusion. Explain in detail the procedures you will perform, what the examiners will check and how many examiners will review the graded procedure. Be sure to explain that the examiners are not at liberty to comment on the quality of treatment, and therefore examiners may avoid questions or conversation.

Give them the Facts

Be sure your patients know your name, candidate number, the name of your assistant and exactly when and where to meet you. If necessary, arrange transportation for your patients to the school. It couldn’t hurt to type all this up in an instruction sheet.

Inform your patients of the overall time commitment and clinic conditions prior to exam day. Suggest that they bring some reading materials since there are often long waits in the examining area. Inform them that the clinic floor and examining area can get chilly and they may need to bring a sweater or jacket. Finally, offer your patients something to eat and/or drink throughout the day to make sure they’re comfortable.

Be Honest and Appreciative

Before you begin your exam, remember to express your appreciation and remind your patients that their behavior is important to your professional future. Let them know that their participation makes it possible for dentistry to maintain high standards of competency.

Finally, remember that communicating crucial information to your patient can be just as critical as the patient selection process.

Tip: The ADA developed the Patient’s Guide to the Clinical Licensure Exam brochure that you can personalize. Get a copy of the brochure in the back of this book or download at ADA.org/student.
Guidelines for a Smooth Process:

**Apply early.** Increase your chances of receiving the exam location and date of your choice by applying early.

**Obtain an application form directly from the examining agency or apply online.** Before you start the application, contact the examining agency to ensure that you have enough time to complete and submit the application. Most exams have a deadline for accepting applications — usually a minimum of six weeks prior to the exam date.

**Read the entire application prior to completing or submitting it.** Applications usually specify whether any additional information is required and how to thoroughly complete the forms. Don’t leave sections of the application unanswered! Be sure to contact the testing agency if you have questions about the application form. If you apply online, be sure to print the application or save a PDF for future reference.

**Spend some quality time with your application.** Block out time in your schedule to thoroughly read and complete the application for your exam. You are less likely to omit information or make mistakes without distractions.

**Submit the required supporting documents.** You may be asked to provide supporting documents for your exam application, such as photographs, proof of graduation and proof of malpractice insurance. Failure to submit all of the required documents may delay the processing time needed for your application. If your exam requires separate malpractice insurance, it can take six weeks to receive a proof of insurance.

**Call if you have questions.** Contact your examining agency with any questions while you are completing the application. Don’t assume anything!

**Carefully review the cancellation policy.** Most exams require applicants to forfeit part or the entire exam fee if the candidate cancels his or her exam.

With some planning, effort and time, you can eliminate the possibility of making mistakes on your clinical licensure exam application and ensure that the process is a smooth one.

Preparation for the Clinical Exam

You’ve studied your way through dental school and the National Board Dental Examinations. Now it’s time for your clinical exam. What’s the best way to get ready for this ever-important day? The best advice is to: Prepare. Prepare. Prepare. Below are some suggestions on how to do just that.

**Candidate’s Guide**

Read and reread the candidate’s guide before the exam. This guide is your most important avenue to success — know it in your sleep! A few hints:

- Make notes in the sidebar.
- Make a list of questions to ask the chief examiner at orientations and/or during the exam.
- Keep your manual with you at all times during the exam.
- Consider tabbing pages or adding electronic sticky notes you may need to reference during the exam.
- Electronics may be prohibited during the examination, so a printed copy of the Candidate’s Guide may be your best bet.

Verify exam rules before deciding to go paperless.

**Tip:** Some testing agencies offer an online tutorial. This may be a good place to start!

**Procedures**

Write a flow chart for each procedure. Your candidate’s guide will detail what you need for each step of the exam — use it to create a schedule for yourself:

- Include approximate desired time guidelines.
- Create a list of instruments that your patient must bring to the examining area at each check-in.
- Print a copy for yourself and your assistant (if you choose to use an assistant).
Assistant
Clearly define the role of your assistant. And take time to practice the routine of the exam. He/she can:

• Keep an eye on the flow chart to keep you on time.
• Double check that your patient has been checked by the examiners at the right times and with the correct equipment.
• Communicate that details make a difference.

Tip: Not taking your exams this year? Volunteer to assist. It can be a good way to get a feel for the examination process.

Self-Testing Technique
Ask yourself questions about cavity preparation and restoration to explore possible situations:

• When do I plan to start?
• How much time should I allow?
• Based on the condition of my patient, what possible scenarios might occur and how would I handle them?
• What paperwork and instruments are required for the check-in procedure?
• What do I need to double check once the examiners have graded my patient?
• Am I required to place a rubber dam?
• What do I need to look for after the grading (such as the examiner’s initials)?

List your questions and answers in a step-by-step format to avoid frantically searching through the candidate’s guide during the exam.

Schedule
Creating a schedule will help you plan and prepare in quiet surroundings (rather than putting it all together during the exam) and allow you to have the information you need at your fingertips.

Patient Forms
If the testing agency sends you patient forms prior to the exam, make copies (or print extras) and practice completing them. On the copies, complete the patient information and familiarize yourself with facts the testing agency requires. Complete the official patient forms prior to the exam, if allowed, which saves valuable time on exam day.

Tip: Avoid filling out any official forms until your patient selection has been confirmed and you’ve verified your patient’s information.

Supplies and Equipment
Prepare and organize:

• Double-check which materials the school or examining agency will supply.
• If you want or need special materials, plan to bring them along. (Don’t rely on the testing site to have what you need)
• If you are renting school equipment, make arrangements ahead of time.
• If you plan to bring your own equipment, verify that it is functioning properly before exam day.
• Before the exam, empty your cart of unnecessary supplies. Buy or borrow a set-up tray for each procedure you will perform during the exam. Set up each tray with all the items you will or may need for each procedure, starting with the one you will perform first. Make a list of equipment items that need to be added to each tray. (This will allow your assistant to come in each day and pull out complete tray set-ups and add missing items that have been sterilized from previous set-ups.)

Lab
If using a commercial lab, confirm the reliability of the lab and make arrangements early to have your work done. If you plan to use a school lab, know its hours of operation.

If applicable and permitted, pre-punch rubber dams for each patient and make sure they fit well. Make sure your dam is centered and free of creases during the exam.

Patient Check
Thoroughly check your patient before the exam to determine whether any changes have occurred since your last screening:

• Does the patient have more or less calculus than a few weeks ago?
• Is the patient still ready and willing to attend the exam?
• Make sure you don’t have any unexpected “surprises” on exam day.

Don’t Forget about the Logistics

• Reconfirm meeting location and time, hotel, travel and meal arrangements for you and your patient.
• Plan a lunch break for both of you — find out if the school has a cafeteria or if you’ll need to make other plans.
• Bring snacks to eat during the day to maintain your energy.

Your Health and Comfort

• Avoid alcoholic beverages and don’t eat anything out of the ordinary the day before. Try to get a good night’s sleep.
• Plan to eat a good breakfast the morning of the exam. Although you will be nervous, it is critical that you eat a well-balanced breakfast to maintain your energy throughout the morning.
• Wear comfortable shoes and professional clothing.
Chairside Assistant
If you are allowed to use a chairside assistant (and you choose to do so), select a reliable one! Have a back-up plan in case your assistant is unable to attend the exam.

Tour if you Can
If the examining agency offers a tour of the testing site prior to the exam, take advantage of this opportunity. You can never be too familiar with the facilities.

Plan for the Unexpected
As the saying goes, “Failing to plan is planning to fail.” Before the exam, think through different scenarios you could encounter and how you would handle each one:

- What will you do if your patient fails to show up or if the weather causes a delay in your travel plans?
- What if the caries are deeper than expected, your selected treatment is not accepted by the examiners, or a cusp fractures while you are performing the gold restoration?
- Develop a plan of action for these potential situations. Realize that even the best planning cannot guarantee a perfect exam, but anticipating possible situations ahead of time is a good strategy for tackling the unexpected!

Positive Attitude
Encouraging words from a dental examiner: “Enter the process with a positive attitude. Realize that you belong there. You have just completed a course of study that has deemed you competent. Now demonstrate your competence with confidence!”

Time Management — Before and During the Exam
It's no secret — successfully completing dental school requires effective time management skills. These skills can also help make your clinical board examination a successful experience.

Tips to Optimize Your Time:

- **Create a “to do” list.** First decide what needs to be done between now and the date of your exam. Creating a list with clear, simple tasks helps keep you focused.
- **Determine your priorities.** Identify which items are priorities based on their deadline for completion. Realistically decide how much time you will need to devote to each task, and remember: do first things first.
- **Develop an action plan.** Once you have prioritized your tasks, outline the steps you must take to complete them. This helps you progress from simply thinking about the test to taking action. How will you go about recruiting patients? How should you be spending your time when you are not in class or in the lab? The action plan will serve as your road map. Creating a plan of action is one way to manage your time so that it doesn’t manage you.
- **Develop a schedule for exam day.** Detail your schedule as much as possible to avoid unnecessary anxiety on the big day. Find out how much time is allotted for each portion of the exam and use any extra time constructively.
- **If procedures are assigned in timed blocks, plan how you will work within that time frame.** Plan for setting up the unit, checking the medical history, anesthetizing the patient, etc. Structure your day so that you arrive at the test site with time to spare.

- **If your exam is an open block schedule, you will need to allot time for the different procedures appropriately.** Estimate how long each procedure will take, then plan carefully so you can begin work on another patient as soon as you finish the first. Tell your patient when to arrive based on your planned schedule.
- **Make a check list for each day.** What time do you need to be at the school? What time should your patient arrive? What supplies and equipment must you bring? What supplies do you need to obtain from the school supply window before beginning the procedure? List all the forms and instruments that must be submitted with your patient.
- **Bring a watch.** Even though there may be a clock in the exam room, you’ll appreciate having your own watch as time draws to a close. Your cell phone may not be permitted on the clinic exam floor.

Effectively managing your time will help you feel prepared and give you peace of mind as you work towards your license.
Board Insurance

Student Professional Liability Insurance

It is important to consider insurance protection against potential liability that may arise when you perform clinical services during dental training and prepare to take your clinical board exams. Most licensing jurisdictions will require evidence of professional liability (dental malpractice) insurance coverage. CITA, CRDTS, NERB and WREB all offer insurance coverage at no cost to the student. Candidates may be required to complete paperwork to receive the coverage; however, so it is important to research the requirements. California, Delaware, Florida and Nevada all require proof of insurance. Visit ada.org/understandinglicensure (or search “Board Insurance”) for a list of requirements and offerings by testing agency.

Insurance Options

ADA resources. The online Directory of Professional Liability Brokers is available to ASDA and ADA student members. The Directory lists insurance company contact information by state. Access the directory on ADA.org or call the ADA insurance plans support staff at 800.621.8099 ext 2885 for assistance.

Dental school insurance. Candidates who take the exam in the same state as their dental school may be covered by the liability insurance offered through your school. Talk with your school insurance provider to find out if coverage is included for your clinical examination.

The Moment You’ve Been Waiting For — The Results

Notification

There is a wide variability in the time it takes for a candidate to receive notification of his or her status from the testing agency. It may take as little as three weeks or as long as eight weeks. The information provided also varies. While the odds weigh in your favor to pass the exam, if you are unsuccessful on part of the clinical exam there are several steps to immediately take. Start by writing detailed notes about each phase of preparing for and taking the exam, including administrative steps in the exam process. Note patient qualification/management issues, your treatment steps, administrative details, time management, and etcetera. Then, begin to problem solve about the sections that may have gone wrong, and what you will alter when/if you retake the exam.

Curriculum Integrated Format: Your candidates guide should outline if the timeframes for score release under CIF.

Tip: Testing agencies may not (and will not) share score reports with the candidate over the phone, by fax or email. Some agencies will release scores on their websites; a secure, personalized log-in for candidates is required in these cases.

Appeals

Clinical exam candidates may appeal their results. It’s essential to contact the testing agency to evaluate your options. Although there are limited data available on candidates’ success on appeal, anecdotes from new dentists who did appeal are not encouraging. The length of time it takes to complete an appeal can also be problematic — it may take as long as 90 days from the receipt of the appeal request. Therefore, if the appeal is lengthy or not successful, candidates have prolonged the time it takes to begin their practice. Additionally, be aware that there may be a limited window (as early as 14 days) to submit your appeal after scores are received — so if you want to appeal, don’t delay. Review the appeals process ahead of time so you know what to expect.

Often, candidates cannot apply for reexamination and appeal their exam failure concurrently. For some testing agencies, registering for reexamination terminates the appeal process. This can serve to further discourage licensure candidates from filing an appeal. With the WREB exam, for example, if a candidate successfully completes another examination while his or her appeal is under evaluation, that appeal will be automatically dropped. If a subsequent examination is failed, the appeal process will continue to completion and a decision rendered without the Appeal Committee’s knowledge of the candidate’s performance on that examination.
Impact on the Recent Graduate

When it comes to licensure, the recent graduate faces a series of challenges. Even dentists who plan to practice in the state where they received their dental education find challenges. For graduates who plan to practice in another state, there is even more uncertainty about the process. It is not uncommon for recent graduates to take the licensure examination for multiple states to enhance the likelihood for success.

Uncertainty about licensure can make it difficult to forge professional relationships. Employment negotiations are often contingent upon the successful completion of the exam. New dentists who plan to acquire practices or launch a new practice know that their financing and future career success hinges on licensure.

Plus, up to one-third of new dentists relocate within their first 10 years of practice — so there is a possibility that new graduates will have to face this all again in the near future! Licensure by credentials has made transfer easier, but each state has its own experience requirements before licensure is considered. For couples who are both dentists, these difficulties are only compounded.

Failure to achieve dental licensure can feel devastating. Socially, as those who make it move on with their lives, those who do not are left in limbo. Psychologically, those who fail can begin to feel like “failures.” And financially, well-laid plans must be put on hold and alternative employment options must be explored.

Retaking the Exam

The cost for taking the exam includes the application and fees, which range from $150 to nearly $2,000, plus travel costs for both you and your selected patients. Paying that expense twice can make a deep dent in your bank account — especially if you have to reevaluate employment options. It’s important to note the frequency at which your region or state offers the exam so you can be prepared physically, psychologically, and financially.
“My alternate plan was to hang out at the dental school and beg.”

I graduated and moved on to the real world. I elected to forego a GPR or AEGD program to move on to a private practice. The dentist-owner of the practice had taken me under his wing after college and was an excellent mentor during my four years in dental school. He was willing to work with me as I transitioned into becoming his full-time associate. He was looking forward to his summer break where he could leave many office responsibilities to his new associate come July when NERB results came out and I could apply for my license. It was not to be.

The NERB results came in while I was working full-time for the dentist-owner of the practice. Thankfully all of my patients showed up (never a certainty when it comes to these exams). The day went smoothly. I didn't “pulp-out” on the restorations. I had plenty of time to scale and root plane twelve surfaces of clinical/radiographic calculus. I was done with the NERBs once and for all.

In the end, I was able to find a patient who I thought marginally fit the qualifications (I had less confidence in her eligibility than I did in my previous patient). What else was I going to do?

I had prepared well for the NERB exam — all of my patients were lined-up for the day of the exam and each patient was verified by multiple members of the dental school faculty as to their validity for the exam. I was feeling confident.

The day of the live-patient portion of the exam arrived and I was ready to practice as a dentist. There also wasn’t a formal program to help to find patients for the exam. I was on my own.

My first thought was to ask a patient from the practice where I worked sit for the exam. This is tough to do for a couple of reasons. First, patients in private practice are there for the quality of care they receive and generally wouldn't qualify for the NERB because the practice is actively working with them to maintain their periodontal health. Except for perhaps new patients to the practice, the private practice patients won’t have “enough calculus” to qualify for the NERBs. Second, private practice patients in the area come for convenience and location and are not going to make the trip to have six of their teeth cleaned.

My alternate plan was to hang out at the dental school and beg. I had a number of friends in the classes the year behind me who were very accommodating and agreed to let me examine some of their periodontally compromised patients. The toughest part, though, is that our school closes the end of July, so I had a limited number of clinic days to do my search.

I passed the section the second time around, and have moved on with my career. I guess looking back on that summer, it wasn’t the end of the world. It helped to have a supportive situation around me. The toughest part was the temporary blow to my confidence.

Where is Rob today?
Dr. Leland continues to live and practice in Massachusetts. He bought the practice where he first worked as an associate, which he aptly renamed Leland Dental. In addition, he has gone on to hold numerous leadership roles in organized dentistry, serving as the chair for the council on Membership for the Massachusetts Dental Society in 2006-2007, and as chair to the ADA New Dentist Committee 2010-2011, among others. Dr. Leland was the 2007 recipient of the ADA Golden Apple Award for New Dentist Leadership.

Robert Leland, D.M.D. — Tufts, Class of 2001

Come spring 2001, I had met all of my requirements for graduation, was working as a dental hygienist and looking forward to moving on to practicing as a GP.
I failed the restorative portion of the NERB exam administered in March 2006. I had patients who I had established relationships with as well as back-ups who all showed up. I felt admittedly nervous, but from what I had heard, as long as I did what I was trained to do, I would pass. I chose to prepare and restore the anterior CIII composite first. I performed the procedure as I had been trained, but after submitting my patient for final check, I was told to temporize the tooth and dismiss the patient with a failing grade for that portion. I was able to proceed with the periodontal portion of the exam during the afternoon, but I had to send away all three of my other patients without treatment or compensation for their time. The test was a blow to my esteem, and in my opinion, of my other patients without treatment or compensation for that portion. I was able to proceed with the periodontal portion of the exam during the afternoon, but I had to send away all three of my other patients without treatment or compensation for their time. The test was a blow to my esteem, and in my opinion,

reflected poorly on the students and the school since what I had been trained to do was apparently "clinically substandard."

In the long run, the extra $700 to retake the one portion of the exam (on top of the original $1,600) wasn’t an unbearable burden, but it certainly created some difficulty. It was $700 that my school had to retake at least one section over. The only restorative procedures I had done in the previous two months were on the typodont in practice for this event. My clinical time had been spent completing crown and bridge cases two months were on the typodont in practice for this event. My clinical time had been spent completing crown and bridge cases and looking for new board patients. I found suitable patients from junior students who still had restorative patients in their pool.

During the exam, I remarked to myself a number of times how odd it was to see students who I considered extremely competent and were, in fact, at the top of our class, retaking the exam.

The testing agency is not required to provide feedback so I will never know what aspect of my performance was inadequate. Conversely, I have since retaken the restorative portion of the exam and scored a 99, but without feedback, and I will never know in what way the Board considered this attempt so drastically different from the first. However, if I ever want to move to another state, I may have to take a licensing exam. Portability is a tricky issue. There is no clinical licensure examination that is truly “national.” As it currently stands, any exam you take will not license you in certain states. So my advice is to consider the states in which you are likely to practice and research which pathways to licensure they accept.

As a second year dental student, I sat as a patient for the NERB exam. Unfortunately, the candidate failed for a rather controversial reason. This incident led me to investigate licensure exams and their alternatives.

Since I was a student in New York, I had another pathway to licensure: PGY-1. The prior year I attended a General Practice Residency on Long Island. I improved my skills in endo, perio, restorative, fixed prosthodontics and fields of dentistry that are not tested on clinical exams such as implantology, removable prosthodontics and oral surgery. I also saved a substantial sum of money by not having to pay fees for the examination, patients and assistants. It comforted me to know that I didn’t delay treatment on patients for my own benefit, nor did I perform said treatment under a one-shot high-stakes scenario.

The PGY-1 option is not for everyone, however. If you plan on practicing immediately after graduation, this may not be the pathway for you. In addition, you would not be able to moonlight as a dentist during the year since you are not licensed. Finally, the most significant drawback is portability.

A Candidate’s Story: The PGY-1 Option

Chris Salerno, D.D.S. — SUNY Stony Brook, Class 2005

As a second year dental student, I sat as a patient for the NERB exam. Unfortunately, the candidate failed for a rather controversial reason. This incident led me to investigate licensure exams and their alternatives.

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Where is Chris today?

Dr. Salerno completed his PGY-1 training at Stony Brook Hospital’s General Practice Residency program. Shortly after graduating from Stony Brook, he returned as an Assistant Clinical Professor and continues to lecture on various topics across the country. He is chair of the ADA New Dentist Committee 2012-2013 and serves on the Executive Committee of his component dental society. He is in private practice in Melville, NY and lectures nationally.

“I knew I wanted to stay in New York, so this was an easy choice for me.”
A Candidate’s Story: The Missing Patient  Nikko Lee, D.D.S. — Columbia University, Class of 2010

Leading up to the NERB exam, I had everything in order. Filling out the application was relatively simple. The application form came in the candidate guide. I wasn’t too worried about the dentistry part of the exam. I knew how to do a class II. I knew how to do a class III. I knew how to remove calculus. The part that stressed me out most of the weeks leading up to the test was finding reliable patients that had lesions that fulfilled the NERB criteria.

I heard that I could save myself a lot of stress by reading the manual thoroughly. I heard that the test wasn’t so much about whether you can fill a cavity as it was about whether you can follow directions in a stressful situation. For example, proper patient selection, managing the required paperwork (consent forms, medical history, recent radiographs, perio worksheets, evaluation forms), properly requesting modifications, and so on.

I got to clinic around 7 a.m. to set up my area for the operative portion of the test. I got lucky and had a class II and III to do on the same patient. It wasn’t perfect, but things went relatively smoothly. On both preps my patient returned from evaluation with an “Instructions to Candidate” form. This meant I had to make a few changes before proceeding, but it was nothing major and I finished on time.

Then, I got to the perio part of the test ...

We had from 2–5 p.m. for the perio section. I told my patient to arrive at 1:30 p.m. so that I could have him seated, get forms signed, and ready to start the test at 2. It was 2 p.m. and still no patient. Of course, by this time I had called the patient repeatedly, checked the waiting room, even went down to the lobby to see if she got lost. 2:45 rolls around, still no patient. Since I didn’t have a back-up, it was looking like I was going to fail and have to retake a few months later. Needless to say, I was frustrated, especially since I had met with the patient two days prior and we talked about the importance of showing up.

I was hanging out near the waiting room venting to a friend about what had happened when I catch word that a patient of my classmate brought her father along (he was interested in getting treated at Columbia in the future). Another classmate of mine had already taken radiographs on the individual and I thought he may qualify to be a patient for the exam. I spoke with the patient through a translator (he only spoke Spanish) about the testing process and he agreed to let me screen him to see if he met the criteria. By this time it was after 3, and while two hours seems like a long time to scale a quadrant of teeth, the paperwork for getting a patient qualified is VERY cumbersome. It was going to be close ...

Before candidates can start scaling, an evaluator will review the patient to determine if he or she is acceptable for the exam — and this must happen at least 45 minutes before the end of the test. I had about an hour to take a medical history, blood pressure, and obtain consent (in Spanish), make him a chart, examine the patient, fill out a worksheet with probing depths/calculus detection, and if he qualifies, take a full-mouth series, followed by approximately an hour for scaling.

Thankfully I had awesome classmates and clinic staff who helped me with the radiographs and paperwork and I was able to get everything done in time. It was a frantic couple of hours that I never want to do again! Thankfully, it all worked out in the end. I got really, really lucky — not only was there an extra patient that happened to be in the waiting room, but he actually was qualified to be a patient. I screened a lot of patients prior to the exam and for one reason or another there was always something that made them not ideal for the test. And it’s no wonder considering the requirements were something like: 12 surfaces with detectable calculus, at least three sites with pockets of at least 5mm, no more than two–three canines/incisors, at least three premolars and molars, all of which needed an approximating surface within 2mm. I really lucked out that there was someone in the waiting room that fulfilled all the criteria.

The fact that I knew exactly what needed to get done when I finally found a patient went a long way in helping me finish everything in time. This is why it is so important to read the manual. Time is limited as it is, so when things don’t go your way, you don’t want to waste time familiarizing yourself with paperwork you’ve had for months but never bothered to look over.

Of course, if I could go back and do something differently, I would have found a more reliable patient! But honestly, some of those things are out of your control. My advice is to take care of the things you can control … in other words, be prepared! Even if you think your patient is reliable, things happen. Patients are still people, and anything can happen in a person’s life to prevent him or her from making it to an appointment. Despite the circumstances, in the end it’s still up to the student to pass the exam.

Where is Dr. Lee today?

After graduating from Columbia in 2010, Dr. Lee enrolled in a PGY-1 in pediatric dentistry at New York University, which will be completed in 2012.

“ It was 2 p.m. and still no patient ... Since I didn’t have a back up, it was looking like I was going to fail and have to retake a few months later.”
Next Steps

Failing your licensing exam may seem like the end of the world, but it’s important to stay positive and create a plan to achieve your goal of licensure. Depending upon your licensing jurisdiction, you may have a wait period to retake the exam, plus if you need to reapply, it will take time to process and schedule your examination — perhaps several months. In the interim, you will probably have two concerns: first, achieving licensure and second, making a living now that your entry to dental practice has been delayed.

Your first task in achieving licensure is to review the information provided by the testing agency regarding your areas of failure. Reflect on your experience during the exam. If you had a problem with a patient, or were aware that the section did not go well, your score probably did not surprise you. Decide if you need further skill-building in that aspect of clinical care. If so, you may wish to consult with a clinical instructor. Or, if your dental school offers a remediation program (see next page), it could be wise to take advantage of it.

For new graduates who planned to relocate to practice, or for those whose dental school does not offer a remediation program, it may be possible to participate in a remediation program at another dental school. Many remediation programs are open to non-alumni.

You must also make a decision regarding the appeal. In many cases, you can request that your test be re-scored to make sure that there was no error. However, you should be aware that the testing agencies are not likely to override the evaluation of the examiners. Occasionally, new graduates report that the testing process was not carried out according to the approved procedure. This may be an effective ground for appeal. For more information regarding the appeals process, please contact the testing agency or your state dental board.

Retaking the exam or filing an appeal may not be your only options. Some jurisdictions accept more than one regional exam. For scheduling convenience or a new experience, you may wish to travel, if necessary, to take a different exam.

In addition, you may wish to contact the state dental society for the name of your state new dentist committee representative. Often, new dentist committees set a goal of assisting recent graduates with the state licensure process, and may have practical advice to offer.

The state or local dental society can also be helpful regarding your options for employment during the interim. Volunteers or staff may know of dentists in your area who may be willing to have you assist them in their office. Although you can’t practice dentistry, you could still learn much from the practice environment. The state Dental Practice Act may allow you to serve in a hygienist, dental assistant or dental lab capacity. Your state dental society should have more information. In addition, the ADA offers a nonpracticing membership category for people with a dental degree but who do not have a license. Your Association can be a great resource during this time and membership options are available to you. Access your dental society information at ADA.org/societydirectories.

Remediation

Most candidates who fail their licensure examination on the first try are eventually successful (usually within the first year). The vast majority pass on their next attempt without assistance. Few resources for preparing for re-examination are available through the state boards, and remediation is seen to be the purview of the dental school.

The ADA Office of Student Affairs conducted a short survey July 2012 regarding the availability of remediation at 58 U.S. dental schools. A total of 42 schools responded and 39 indicated that some form of remediation is offered through the dental school. The survey results appear on the next page.

Availability of remediation programs is not widely publicized, even faculty may not be aware of them.

Responses from schools that provided additional information are also listed on the following pages.
# Dental School Remediation Programs

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Source: 2012 Remediation Programs in Dental Schools Update

* Formal Instruction Given.
Additional Information from the 2012 Survey:

Arizona School of Dentistry and Oral Health
ASDOH offers remediation for any of the basic science modules and for any clinical modules. Students interested in pursuing remediation should contact the Director of Clinical Education for the Clinical Exam and the Associate Dean of Education for the NDBE.

East Carolina University
East Carolina includes OSCE-type staged didactic exams for 2nd–4th year students. There is also a Yammer network to help students with specific areas of deficiency. Students can take as many practice exams as is needed in specific topics or the entire exam. Students interested in pursuing remediation should contact the Office of Dental Education.

Medical University of South Carolina
The remediation process at MUSC is set up for students on an individual basis, based on their specific needs.

Midwestern University – Illinois
Midwestern-IL plans to offer remediation to students and offer extensive preparatory courses, licensure advice and counseling.

Nova Southeastern University
Enrolled pre-doctoral students interested in pursuing remediation should contact the Board Liaison faculty member. Alumni or enrolled post-doctoral residents should contact the Office of Continuing Dental Education.

SUNY Buffalo
SUNY Buffalo offers optional CE-type courses designed on individual students’ needs.

UTHSC at San Antonio
Remediation is State Board–directed. Students interested in pursuing remediation should contact the Office of Continuing Dental Education.

University of California Los Angeles
Faculty from specific disciplines will work with individual students on an ad-hoc basis to provide remediation. School provides mandated remediation for dentists who have received sanctions by the Dental Board of California.

University of Florida
Florida also offers a preparation course for NBDE Part I.

University of Iowa
Students have the opportunity to retake an exam (practical and didactic) and to spend additional time completing clinical exercises.

University of Kentucky
The University of Kentucky also offers Individualized tutoring/instruction. Students interested in pursuing remediation should contact the Office of Academic Affairs.

University of Minnesota
For students who have failed the NBDE more than twice Minnesota will develop an individual program depending on their weaknesses.

University of Tennessee
UT provides remediation when the Tennessee Board of Dentistry has mandated that a licensee undergoes remediation.

Virginia Commonwealth University
Individuals who fail a certain part of the exam are allowed to use the clinic and to practice on mannequins.

Please note that the following schools did not respond to the 2012 survey; however, those in bold indicated on a past survey that they had some form of remediation available:

A.T. Still University Arizona School of Dentistry and Oral Health, Case Western Reserve University School of Dental Medicine, Georgia Health Sciences University College of Dental Medicine, Harvard University School of Dental Medicine, LECOM College of Dental Medicine, Loma Linda University School of Dentistry, Marquette University School of Dentistry, Meharry Medical College School of Dentistry, Ohio State University College of Dentistry, Roseman University of Health Sciences College of Dental Medicine, Temple University The Maurice H. Kornberg School of Dentistry, University of Alabama School of Dentistry at UAB, University of Colorado Denver, University of Detroit Mercy School of Dentistry, University of Maryland Baltimore College of Dental Surgery, University of Medicine & Dentistry of New Jersey New Jersey Dental School, University of North Carolina School of Dentistry, University of Oklahoma College of Dentistry, University of Pittsburgh School of Dental Medicine, University of Puerto Rico School of Dental Medicine.
Keep In Touch During Your Transition to Dental Practice

With so much on your mind, it’s easy to forget about your ADA membership. Don’t worry — maintaining your membership is much easier than obtaining your license!

Just simply tell us your plans, complete the appropriate application and you’re all set. And most of you will be eligible for reduced dues — a great value!

The ADA offers reduced dues for recent graduates at the national level. Many state and local societies also offer a similar dues reduction program.

ADA Reduced Dues Program for recent graduates:

- Year 1 — $0
- Year 2 — 25% of full national dues
- Year 3 — 50% of full national dues
- Year 4 — 75% of full national dues
- Year 5 and thereafter — 100% of full national dues

We have a membership option for everyone.

Tripartite Membership*

Ready to practice? Tripartite Membership is likely for you. Tripartite simply means that you hold membership at three levels: local, state and national. Most of you will fall into this category. Many state and local societies also offer reduced dues.

Provisional Membership*

Taking time off? Provisional Membership is a direct membership category available to dentists who are licensed, but have not yet begun to practice. Candidates must apply for provisional membership within 12 months of graduation and eligibility will terminate December 31 of the second full calendar year following the year in which the degree was awarded.

Join after you graduate and your first year is free! If you need a second year for your transition period, your dues will be just 25% of full dues. We’ll send you an invoice and you simply renew. By year three, you will have transitioned to another membership option, but your reduced national dues will continue on the 50-75-100% schedule.

Federal Dental Services Membership*

Going into the Federal Dental Services? Entering into the military? For new graduates going into the Army, Air Force, Navy, U.S. Public Health Service, U.S. Department of Veterans Affairs, or other full-time federal employment, Federal Dental Service (FDS) membership is available. Reduced dues are available to FDS members too!

*Eligible for ADA’s Reduced Dues Program

Graduate Student Membership

Going into a graduate program, residency or specialty training program? There is a special ADA category at the national level: graduate student member. Join the ADA directly as a graduate student member for only $30.

Tip: If you join as a graduate student member, you put the reduced dues program on hold until you enter practice. After you complete your program, you can still enjoy the reduced rates, starting at $0.

Nonpracticing Dentist Membership

Still working on your license? The Nonpracticing Dentist Membership is available to any dentist who has a dental degree, resides in the U.S. or its territories, does not hold a U.S. dental license, is not receiving compensation for delivering patient care and is ineligible for any other type of membership in the ADA.

Learn more about your membership options at ADA.org/join or contact the ADA at 800.621.8099.

Tip: Don’t forget to let the ADA know where you’re going after graduation! Stay in touch with us so we can give you the resources you need during your transition. Contact us to update your information at studentaffairs@ada.org or at 312.440.7470.

Remember that you must apply for membership in the ADA as a dentist. Your ASDA and ADA student membership does not automatically transfer after graduation. A good rule of thumb is to apply for ADA membership when you apply for your license.
Advocating for Change

Clinical licensure, which falls under state board of dentistry purview, is a hot topic for new dental school graduates and for licensed dentists who wish to relocate. It is of paramount importance to protect the public from inadequate practitioners, but it is also important to have a clinical licensure system that is valid, reliable and free from unnecessary barriers.

A Brief History

In the 1990’s, failure reports were “shocking”
Concerns about the dental licensure system really began to heat up in the 1990s, when many new graduates experienced difficulty transitioning to dental practice because of high levels of failure of the licensure exams. In 1994, the Journal of the American Dental Association reported “failures ranging from 50 percent to more than 80 percent were noted at certain exam sites in the Western, Southern, and Northeastern regional boards.” The report added “a shocking 80 percent or greater failure rate (was) noted at two of the Central Regional Dental Testing Services schools.” A little more than a year later, the picture was not much brighter: JADA reported “more than 1,000 of 1995’s dental graduates failed their initial licensing test.”

In 1996, discussion and collaboration begins
In 1996, the American Dental Association began an initiative to spur discussion among all the communities of interest with hopes to facilitate a licensure process that was fair and candidate-friendly as well as continue to protect the public. As a result, the ADA hosted a series of meetings on licensure with participants from the testing agencies, the American Dental Education Association (ADEA), the American Association of Dental Examiners (AADE), the American Student Dental Association (ASDA), and the ADA Committee on the New Dentist. It was agreed that uniform entry-level clinical licensure examinations was a goal shared by all of the participating organizations.

In 1997, the Agenda for Change was born
The March 1997 meeting was notable for the development of the 12-point Agenda for Change, which was accepted by the ADA, ADEA, AADE and ASDA, and addressed topics such as standardization of written and clinical examinations, a more candidate-friendly licensure process, and the use of human patients in the exam.

In 2003, the post-graduate residency emerged as an alternative
An alternative pathway to initial licensure was established by the state of New York in 2003: completion of a residency. The New York State Dental Association actively supported legislation to offer completion of a residency program at least one year in length (PGY-1) in an accredited postdoctoral program in lieu of the clinical licensure examination as a pathway to licensure in the state. The 2003 ADA House of Delegates amended its Policy on Dental Licensure and Guidelines on Dental Licensure to reflect this option. In 2007, the completion of a postgraduate residency program in New York was mandated. The state of New York no longer accepts clinical examination as a pathway to licensure. In California, Connecticut, Minnesota and Washington licensure applicants have the option of completing a residency in lieu of a clinical examination. However, each state has its own rules and regulations by post-graduate residency (PGY-1). PGY-1 may be a suitable pathway to licensure for eligible dentists, unless he or she foresees the possibility of moving to another state. In that case, the dentist must seek licensure from the new home state to be eligible to practice there. For this reason, the PGY-1 may not work for everyone. ASDA policy supports the option of PGY-1 as a sufficient alternative to licensure; however the organization does not believe that a residency program option should be mandated.

In 2004, CDEL supports the concept that dental students can take a single clinical examination that would have national acceptance.
“Mutual recognition” — the concept that all exams do a good job of evaluating a candidate’s suitability for dental licensure — is now well-accepted, especially from a practical standpoint. However, many dentists and leaders in the profession continue to advocate for the development of a single clinical licensure examination that would be accepted by all dental boards across the country. In April 2004, the ADA Council on Dental Education and Licensure (CDEL) endorsed the concept that a dental student who has graduated from an accredited program should be able to take a single clinical examination that would have
national acceptance. At its June 2004 meeting, the American Association of Dental Examiners (AADE) passed a resolution calling for the development of a national, uniform dental clinical examination administered by state and regional testing agencies. The ADA House of Delegates also took action that year to support the development of a single exam and to monitor the process.

**ADEX is charged with developing an exam — but not all can agree**

The American Board of Dental Examiners (ADEX) was formed as the independent agency responsible for the development of a clinical licensure examination. When ADEX began to develop the exam, the majority of state dental boards and regional testing agencies participated in the process. However, some state and regional testing agencies eventually withdrew from the process. Instead of just one examination, now there were multiple examinations in use. Not all state dental boards joined ADEX.

The intention was for all existing regional testing agencies to administer ADEX’s exam, but by August 2005, only two agencies agreed to do so — CRDTS and NERB. SRTA, WREB and CITA did not participate in ADEX and continue to administer their existing examinations today. Eventually, CRDTS also withdrew and NERB and Nevada are currently the only agencies that administer the ADEX exam.

**Keeping the lines of communication open**

To date, there is still a strong desire for one common exam, making mobility easier for dentists and their families seeking new opportunities in different states. The ADA continues to monitor the ever-changing licensure environment and has hosted several informal inter-agency meetings in the past five years. In addition, the ADA has sent letters to the state boards of dentistry regarding the licensure process, including asking the Boards to consider the impact of CRDTS withdrawal from ADEX and to encourage them to accept results from multiple examinations. ADA’s licensure policies continue to encourage states to accept results of any state or regional examination.

**2010 House of Delegates Action**

The 2010 House adopted Resolution 42H-2010, which initiates a Request for Proposal process for development of a portfolio-style exam for licensure purposes. A new workgroup was formed with multi-agency representation to oversee the RFP process.

In 2011, a proposal was received which the workgroup determined had met all criteria for portfolio examination validity and reliability. After weighing all factors, including the cost, workgroup recommended and the 2012 ADA House of Delegates agreed that the ADA should continue to monitor the dental board of California’s portfolio examination development and report back in 2013.
Licensure by Credentials (also known as Licensure by Recognition)

Dental boards in 46 states plus the District of Columbia and Puerto Rico grant licenses to dentists to practice in any setting, who are currently licensed and in active, continuous practice for a specified period of time (typically 5 years) in another jurisdiction, without further theoretical and clinical examination. The license recognition system, often referred to as licensure by credentials, may also be referred to as licensure by reciprocity, endorsement, or criteria.

In granting licensure by credentials, the Board of Dentistry makes a determination that the applicant is currently licensed in a state that has equivalent licensure standards. Technically, licensure by reciprocity refers to a situation in which a jurisdiction has statutory authority to grant licensure recognition only to licensees of states that grant similar recognition to licensees from the receiving jurisdiction. Such decisions may be based on agreements between state boards. These states are indicated by an asterisk (*).

The dental boards in the jurisdictions listed below will grant license recognition to dentists.


Four states and one territory do not currently grant an unrestricted dental license by credentials: Delaware, Florida8, Hawaii2, Nevada7 and the U.S. Virgin Islands.

For information concerning a state’s current practices and specific criteria for license recognition, dentists are strongly urged to contact the dental board of the state in which license recognition is sought.

The ADA Supports Licensure by Credentials

The ADA House of Delegates strongly supports freedom of movement through licensure by credentials. A 2002 resolution amended the ADA Guidelines for Licensure to eliminate the requirement for a minimum of five years in practice in order to be eligible for licensure by credentials, simply stating that a dentist should be in active practice or dental education immediately prior to applying for licensure by credentials. A second resolution addressed the issue of specialty licensure, specifying that specialists who move to another state and wish to practice their specialty should be waived from taking that state’s general dental practice examination. The number of licensing jurisdictions that offer licensure by credentials has increased dramatically in the last decade.
Dental Licensure Change — A Recent Timeline

1994  
JADA: Many new graduates were having difficulty making a successful transition to dental practice because of high level of failure of the licensure exams. “Failures ranging from 50% to more than 80% were noted at certain exam sites.”

1995  
JADA: “more than 1,000 of 1995 dental graduates failed their initial licensing test.”

1996–2000  
ADA hosted a series of meetings on the subject of dental clinical licensure examinations.

March 1997  
12-point Agenda for Change which was developed and accepted by the ADA, ADEA, AADE and ASDA.

2003  
New York PGY-1. The state of New York adopts law to allow the option of completing a residency program of at least one year in length (PGY-1) in an accredited postdoctoral program in lieu of the clinical licensure examination as a pathway to licensure in the state.

2003  
ADA House of Delegates amended its Policy on Dental licensure and Guidelines on Dental Licensure to state that the clinical examination requirement for initial licensure could be met by successful completion of a postdoctoral program in general dentistry or in an ADA recognized, at least one year in length.

April 2004  
ADA Council on Dental Education and Licensure endorsed the concept that a dental student who has graduated from an accredited program should be able to take a single clinical examination that would have national acceptance.

June 2004  
American Association of Dental Examiners passed a resolution calling for the development of a national uniform dental clinical examination administered by state and regional testing agencies.

October 2004  
ADA House of Delegates approved Res. 23H–2004, directing the appointment of a National Clinical Licensing Examination Consensus Committee to advance the development of a common national examination.

2005  
American Board of Dental Examiners (ADEX) established which is responsible for the ongoing development of the American Dental Licensing Examinations (ADLEX), a national exam that is available for use by individual state and regional testing agencies on behalf of their member states.

July 2005  
the Council of Interstate Testing Agencies (CITA) was formed — making it the first testing agency to be formed since the original four regional dental examination agencies were founded between 1969–1976.

2007  
Completion of residency program mandated in NY. The state of New York no longer requires clinical examinations as a pathway to licensure.

2007  
California (advanced general dentistry only), Connecticut, Minnesota and also offer the option of PGY-1.

2008  
Washington offers a PGY-1 option.

2009  
CRDTS withdraws from ADEX in June, begins to administer its own examination.

2009  
The ADA House of Delegates refers Resolution 26S–1, to study a potential NBDE Part III exam to the Board of Trustees work group.

2009  
In June, Minnesota announced that it will administer the National Dental Examining Board of Canada’s two-part examination to graduates of the University of Minnesota and accept the results for licensure. California is in the process of investigating the use of a hybrid portfolio examination.

2010  
California signed Assembly Bill 1524 to allow a dental school-based portfolio examination process in September.

2010  
As a follow-up to resolution 26H–2009, the 2010 House adopted Resolution 42H–2010, which initiates a Request for Proposal process for development of a portfolio-style exam for licensure purposes. A new workgroup was formed with multi-agency representation to oversee the RFP process.

2011  
A proposal was received which the workgroup determined had met all criteria for portfolio examination validity and reliability.

2012  
The 2012 House of Delegates recommended monitoring the dental board of California’s portfolio examination development and reporting back in 2013.
The Future of Licensure — Alternative Models to the Clinical Licensure Exam

While the clinical licensure examination continues to be the pathway to licensure for many dental graduates, there are several emerging alternative platforms in discussion.

Post–Graduate Year Residency
Completion of a residency program at least one year in length (PGY-1) in an accredited postdoctoral program in lieu of the clinical licensure examination as a pathway to licensure in the state.

As of 2012, the PGY-1 is offered by New York (mandated), Washington, Minnesota, California and Connecticut.

Canadian Examination – Non-Patient Based OSCE
On June 26, 2009, the Minnesota Board of Dentistry voted unanimously to accept the results of Canada's non-patient based two-part exam, which includes both a written and a non-patient based Objective Structured Clinical Examination (OSCE). The OSCE is a station-type exam where candidates answer extended match questions based on models, X-rays, casts and case histories. The University of Minnesota's School of Dentistry began administering the OSCE exam to eligible students in 2010. When CRDTs withdrew from ADEX in 2009, the University saw an opportunity to explore licensure examinations. The school worked closely with the Minnesota State Board of Dentistry, which formed a task force to study the feasibility of non-patient based exam options.

To learn more about the OSCE exam, visit the National Dental Examining Board of Canada web site at www.ndeb.ca.

For information on licensure in Minnesota, contact the state board of dentistry at www.dentalboard.state.mn.us or the Minnesota Dental Association at mndental.org.

Hybrid Portfolio
California is in the process of developing rules and regulations for a hybrid portfolio examination. The hybrid portfolio model is designed to use the structure for student evaluation that currently exists within the schools to assess minimum competence. The model is considered a performance examination that assesses skills in commonly encountered situations, which includes components of the clinical examination administered by the traditional testing agency. Performance is measured during competency evaluations conducted in the schools by calibrated examiners who are members of the dental school faculty. Thus, the hybrid portfolio examination involves hands-on performance evaluations of clinical skills as evaluated within the candidates’ program of dental education. Once regulations are final, students from all California schools will have the option to take a school-based licensure exam that allows them to build a portfolio of completed clinical experiences and competency exams in seven subject areas over the entire course of their final year of dental school.

Learn more about the Hybrid Portfolio model at www.dbc.ca.gov (search: hybrid portfolio).

ASDA Support
ASDA offers a number of resources and support surrounding the topic of licensure.

Council on Education and Licensure

The Council on Education and Licensure serves the association by providing leadership in the areas of dental education, research and licensure. The council educates members about the licensure process. They maintain relationships with licensure communities of interest, including examination boards and state dental boards and actively pursues opportunities to move ASDA's licensure policies forward. Further information can be found on ASDAnet.org under the Leadership tab.

Chapter Licensure Representative (LR)

This chapter-level position helps members stay informed on the licensure information and resources, specifically those at the state level. The LR will be current on ASDA, local and statewide licensure policies and relay this information to the local members. The LR will also communicate these local issues to the Council Chair of Licensure and direct members to ASDA resources regarding licensure requirements. The second delegate, alternate delegate, or other interested member at each ASDA chapter could serve as its LR.

Licensure Resources on ASDAnet.org

Turn to ASDAnet.org under the “Issues” tab for the most current policies on licensure. Utilize the online map to link to each state licensing board’s website to ensure you have the most recent information regarding what licensing exam each state accepts.
Dental School and Dental Society Support

Many dental schools and dental societies offer support before, during, and after the clinical boards. In addition to the remediation programs available at many of the dental schools, some schools offer pre-graduation exams and mock boards to help in your preparation.

Some dental societies offer programs to help you prepare for your exam such as seminars, which give tips on taking the boards and board review luncheons. In addition, to help make the examination process as pleasant as possible, many dental societies offer lunch/refreshments at the boards, “survival kits” at the boards, as well as massages.

Additional Resources

American Dental Association
ADA.org
ADA Advocacy
ADA.org/advocacy
Joint Commission on National Dental Examinations
ADA.org/JCNDE
ADA Council on Dental Education and Licensure
800.621.8099, ext. 2694

American Dental Association Office of Student Affairs
studentaffairs@ada.org
ADA.org/student

ADA New Dentist Committee
800.621.8099, ext. 2779
newdentist@ada.org
ADA.org/newdentist

American Student Dental Association
800.621.8099, ext. 2795
ASDA@ASDAnet.org
ASDAnet.org

American Association of Dental Boards
dentalboards.org
info@dentalboards.org
312.440.7464

Tip: The AADB site includes links and contact information for the State Dental Boards. Add as a favorite!

State Dental Societies
ADA.org/societydirectories

Clinical Testing Agencies

Central Regional Dental Testing Service (CRDTS)
info@crdts.org
crdts.org
785.273.0380
Fax: 785.273.5015

Council of Interstate Testing Agencies (CITA)
919.460.7750
Fax: 919.460.7715
info@ciaexam.com
www.ciaexam.com

Northeast Regional Board of Dental Examiners (NERB)
301.563.3300
Fax: 301.563.3307
ehall@nerb.org
www.nerb.org

Southern Regional Testing Agency (SRTA)
757.318.9082
Fax: 757.318.9085
help@srtainc.org or exam@srtainc.org
www.srtainc.org

Western Regional Examining Board (WREB)
602.944.3315
Fax: 602.371.8131
generalinfo@wreb.org or
dentalinfo@wreb.org
www.wreb.org

Jurisdictions that administer clinical dental exams: California, Delaware, Florida, Nevada, Virgin Islands

Dental Board of California
www.dbc.ca.gov
916.263.2300
dentalboard@dca.ca.gov

Delaware Division of Professional Regulation
302.744.4500
www.dpr.delaware.gov
customerservice.dpr@state.de.us.

Florida
850.245.4474
mqa_dentistry@doh.state.fl.us
www.doh.state.fl.us/mqa/dentistry

Nevada
702.486.7044
nsbde@nsbde.nv.gov
www.nvdentalboard.nv.gov

Virgin Islands Board of Dental Examiners
#48 Sugar Estate
St. Thomas, VI 00802
340.774.0117
lydia.scott@usvi-doh.org
Mark Your Calendar!
ADA 27th New Dentist Conference
Climbing to New Heights
Denver, Colorado • July 18–20, 2013

Got an appetite for altitude? Plan ahead so you can experience the 2013 ADA New Dentist Conference in beautiful Denver, Colorado. Held in the opulent Four Seasons Hotel, you’ll enjoy all that the New Dentist Conference offers while overlooking picturesque views of the Rocky Mountains among luxe accommodations.

What can you expect? The ADA New Dentist Committee is working hard to exceed your expectations. Here’s a preview of just some of the distinguished speakers on the schedule:
- Dr. Lee Ann Brady, The Art of Treatment Planning and Case Presentation
- Dr. Paul Homoly, Making it Easy for Patients to Say Yes!
- Dr. Harold Crossley, Medical and Dental Implications of the Most Prescribed Medications
- Dr. Matthew Young, Predictable Implant Dentistry — Surgical and Prosthetic Phases

Join the New Dentist Committee for a full day of top-quality leadership development and more interactive sessions that new dentists love on July 18. Plus all the networking and social opportunities (baseball anyone?) that makes the conference experience so memorable.

Steps away from Denver nightlife, you can spend your free time enjoying the Mile High City restaurants and entertainment. Or simply relax at the Four Seasons spa where the modern interior brings the outdoors inside.

Get ready to climb to new heights!
- Look for the conference brochure in early 2013
- Block out your calendar July 18–20, 2013
- Visit ADA.org/newdentistconf for a preview of what to expect
- Have a suggestion for a future conference? Send it our way.

Contact the ADA New Dentist Committee at 800.621.8099, extension 2779, email newdentist@ada.org or visit ADA.org/newdentistconf for more information.

Don’t be a stranger.
Facebook: Find us!
Twitter: @ADAnewdentists
Get the ADA resources you need to start your new practice!

The ADA New Practice Start-up Kit (K016) is just one of many valuable ADA Catalog products available to new dentists. Save 15% on all orders with campaign code 12242. Offer valid until 12/31/2012. Visit adacatalog.org or call 800.947.4746 to place an order today and save!

ADA American Dental Association®
America’s leading advocate for oral health

MouthHealthy.org has information patients need to take better care of their oral health.

- Oral health concerns by life stage
- A-Z topics with videos
- Dental symptom information with photos
- ADA Seal of Acceptance products
- Tips and activities to make oral health care fun for kids
- ADA® Find-a-Dentist™ to help locate an ADA member dentist

Visit MouthHealthy.org and see what the ADA has for the public.
Checklist for Licensure Candidates

☐ Select patients:
  • Do patients meet all criteria?
  • Make sure patients are familiar with exam process and time commitment.

  Tip: Provide patients with the ADA’s brochure: A Patient’s Guide to the Clinical Licensure Examination, found in this booklet and on ADA.org.

☐ Research where and when you want to take the exam:
  • Especially important for students whose state accepts more than one state/regional exam and/or whose school offers a pre-graduation exam.
  • What date and location is best for you and your patients?

☐ Make travel and lodging arrangements for you and your patients:
  • Confirm your reservation(s) a few days before exam.
  • Don’t forget about lunch/snacks.

☐ Verify if malpractice/liability insurance is needed.
  • If insurance is provided, research that the coverage is appropriate.
  • If not provided, obtain insurance several weeks in advance of exam day.

☐ Complete and mail/submit application, making sure to include all supporting documents.

☐ Know your candidates’ guide
  • Don’t forget to bring it with you to the exam.

☐ Research programs that will help you prepare and study for your exam:
  • Mock boards, lunch & learns are examples
  • Your state and local dental society may offer assistance.

☐ Confirm patient and assistant participation:
  • Give your patients clear instructions in writing, including all the logistics (i.e. location, time, etc) and confirm verbally.
  • Plan to meet with your patients immediately before exam to ensure promptness.
  • If you’re using an assistant, be sure to clearly communicate with him/her as well.

☐ Develop a schedule for exam day.

☐ Prepare supplies and equipment for exam day.

Resources

American Dental Association
ADA.org

ADA Advocacy
ADA.org/advocacy

Joint Commission on National Dental Examinations
ADA.org/JCNDE

ADA Council on Dental Education and Licensure
800.621.8099, ext. 2698

ADA Office of Student Affairs
studentaffairs@ada.org
ADA.org/student

ADA New Dentist Committee
800.621.8099, ext. 2779
newdentist@ada.org
ADA.org/newdentist

American Student Dental Association
800.621.8099, ext. 2795
ASDA@ASDAnet.org
ASDAnet.org

American Association of Dental Boards
dentalboards.org
info@dentalboards.org
312.440.7464

State Dental Societies
ADA.org/societydirectories
A Patient’s Guide
to the Clinical Licensure Examination

As a patient, you help an individual become a licensed dentist and support the high standards for the dental profession. To obtain a license, your student dentist must demonstrate clinical competency/ability by successfully completing a clinical licensure examination. As a licensure candidate, he/she relies on you, the patient, to do just that!

Tips from the American Dental Association to make your dental clinical examination run smoothly:

Before the Exam

• Confirm exam time, date and location with your student dentist and obtain his/her candidate number (see form). Block out plenty of time for the clinical licensure exam, including travel. Make necessary travel and lodging arrangements.

• Know what dental procedure you will have done. Don’t be afraid to ask questions about the examination process or dental procedure.

• If ANYTHING should arise that may affect your ability to participate as a patient, tell the student dentist immediately. If you do not show up, he/she will fail that portion of the exam.

• Be sure to give the student any medical clearances or other paper work he/she requested.

Exam Day

• Plan to arrive early. Time is crucial!

• Dress in layers. Exam and clinic rooms can be chilly.

• Bring something to read during waiting time.

• Pack some snacks and a bottle of water.

• Bring a picture ID with you.

During the Procedure

• This is an exam and the environment will be formal.

• Relax. Trust your student dentist. He/she is trained to complete the procedure and would not be there if not qualified to do so.

• Be aware that examiners will be present in the clinic area during the procedure.

• When the procedure is complete, the student will leave the area so the examiners can check the finished result and take notes. The examiners must put all of their focus on this important job, they can not comment on the dental work and may avoid questions or conversation.

• It is expected that examiners will review the procedure. Ask your student dentist for this number.

After the Procedure

• Once the evaluation is complete, the student will return to the clinic and prepare you to leave the clinic area.

• Pat yourself on the back for helping the dental profession.

ADA American Dental Association®
America’s leading advocate for oral health
Thanks again!

Thank you for participating in the clinical exam. I’ve provided the details below. Please contact me with any other questions or concerns.

Candidate: Complete the blank sections and give to the patient as a reference guide. Make a copy for your records.

Examination Candidate’s Name (your dentist): ________________________________

__________________________________________________

Candidate Number: ________________________________

__________________________________________________

Dental Assistant Name (if applicable): ________________________________

__________________________________________________

Examination Date: ________________________________

__________________________________________________

Arrive to the Exam Room at: ________________________________

__________________________________________________

Expected Exam Start Time: ________________________________

__________________________________________________

Expected Exam End Time: ________________________________

__________________________________________________

Lodging information (if applicable): ________________________________

__________________________________________________

Will transportation be provided by candidate? Yes No

If yes, provide details: ________________________________

__________________________________________________

__________________________________________________

__________________________________________________

Location (be as specific as possible; attach directions if needed):

__________________________________________________

__________________________________________________

__________________________________________________

Student Dentist Contact Information

Phone: ________________________________

__________________________________________________

Email: ________________________________

__________________________________________________

Any Other Information: ________________________________

__________________________________________________

__________________________________________________

ADA American Dental Association®
America’s leading advocate for oral health