O
pen to all licensed U.S. dentists, JADA’s monthly Continuing Education Program now offers Journal readers a chance to earn up to four (4) CE credits each month—double the previous total. Four articles in each issue of JADA are designated as CE vehicles, identified with our CE logo. Read one or more of the articles and answer the related questions in this section. If you correctly answer three of the four questions per article, you now earn one (1) hour of CE credit per article—or a total of four (4) credit hours for all four articles. This is effective as of March 2013 for all active CE tests (in other words, the current month and the previous 11 months).

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Record your answers on the form provided at the end of this section, clip the completed form and attach your address label from this issue of JADA. Mail the form and the appropriate fee to the UC School of Dental Medicine. You will be notified by mail of your score and the credits awarded—information that you must forward to your state dental board.

You also can participate in JADA’s CE program online. Visit www.ada.org/jadace.

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Credit for the CE program expires one year from the date of publication (both print and online). Duplicate submissions will be disregarded, whether electronic or paper.

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Any questions? Call 1-800-736-1911.

CE ARTICLE 1–PAGES 531-540

THE PREVALENCE OF CARIES AND TOOTH LOSS AMONG PARTICIPANTS IN THE HISPANIC COMMUNITY HEALTH STUDY/STUDY OF LATINOS

1. Which one of the following subgroups had the highest percentage of participants indicating their last dental visit was less than one year before the interview?
   A. Cuban
   B. Dominican
   C. Mexican
   D. Puerto Rican

2. Which one of the following subgroups had the lowest mean number of decayed tooth surfaces?
   A. Puerto Rican
   B. Mexican
   C. South American
   D. Dominican
3. Which subgroup had the highest prevalence of at least one decayed root surface?
   A. Cuban
   B. Puerto Rican
   C. Mexican
   D. South American

4. Which subgroup had the lowest mean number of missing teeth?
   A. South American
   B. Dominican
   C. Mexican
   D. Cuban

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**CE ARTICLE 2–PAGES 542-551**

**THE TIME EFFICIENCY OF INTRAORAL SCANNERS: AN IN VITRO COMPARATIVE STUDY**

1. Which one of the following had the shortest mean total time for the clinical scenario with a single abutment tooth?
   A. iTero (Align Technology, San Jose, Calif.)
   B. CEREC Acquisition Center with Bluecam (Sirona, Bensheim, Germany)
   C. Lava Chairside Oral Scanner C.O.S. (3M ESPE Dental Products, St. Paul, Minn.)
   D. Impregum Penta Soft (3M ESPE Dental Products)

2. Which one of the following had the shortest mean intraoral working time for the clinical scenario with a single abutment tooth?
   A. iTero with foot pedal
   B. CEREC Acquisition Center with Bluecam and foot pedal
   C. Lava Chairside Oral Scanner C.O.S.
   D. Impregum Penta Soft

3. Which one of the following had the shortest mean total time for the clinical scenario with a full-arch impression?
   A. iTero
   B. CEREC Acquisition Center with Bluecam
   C. Lava Chairside Oral Scanner C.O.S.
   D. Impregum Penta Soft

4. Which one of the following had the largest variation coefficient for the total time required in the single abutment scenario?
   A. CEREC Acquisition Center with Bluecam
   B. iTero
   C. iTero with foot pedal
   D. Lava Chairside Oral Scanner C.O.S.

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**CE ARTICLE 3–PAGES 557-562**

**A METHOD OF DETERMINING THE PRESENCE OF BLOOD IN AND ON A DENTAL NEEDLE AFTER THE ADMINISTRATION OF LOCAL ANESTHETIC**

1. What is the risk of hepatitis C virus transmission from patient to health care provider after a needlestick injury?
   A. 30.00 percent
   B. 3.00 percent
   C. 0.30 percent
   D. 0.03 percent

2. In what percentage of the 27-gauge needles was blood detected in the lumen?
   A. 56 percent
   B. 39 percent
   C. 19 percent
   D. 9 percent
3. When data from the 30-gauge and 27-gauge needles were combined, in what percentage of the needles was blood detected in the lumen?
   A. 39 percent
   B. 26 percent
   C. 21 percent
   D. 13 percent

4. When data from both needle gauges were combined, in what percentage of the needles was blood detected on the external surface?
   A. 33 percent
   B. 21 percent
   C. 16 percent
   D. 11 percent

CE ARTICLE 4–PAGES 570-573

THE INDICATIONS FOR THIRD-MOLAR EXTRactions

1. Which one of the following group designations would apply to a patient who has clinical or radiographic evidence of disease related to impacted third molars but does not have related symptoms?
   A. Group A
   B. Group B
   C. Group C
   D. Group D

2. What percentage of impacted third molars is extracted because of acute or recurrent pericoronitis?
   A. 85 to 90 percent
   B. 65 to 70 percent
   C. 45 to 50 percent
   D. 25 to 30 percent

3. Approximately what percentage of third-molar extractions is related to caries?
   A. 20 percent
   B. 15 percent
   C. 10 percent
   D. 5 percent

4. What percentage of the middle-aged and older participants in the Atherosclerosis Risk in Communities study who were examined for periodontal disease and caries had at least one visible third molar that was free of pathology?
   A. 13 to 15 percent
   B. 10 to 12 percent
   C. 5 to 7 percent
   D. less than 2 percent
JADA CONTINUING DENTAL EDUCATION PROGRAM
ANSWER SHEET
JUNE 2014

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3. Check (√) the answer to each question for each article you select. You may complete one or more articles.

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