ADA American Dental Association®

# Advanced Dental Admissions Test (ADAT)

## User's Guide

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# Using the Advanced Dental Admission Test (ADAT) for Admission Purposes: A Guide for Advanced Dental Education Programs

## October 2025

TESTING SERVICES
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## Table of Contents


Overview ....3
Utilization of ADAT Results in Admission Decisions ....4
History of the ADAT ....5
  Background ....5
  Content Development....5
Evidence Supporting Use of the ADAT....6
ADAT Content and Scales....7
  ADAT Overall Scale (Critical Thinking in Dentistry)....7
  Biomedical Sciences ....7
  Clinical Sciences ....8
  Data, Research Interpretation, & Evidence Based Dentistry ....9
Administration of the ADAT ....9
  ADAT Eligibility....10
  ADAT Administration Vendor and Testing Schedule ....10
ADAT Results Reporting and Interpretation ....11
  Official ADAT Results....11
  ADAT Scale Scores....11
  Scoring Model and Equating Procedures ....12
  Composite and Discipline Based Scales....12
  Additional Guidelines for Interpreting and Applying ADAT Results ....13
ADAT Score Reliability....14
Normative Information....14
Concluding Comments....15
References....15
Appendix A1: Frequency Distributions for ADAT Scale Scores: 2025 ....16
Appendix A2: Frequency Distributions for ADAT Scale Scores: 2021-2025....20
Appendix B1: Percentiles Associated with ADAT Scale Scores: 2025 ....24
Appendix B2: Percentiles Associated with ADAT Scale Scores: 2021-2025 ....26
Appendix C1: Descriptive Statistics for ADAT Scale Scores, by Specialty: 2025 ....28
Appendix C2: Descriptive Statistics for ADAT Scale Scores, by Specialty: 2021-2025....30
Appendix D1: Frequency Distributions for ADAT Overall Scales, by Specialty: 2025 ....32
Appendix D2: Frequency Distributions for ADAT Overall Scales, by Specialty: 2021-2025 ....55
Appendix E1: Correlations among ADAT Disciplines: 2025....78
Appendix E2: Correlations among ADAT Disciplines: 2021-2025....79


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## Overview

The American Dental Association's (ADA) Advanced Dental Admission Test (ADAT) is designed to provide dental education programs with an additional means to assess program applicants' potential for success in advanced dental education.

The ADA's Department of Testing Services (DTS) implements the ADAT program under the auspices of the ADA's Council on Dental Education and Licensure (CDEL). The ADAT is administered at test centers operated by Pearson VUE.

The ADAT is composed of multiple-choice questions presented in English, and is developed according to established test specifications. The ADAT consists of three test sections covering the following areas: Biomedical Sciences; Clinical Sciences; and Data, Research Interpretation, & Evidence Based Dentistry.

This guide is intended to provide advanced dental education programs with information concerning the appropriate use and interpretation of ADAT results. Information is provided in the following areas:

- Utilization of ADAT Results in Admission Decisions
- History of the ADAT
- Evidence Supporting Use of the ADAT
- ADAT Content and Scales
- Administration of the ADAT
- ADAT Results Reporting and Interpretation
- Additional Guidelines for Interpreting and Applying ADAT Results

Additional information concerning the ADAT program is available online at ADA.org/adat. The ADAT website contains a wealth of information about the ADAT, including:

- the ADAT Candidate Guide, which provides further details concerning administration of the ADAT Program
- practice test questions that candidates can use to familiarize themselves with the types of questions that appear on the ADAT
- a white paper providing an overview of ADAT policies and procedures supporting and promoting fairness; this document outlines the many efforts undertaken by CDEL and DTS to help ensure the ADAT provides a fair and unbiased assessment of candidate skills

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**Utilization of ADAT Results in Admission Decisions**

Use of the ADAT should take place within the context of advanced dental education programs' standard admission procedures. Each program differs in how admission decisions are made, and the specific tools available to support those decisions. The following provides general considerations for using ADAT results in admission decisions.

- Each program must make its own decision concerning how to use ADAT results.
- In making decisions as to how to use admission tools, including ADAT results, programs should carefully consider the following:
    - Program and school requirements
    - The knowledge, skills, abilities, and other characteristics (KSAOs) necessary to succeed in the program. This should also include characteristics and behaviors that can derail students and lead to failure (e.g., poor study habits).
    - Information available to support admission decisions (i.e., admission tools).
    - The strengths and weaknesses of each admission tool, including:
        - information the tool provides relative to program requirements and the identified KSAOs
        - quality and accuracy of the information provided
        - evidence that supports the use of the tool
        - the extent to which information provided by the tool might be affected by factors unrelated to the KSAOs of focal interest
        - the extent to which the tool provides a fair and unbiased evaluation of candidate qualifications
        - legal defensibility of using the tool
        - the extent to which the tool permits the program to meaningfully compare the program relevant skills of candidates with different backgrounds (educational training, etc.)
    - The strengths and weaknesses of the set of admission tools utilized, including:
        - how information from different admission tools is weighted in decision making
        - how redundancy in the information provided by different tools is handled (e.g., via weighting)
        - any deficiencies that might be present (e.g., helpful or necessary information that may be lacking from the set of tools)
- Programs might differ in how they choose to use the ADAT.
    - Some programs may, in recognition of current challenges in comparing applicants across dental programs, choose to supplement the information from existing admission tools with ADAT results in making candidate admission decisions.
    - Programs may weight ADAT results in accordance with results from a local (i.e., program-specific) validation study, or in accordance with other information available to the program concerning the relationship between ADAT scores and program performance.
    - Some programs may choose to use ADAT results only in certain prescribed situations:
        - Situations where little additional information is available concerning candidate qualifications (e.g., no candidate information is available concerning GPA, class rank, or results from other standardized tests).
        - Situations where candidates are equally qualified, and there is a need to break a tie.
    - Some programs may simply collect data on ADAT performance without using it to inform individual admission decisions. Programs can then review the information, become comfortable with the insight provided, and then decide how best to use ADAT results in future years.

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- Programs should not rely exclusively on ADAT results in making admission decisions. The ADAT should be used in conjunction with other admission tools that provide insight into candidate qualifications as they relate to core program requirements.
- Programs should decide on their approach, and then apply that approach consistently, in compliance with school and legal requirements.

## History of the ADAT

Background

The ADA's decision to pursue development of advanced dental admission test was based on the conveyed needs of communities of interest. Some of those needs were stated in published articles (Fagin, Howell, Da Silva, & Park, 2014; Fagin, Howell, & Park, 2015), while others were expressed directly to the ADA.

Many advanced dental education programs communicated they were left in a difficult position when the Joint Commission on National Dental Examinations (JCNDE) transitioned to pass/fail reporting in 2012. The JCNDE had made this decision for a variety of reasons, one of which was that the NBDE had never been validated for admission purposes, and thus its use within that context was questionable and posed a potential threat to NBDE test security. In the absence of NBDE scores, advanced dental education programs had little information available to compare the qualifications of candidates with differing educational backgrounds and experiences. The situation was exacerbated by the movement toward pass/fail grading at some dental schools. For programs caught in this precarious situation, ADAT results can provide valuable insight into candidate skills to inform decision making.

Content Development

The areas to be measured within the ADAT were preliminarily identified through review and analysis of the findings of an Advanced Dental Admission Test Task Force Report submitted to the ADA House of Delegates in September 2010. This report included findings from a survey on the evaluation and selection of applicants for positions in advanced dental education programs. This survey was conducted as part of the ADEA Future of Advanced Dental Education Admissions (ADEA/FADEA) project. In May 2014, ADA's Council on Dental Education and Licensure (CDEL) endorsed a creation of a business plan to develop the ADAT. The following October, CDEL distributed a survey to directors of advanced education programs to assess the demand for the ADAT; the survey results were very positive. Thus, in November 2014, CDEL recommended that the ADA pursue the development of the ADAT. The final plan of development was approved by the ADA Board of Trustees in December 2014.

The ADAT test specifications concerning the Biomedical Sciences and Clinical Sciences test sections were informed by the test specifications for the National Board Dental Examinations (NBDE) Parts I and II. As such, the ADAT relies on the content domain foundation established for these two examination programs (e.g., the practice analysis involving entry-level general dentists conducted for the NBDE Part II). ADAT content within the Biomedical and Clinical Sciences sections is proportionally reduced, relative to the NBDE specifications. ADAT test specifications for the Data, Research Interpretation, & Evidence Based Dentistry section were constructed based on Test Construction Team (TCT) member input and guidance from the ADA Science Division and its Center for Evidence-Based Dentistry.

The ADA reached out to its members seeking volunteers to help construct the ADAT in December 2014; the first TCT meetings for each section of the ADAT were convened in May 2015. TCTs relied on existing DTS Item Writing Guidelines, and also incorporated a new method of presenting patient information: the Patient Box. A 100-item practice test was also created to help familiarize examinees with the types of questions that could be asked on the ADAT.

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Adjustments after the 2016 administration

The ADAT Program instituted several changes to the ADAT based on findings obtained in 2016. Most notably, the Principles of Ethics & Patient Management (PEPM) section was not performing at desired psychometric levels, and from a content perspective did not appear to be truly meeting the needs of advanced dental education programs. Thus, several changes were made to the exam structure and test specifications. First, the PEPM scale was eliminated as a separate reportable scale. PEPM items still appear on the exam, but are now incorporated into the Clinical Sciences (CLI) section. Second, due to the elimination of the PEPM scale, the number of items in the CLI section and Data, Research and Interpretation, and Evidence Based Dentistry (DRI) section was increased. Twenty (20) of the thirty (30) items in the 2016 PEPM scale were incorporated into the CLI scale, while the remaining ten (10) items were made available for use in the DRI scale.

## Evidence Supporting Use of the ADAT

The following evidence supports use of the ADAT. Programs should carefully consider this information, as well as information and evidence supporting other available admission tools, in determining how best to approach use of the ADAT for admission purposes.

- ADAT test development, administration, and scoring are implemented by the ADA's Department of Testing Services (DTS), which employs professionally trained staff that includes individuals with advanced degrees in Psychometrics, Educational Psychology, Industrial/Organizational psychology, and Leadership.
- DTS has implemented dental high stakes testing programs for decades, including the testing programs of the Joint Commission on National Dental Examinations.
- Due to their high stakes nature, the testing programs under the care of DTS have been subjected to, and withstood, intense scrutiny over time. All US dental boards currently accept the Integrated National Board Dental Examination (NBDE) and the National Board Dental Hygiene Examination (NBDHE) as valid evidence that a candidate possesses the cognitive skills necessary to safely practice dentistry and dental hygiene respectively.
- Use of the ADAT is supported based on content validity evidence. ADAT items were written by dental subject matter experts, and other subject matter experts whose qualifications matched the needs dictated by the test specifications.
- The ADAT Program is overseen by CDEL and its Dental Admission Testing Committee (DATC). On an annual basis the DATC carefully monitors program policies, as well as operational activity, content development, and research and development activities of the ADAT Program (e.g., psychometric characteristics and test specifications).
- All ADAT TCT member qualifications are reviewed by CDEL.
- Many ADAT TCT members also write items for other high stakes examination programs (e.g., for the National Board Dental Examinations).
- DTS has in place robust policies and procedures that are designed to support and promote fairness in the ADAT Program. A detailed description of these policies and procedures is available at www.ada.org/adat in the report entitled *The DAT and ADAT Programs: Overview of Policies and Procedures Supporting and Promoting Fairness*.
- ADAT TCT members receive extensive training on how to develop valid and reliable questions. This includes training on fairness, and sensitivity considerations in item writing.

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- ADAT administrations occur under standardized testing conditions that are closely monitored. Deviations from standardized testing conditions are reported to the ADA's Department of Testing Services by the test administration vendor (Pearson VUE). Candidates who violate rules and regulations can incur severe penalties which include the voiding of scores and the imposition of mandatory wait periods.
- Candidate performance data collected on the ADAT shows that the ADAT reliably distinguishes between candidates of varying skill levels.

The following sections provide additional information concerning ADAT content, administration, scoring, and reporting.

## ADAT Content and Scales

ADAT candidates receive the following scale scores:

- ADAT Overall (ADAT) (Critical Thinking in Dentistry)
- Biomedical Sciences (BIO)
- Clinical Sciences (CLI)
- Data, Research Interpretation, & Evidence Based Dentistry (DRI)

ADAT Overall Scale (Critical Thinking in Dentistry)

The ADAT overall scale is a composite scale providing an indication of how the candidate performed on all of the content areas presented in the ADAT. The ADAT overall score is a weighted average of the scale scores from all three ADAT disciplines. Descriptions of each of those content areas appear below.

Biomedical Sciences

This ADAT section focuses on cognitive skills involving the following subject areas:

| **BIOMEDICAL SCIENCES** (80 Items) |
|---|
| **Anatomic Sciences (20 items)** |
| Gross Anatomy |
| Histology |
| Oral Histology |
| Developmental Biology |
| **Biochemistry and Physiology (20 items)** |
| Biological Compounds |
| Metabolism |
| Molecular and Cellular Biology |
| Connective Tissue |
| Membranes |
| Nervous System |
| Muscle |
| Circulation |

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| |
|---|
| Respiration |
| Renal |
| Oral Physiology |
| Digestion |
| Endocrines |
| **Microbiology and Pathology (20 items)** |
| General Microbiology |
| Reactions of Tissue to Injury |
| Immunology and Immunopathology |
| Microbiology, Immunology, and Pathology of Specific Infectious Diseases |
| Systemic Pathology |
| Growth Disturbances |
| **Dental Anatomy and Occlusion (20 items)** |
| Tooth Morphology |
| Pulp Cavity Morphology |
| Calcification and Eruption |
| Principles of Occlusion and Function |
| Clinical Considerations – Tooth Morphology and Anomalies |

Clinical Sciences

This section of the ADAT focuses on cognitive skills involving the following disciplines:

| **CLINICAL SCIENCES (80 standalone and case-based items)** |
|---|
| Endodontics |
| Operative Dentistry |
| Oral and Maxillofacial Surgery and Pain Control |
| Oral Diagnosis |
| Orthodontics and Pediatric Dentistry |
| Periodontics |
| Pharmacology |
| Prosthodontics |
| Principles of Ethics |
| Patient Management |

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With respect to Principles of Ethics, it should be noted that these questions do NOT directly measure professional ethics, or indicate whether a person will behave ethically. Rather, these questions provide information concerning whether a candidate can, for example, recognize the ethical principles that apply to particular situations, and how those situations could be handled in accordance with those ethical principles.

Data, Research Interpretation, & Evidence Based Dentistry

This section of the ADAT focuses on concepts taught within the framework of Evidence Based Dentistry. Within this framework, clinicians must know how to critically and systematically review research findings, understand basic methodological issues, and use this information to apply research findings in decision making involving their practice and patients. Thus, the focus of this scale rests entirely on methodology, interpretation, and application of research, as opposed to referencing specific findings (e.g., the effectiveness of fluoride in preventing caries) that emerged from this research base. Specific findings would instead be referenced in the Biomedical and Clinical Sciences sections of the ADAT.

The following are core concepts in Evidence-Based Dentistry:

- Asking precise, structured clinical questions
- Finding the best evidence using currently available electronic resources
- Reading and critically evaluating research information
- Understanding clinical trial design, such as therapy, diagnosis, and qualitative assessment
- Understanding and interpreting basic statistical information, such as descriptive statistics, odds ratios, risk reduction, and relative risk, to implement Evidence Based Dentistry appropriately in practice settings
- Using evidence based clinical guidelines, recommendations, and systematic reviews
- Implementing best evidence in clinical practice.

This section of the ADAT focuses on cognitive skills involving the following subject areas:

| **DATA, RESEARCH INTERPRETATION, & EVIDENCE BASED DENTISTRY** (40 items) |
|---|
| Study Design |
| Data Analysis |
| Result Interpretation |
| Inference and Implication |

## Administration of the ADAT

Policies and procedures for administering the ADAT are presented in the ADAT Examination Guide, which is published on an annual basis. This guide is available on the ADAT website (www.ada.org/adat).

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ADAT Eligibility

Eligibility to take the ADAT is based on the candidates' training and their current status as a student or graduate.

| Training | Enrollment Status | Action Required |
|---|---|---|
| **CODA Accredited Dental School** | **Current Student** | School is responsible for approving the candidate's eligibility. |
| | **Graduate** | Candidate must send proof of graduation to DTS.<br>Eligibility is approved after receipt of reasonable proof. |
| **Non-Accredited Dental School** | **Current Student** | Candidate requests an Educational Credential Evaluators (ECE) electronic report to certify status as a current dental student. |
| | **Graduate** | Candidate requests an ECE electronic report to confirm dental degree. |

ADAT Administration Vendor and Testing Schedule

The ADAT is administered at Pearson VUE test centers in the United States, its territories (including Guam, Puerto Rico, and the Virgin Islands), and in Canada. Administration occurs during a predefined testing window indicated in the ADAT Examination Guide.

The time permitted for each ADAT section and for scheduled breaks is shown in the table below.

| ADAT TESTING SCHEDULE | |
|---|---|
| Tutorial | 15 minutes |
| **Biomedical Sciences (80 items)** | **95 minutes** |
| Break (optional) | 10 minutes |
| **Clinical Sciences (80 items)** | **90 minutes** |
| Break (optional) | 10 minutes |
| **Data, Research Interpretation, and Evidence-Based Dentistry (40 items)** | **45 minutes** |
| Post Test Survey (optional) | 5 minutes |
| **Total Time** | **4 hours 30 minutes** |

Candidates are prompted to review their answers in each section before taking a break or moving on to the next section when time permits. Once a candidate has begun a break, he or she is not allowed to return to the previous sections to view questions and/or change answers. Partial testing is not permitted; applicants are required to take all three sections of the ADAT.

In taking the ADAT, candidates agree to adhere to examination rules and regulations, which are described in the ADAT Examination Guide available at www.ada.org/adat. Candidate behavior is closely monitored during test administration to confirm that rules and regulations are followed. Candidates who violate examination regulations are subject to severe penalties that include the voiding of scores and the imposition of mandatory wait periods.

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## ADAT Results Reporting and Interpretation

### Official ADAT Results

Official ADAT results are reported electronically within three to four weeks after the candidate has taken the examination. Test results are posted to the candidate's My Account page, and sent to the advanced dental education programs selected on the candidate's ADAT application or indicated in additional score report requests.

Official results are reported as ADAT scale scores. To assist with interpretation, the ADAT website (www.ada.org/adat) is updated annually with a final report indicating scale scores and corresponding percentiles with respect to the overall candidate pool after the yearly test window has closed.

Candidate percentiles are not provided in the DTS Hub and My Account. This is due to the interpretational challenges associated with percentiles (i.e., their dependence on the sample tested, and their inability to provide a fixed skill interpretation). In lieu of this candidate-specific information, the ADAT Program provides overall normative tables that can serve as a reference in understanding the skills of those who tested in a given year, and how candidates compare to each other (Appendices B1 and B2).

Results are provided electronically to all programs selected by the candidate. Many advanced dental education programs participate in the ADEA Postdoctoral Application Support Service (ADEA PASS) and benefit from the corresponding services provided. If a candidate requests their results be sent to any advanced dental education program, their results will also be made available to the ADEA PASS for use within this service. It should be noted that ADEA PASS is separate and distinct from the American Dental Association's Department of Testing Services, and therefore operates independent of the ADAT Program. For information concerning ADEA PASS test reporting policies, please contact the ADEA PASS directly (http://www.adea.org).

When ADAT results are reported, the candidate's full testing history is reported (i.e., test results for all testing attempts are listed). Once a candidate has taken any part of the ADAT, they cannot request the scores to be voided. In considering a candidate's performance across multiple testing attempts, the Department of Testing Services recommends that programs consider results from the most recent administration, as these should provide the best insight into the candidate's current skills.

### ADAT Scale Scores

Official ADAT scores are calculated based on a candidate's correct responses to items. ADAT results are reported in terms of scale scores. These scale scores are not raw scores (i.e., the number of correct answers). The conversion of raw scores to scale scores is accomplished using Item Response Theory procedures. Scale scores enable meaningful comparison of the performance of candidates who have tested using different test forms and at different times. The ADAT program does not designate passing or failing scores.

ADAT scale scores range from 200 to 800. Higher scale scores in a specific area indicate higher cognitive skills in that area. Any test section not taken is designated a score of 200. ADAT scale scores are presented in the following areas:

- Overall ADAT (Critical Thinking in Dentistry)
- Biomedical Sciences
- Clinical Sciences
- Data, Research Interpretation, and Evidence-Based Dentistry

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Scoring Model and Equating Procedures

Scale scores for the four ADAT disciplines are calculated using Item Response Theory (IRT) and the Three-Parameter Logistic model (3-PL Model, Birnbaum 1968). In providing an estimate of candidate skills, the IRT 3-PL Model takes into account the following:

- The difficulty level of each test item
- The quality of each test item (item discrimination)
- The impact of guessing on item performance

The ADAT does not penalize candidates for guessing. However, the scores are statistically adjusted based on the items' susceptibility to guessing. This practice increases the precision and accuracy of skill estimation.

Each administered ADAT includes items that enable the Department of Testing Services to place different forms of the test on a common measurement scale, thereby adjusting the forms for differences in difficulty level. Because of this adjustment, ADAT scores have the same meaning regardless of the test form that was administered.

Although the ADAT consists of 200 questions in total, some items do not contribute to examinee scores. After the data is collected, these questions are evaluated for their statistical performance. If deemed appropriate, the items may be used on future test forms to refresh content. Candidates are not able to distinguish between questions which contribute to their score and those that do not.

Composite and Discipline Based Scales

The ADAT Overall scale is referred to as a composite scale because it is calculated using scores from other scales (i.e., the discipline based scales). The ADAT Overall score is a weighted average of scale scores from the Biomedical Sciences, Clinical Sciences, and Data, Research Interpretation, & Evidence Based Dentistry scales. Weights are proportional to the number of items in each area, and the final score is rounded to the nearest ten.

During the ADAT's first year of implementation, the ADA's Department of Testing Services established the discipline based ADAT score scales so they each had a mean of 500 and a standard deviation of 100. These scale properties (i.e., mean of 500 and standard deviation of 100) are challenging to maintain over time, due to the fact that the population taking the ADAT can change substantially over the years of implementation. In short, as more and more advanced dental education programs use the ADAT, the level of skills of the overall candidate pool may shift based on the skills of those included. Programs should anticipate that recalibration of the score scale may be necessary in future years, as the population taking the ADAT changes.[1]

Interpretation of composite scale scores is slightly different from interpretation of discipline-based scale scores. It is important to note that scores on the ADAT Overall scale have a narrower range than scores on the three discipline scales. While higher scores (e.g., 750 to 800) are possible on the ADAT Overall scale, such scores are more difficult to achieve, and consequently are rarely observed.

Official ADAT results are released to candidates and programs three to four weeks after candidates complete the examination. A complete listing of the percentiles associated with ADAT scale scores appears in Appendix B1.

[1] Recalibration re-centers the score scale and adjusts the score distribution so it takes on desirable properties. The examination's validity and reliability remains intact.

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Additional Guidelines for Interpreting and Applying ADAT Results

The following guidelines may be helpful for interpreting and applying ADAT results:

- Candidates may choose to take the examination more than once. It is recommended that programs reference the candidate's most recent results to best represent the candidate's skills.
- It is recommended that programs avoid employing cut scores with the ADAT (i.e., admitting candidates with ADAT scores of "x" or above) until they have a reasonable understanding of the cognitive dental skills associated with the various ADAT score levels, and how this relates to the skills required at entry into the program.
- Until the preceding information is available to a program, it is recommended that ADAT results be interpreted on a relative basis, as follows:
    - Candidates with higher scores on each scale have demonstrated stronger cognitive skills than candidates obtaining lower scores.
- Candidates with lower percentile standing on the ADAT may still be viable candidates for advanced dental education programs. If, for example, ADAT examinees are more highly skilled on average than those who do not take the ADAT, then their percentile standing within the general dental population may be considerably higher than one might think given their achieved ADAT percentile standing. Programs should also consider that—within the total pool of advanced dental education candidates—the skills of those who choose to challenge the ADAT in a given year may differ from those who do not. In short, candidates with lower ADAT percentile standing should not be broadly interpreted as "poor candidates."
- When utilizing the percentile tables in Appendices B1 and B2, programs should be mindful of the fact that strictly speaking percentiles obtained across test administration periods (i.e., across norm groups) are NOT directly comparable with regard to the level of skills represented at each percentile level. Comparison of relative performance using percentiles within testing periods (within a given norm group) is useful and appropriate. DTS provides percentiles for the most recent year and also the most recent five years (combined) for programs interested in making comparisons across a broader sample of ADAT administrations.
- Candidates' percentile standing can and will change across test administration periods, even though a given candidate's performance on the examination remains the same. This is also why ADAT official results are provided in scale scores, which do not change and have the potential to take on fixed interpretations (i.e., a score of 'x' signifies a specific level of cognitive skills with respect to a particular content area of interest).
- When examining and comparing candidate performance, programs should use caution when interpreting differences in percentile standing. Differences in percentile standing communicate differences in candidate relative standing in the population tested, NOT the amount of difference between candidates in their underlying skills. For example, assuming the data are normally distributed, a five percent (5%) difference in percentile standing could correspond to:
    - A small difference in skills for candidates who fall in the middle of the distribution (e.g., $50^{th}$ percentile).
    - A large difference in skills for candidates scoring in the tails of a distribution (e.g., $95^{th}$ percentile).
- Use percentiles to understand candidates' relative standing within the population tested.
- Use scale scores to understand candidate skill levels, as well as differences between candidates in their underlying skills.
- Comparison of candidates who tested in different years is best made through comparisons of scale scores and percentiles (Appendices B1 and B2), which is made available annually in September.
- DTS recommends that programs focus their attention on the ADAT Overall scale. This scale contains larger numbers of items and is therefore more reliable than scales containing fewer items (e.g., Data, Research Interpretation, & Evidence Based Dentistry).
- Do NOT overemphasize small differences in test scores.

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- Do NOT simply rank order candidates and make selection decisions based on a top-down approach. This approach may disadvantage certain applicant groups.
- As a reminder, in making admission decisions, programs should carefully consider a) the full set of KSAOs required for success in a program, in relation to program, school, and legal requirements, and b) the qualifications of candidates.
- Programs should let the above perspective help inform their decisions with respect to individual candidates.

## ADAT Score Reliability

Reliability coefficient estimates for ADAT scale scores are given in the table below[2]. Reliability coefficients can range from zero to one, with higher values indicating higher reliability.

*Reliability coefficients for ADAT scale scores: 2025 (1,318 administrations)*

| ADAT Scale | Reliability |
|---|---|
| ADAT Overall (ADAT) | .94 |
| Biomedical Sciences (BIO) | .88 |
| Clinical Sciences (CLI) | .81 |
| Data, Research Interpretation, & Evidence Based Dentistry (DRI) | .79 |

The Department of Testing Services recommends that candidates and programs focus their attention on the ADAT Overall scale. This scale is based on more items and is therefore more reliable than scales containing fewer items.

## Normative Information

**ADAT Scale Scores.** Descriptive statistics for ADAT scale scores are provided in the table below. ADAT scale scores can range from 200 to 800.

*Descriptive statistics for ADAT scale scores: 2025 (1,318 administrations)*

| Scale Type | Scale | Mean | SD | Min | Max |
|---|---|---|---|---|---|
| **Composite** | ADAT Overall (ADAT) | 500.8 | 92.4 | 220 | 760 |
| **Discipline** | Biomedical Sciences (BIO) | 510.5 | 114.5 | 200 | 800 |
| | Clinical Sciences (CLI) | 495.3 | 94.6 | 200 | 760 |
| | Data, Research Interpretation, & Evidence Based Dentistry (DRI) | 492.7 | 91.0 | 200 | 800 |

Frequency distributions for the four ADAT scales are presented in Appendix A1. The horizontal axis of the figure shows the range of possible ADAT scale scores (200 to 800), the left vertical axis shows the number of times each scale score was observed, and the right vertical axis shows the cumulative percentile associated with each scale score (superimposed in black line on the graph). Frequency distributions for the four scales for the past five calendar years are presented in Appendix A2. The graphs are interpreted the same as the current year graph, but a larger sample size is used.

**ADAT Percentiles.** Appendix B1 presents the percentiles associated with scores on each ADAT scale based on the most recent year of administration, while Appendix B2 presents this information for the most

[2] Reliability coefficients are calculated from Item Response Theory (IRT) 3-Parameter Logistic (3PL) model estimates of candidate skill levels and their standard errors using the methods described by Sireci, Thissen and Wainer (1991) and Childs et al. (2004).

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recent five years combined. For each scale and scale score in Appendices B1 and B2, the corresponding scale score percentile can be interpreted as the percentage of candidates who achieved that scale score or lower in the indicated timeframe. If a given scale score corresponds to a percentile of 88, for example, then 88% of candidates achieved that scale score or lower.

**Normative Information, by Dental Specialty.** At the time of application to complete the ADAT, candidates indicate the programs to which they would like to send their results. Based on the programs selected, candidates can be classified into one or more specialty groups. Candidates who select programs from multiple dental specialties are classified into all the specialties they selected.

Appendix C1 contains descriptive statistics for ADAT scale scores by dental specialty for the most recent calendar year, while Appendix C2 contains descriptive statistics for the most recent five years (combined). Dental specialty area norms are shown if the specialty area was selected by 25 or more candidates.

Appendices D1 and D2 contain frequency distributions for the ADAT Overall scale, by dental specialty, for those specialties selected by 80 or more candidates for the most recent calendar year and most recent five years (combined), respectively. The horizontal axis of the figures shows the range of possible ADAT scale scores (200 to 800), the left vertical axis shows the number of times each scale score was observed for candidates choosing the specialty, and the right vertical axis shows the cumulative percentile for each scale score (represented by a black line superimposed on the graph).

As the ADAT program grows and additional candidates complete the examination, more normative breakdown groups are likely to satisfy the criteria indicated above (N≥25 for descriptive statistics, N≥80 for frequency distributions), and will thus be available for presentation in future years.

## Concluding Comments

The American Dental Association is pleased to provide the Advanced Dental Admission Test for consideration by advanced dental education programs and communities of interest. For additional information concerning this examination program, please visit the ADAT website (www.ada.org/adat).

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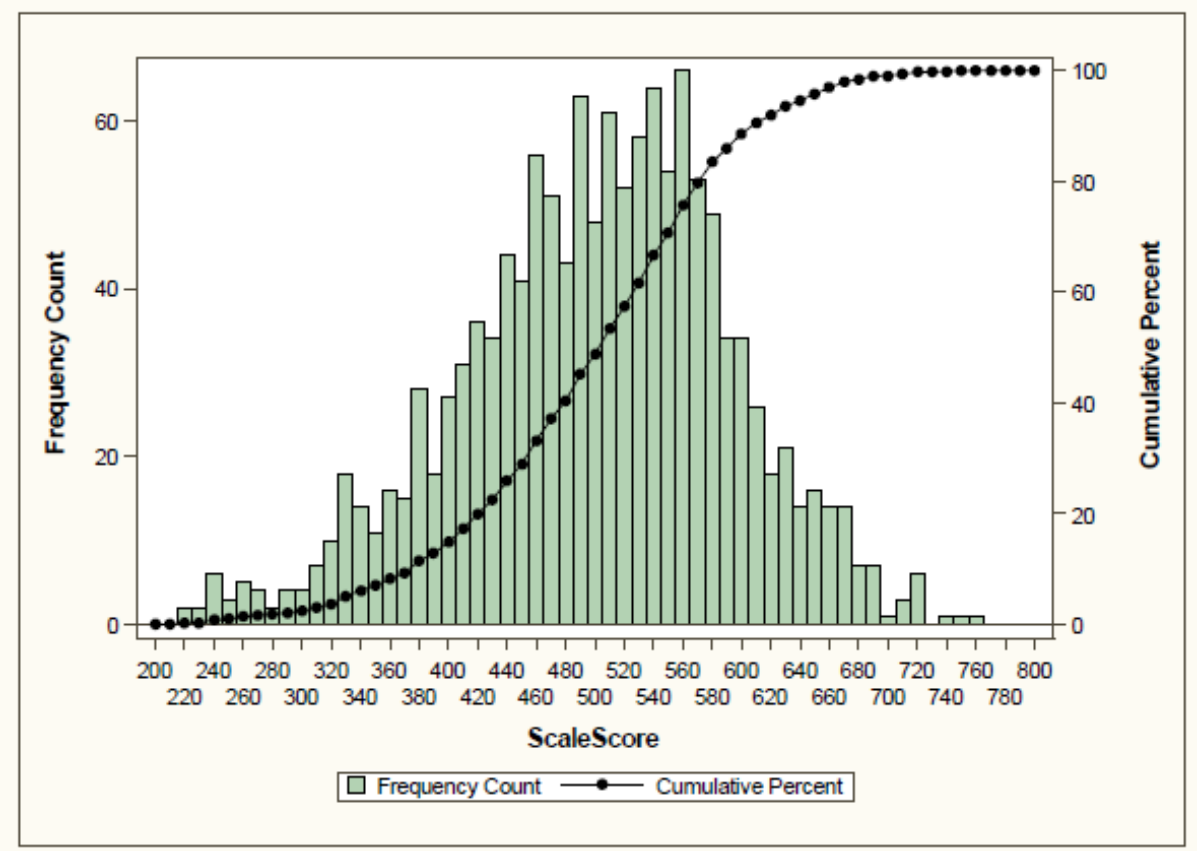
**Appendix A1: Frequency Distributions for ADAT Scale Scores: 2025**

*Frequency distribution for the ADAT Overall scale: 2025*
*(1,318 administrations)*

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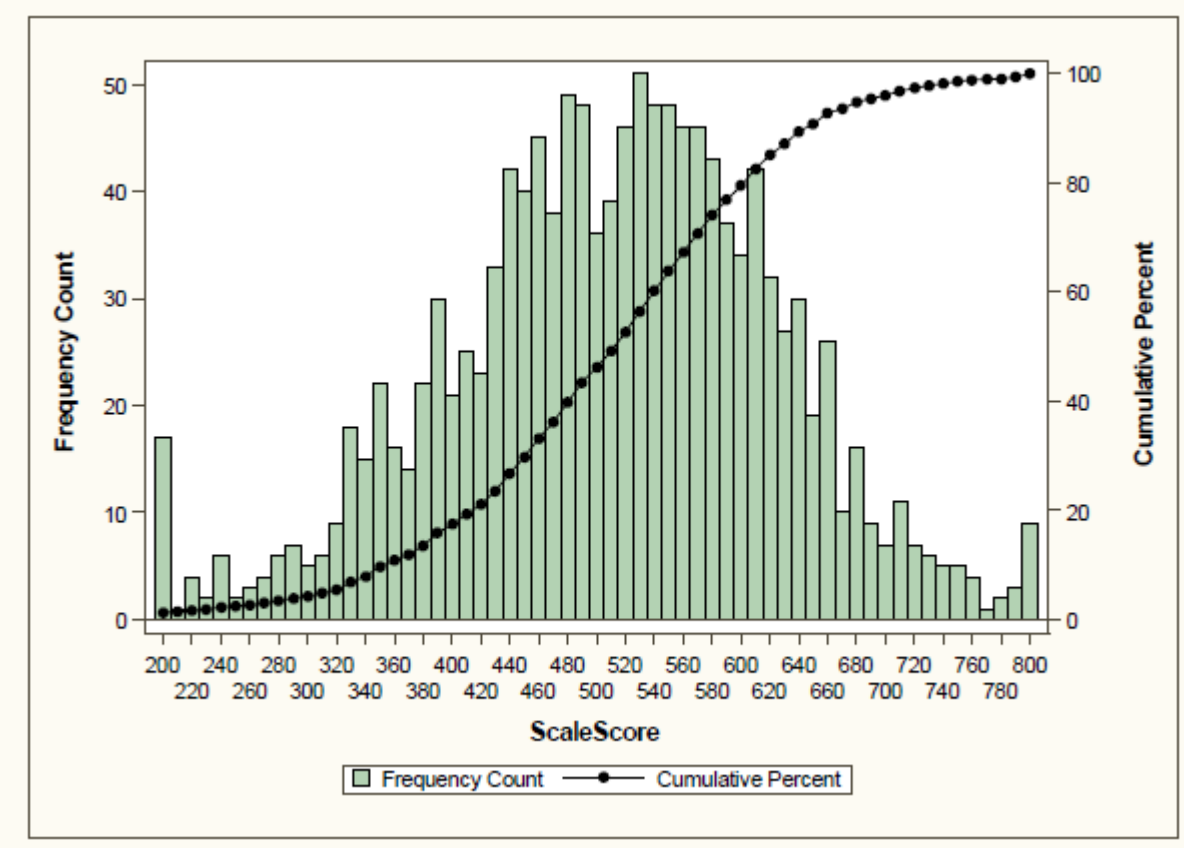
*Frequency distribution for the Biomedical Sciences scale: 2025*
*(1,318 administrations)*

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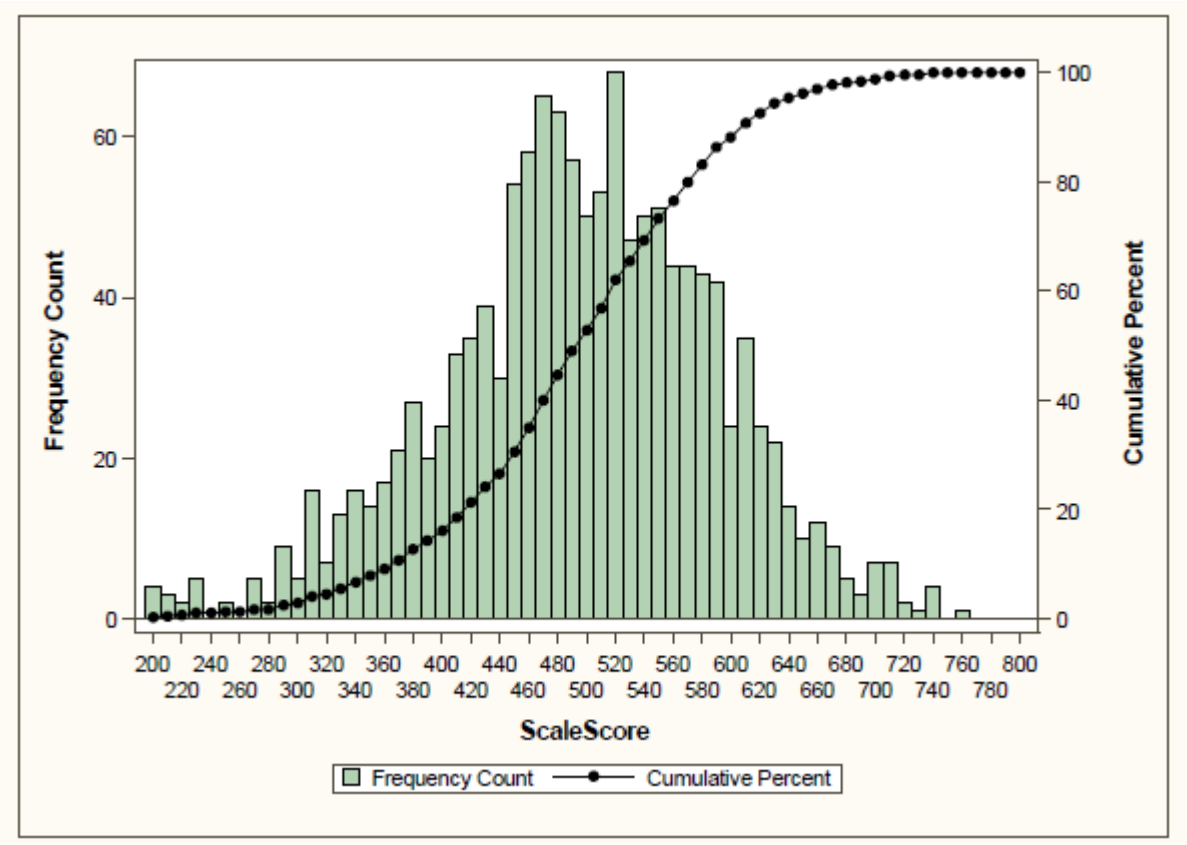
*Frequency distribution for the Clinical Sciences scale: 2025*
*(1,318 administrations)*

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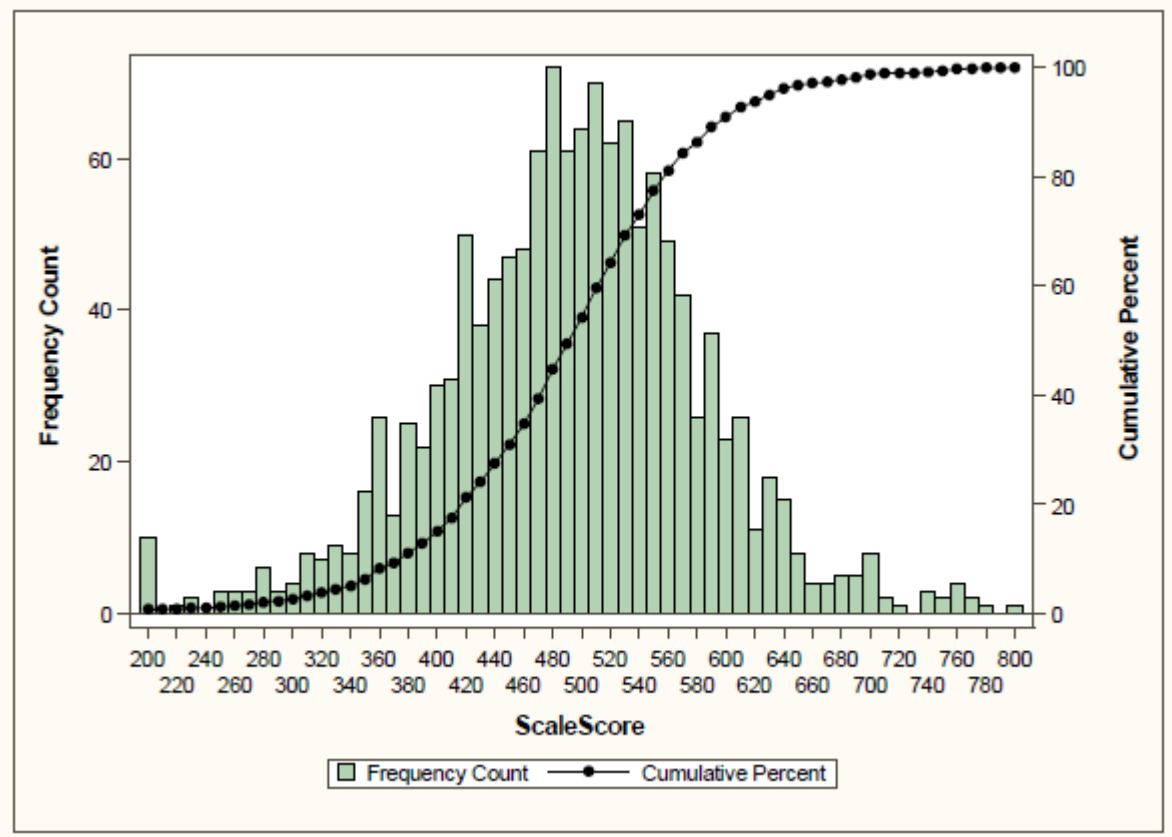
*Frequency distribution for the Data, Research Interpretation, & Evidence Based Dentistry scale: 2025 (1,318 administrations)*

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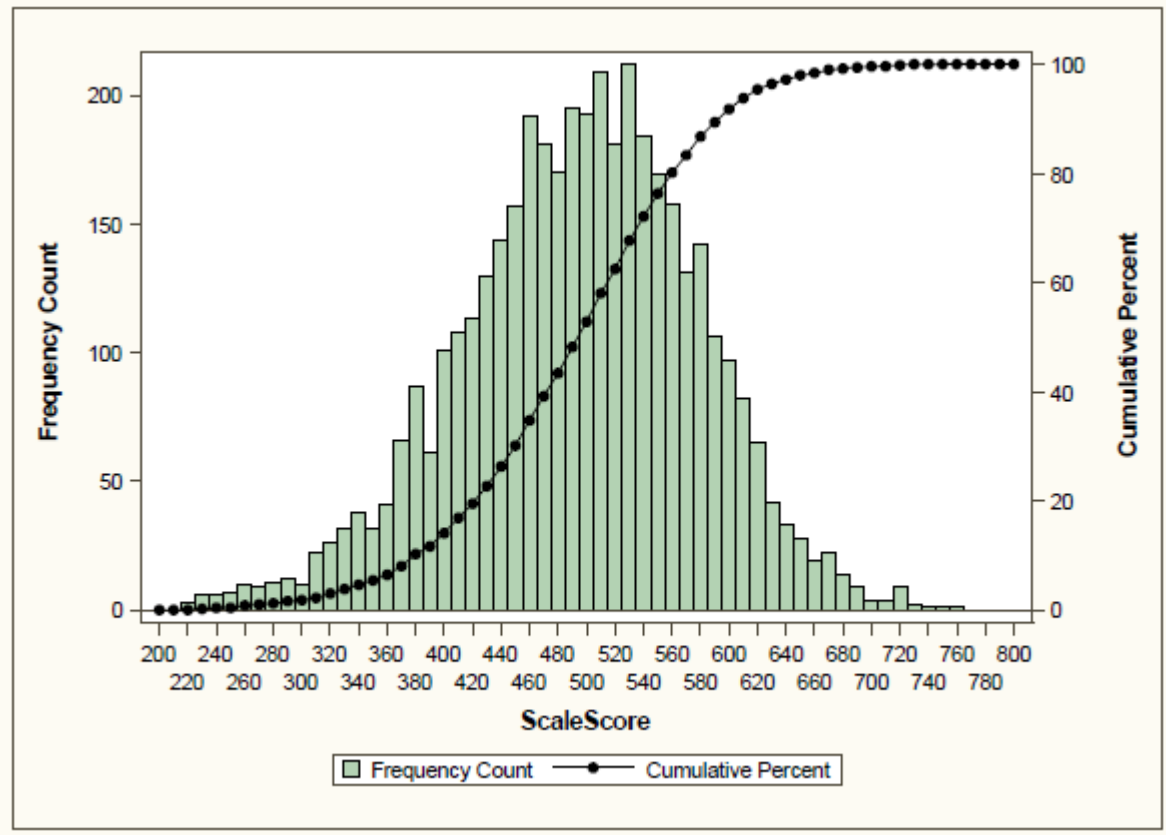
**Appendix A2: Frequency Distributions for ADAT Scale Scores: 2021-2025**

*Frequency distribution for the ADAT Overall scale: 2021-2025*
*(4,088 administrations)*

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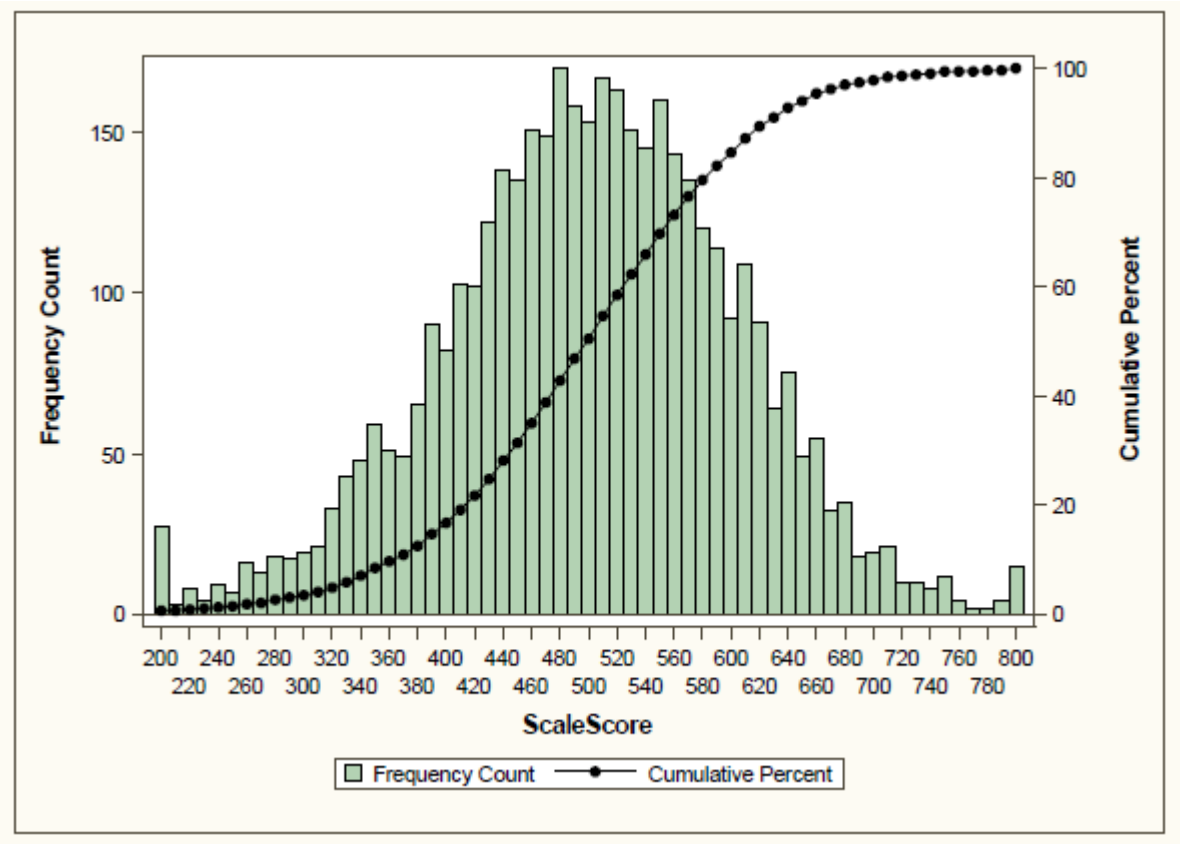
*Frequency distribution for the Biomedical Sciences scale: 2021-2025*
*(4,088 administrations)*

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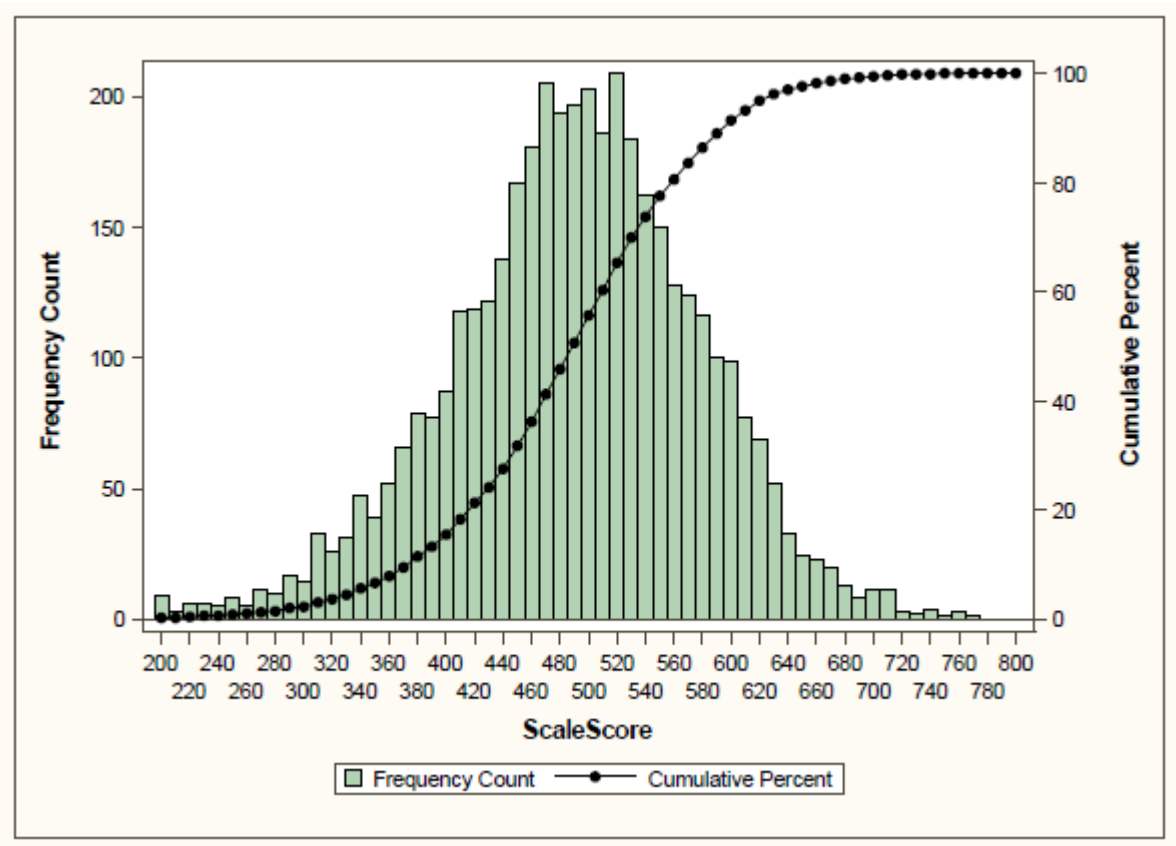
*Frequency distribution for the Clinical Sciences scale: 2021-2025*
*(4,088 administrations)*

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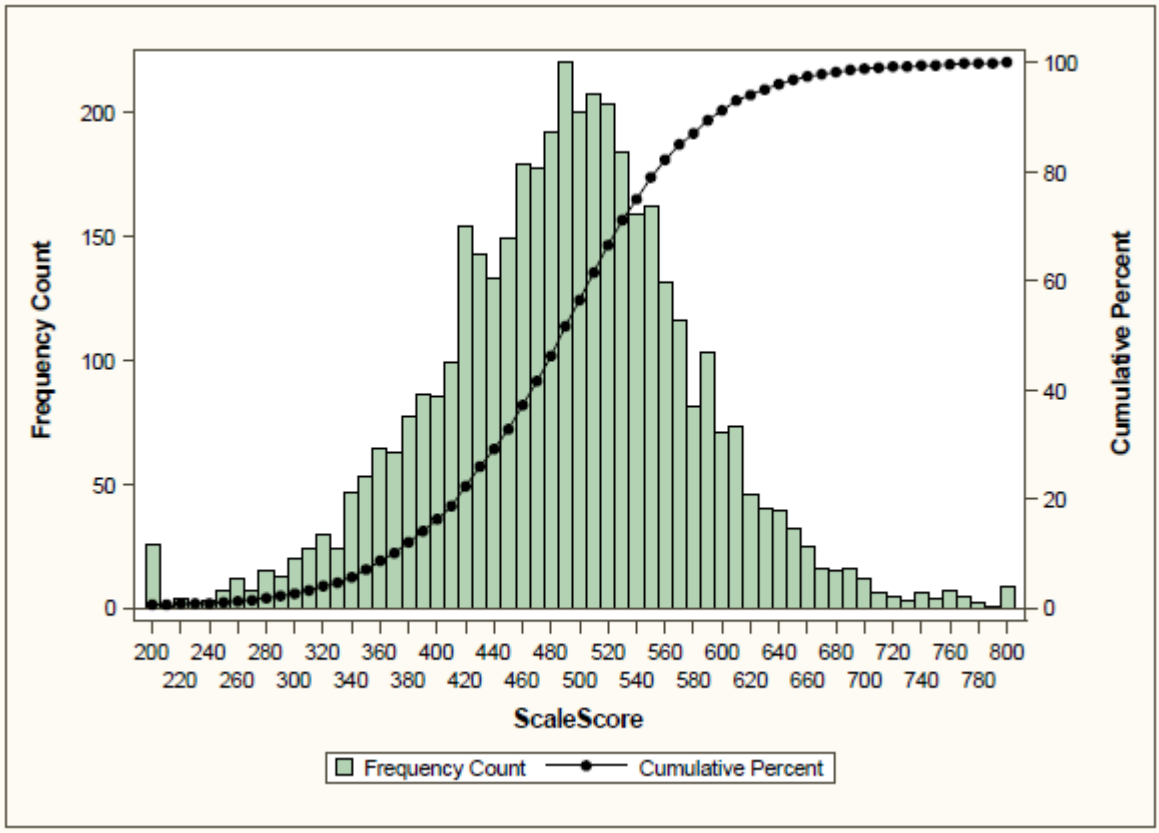
*Frequency distribution for the Data, Research Interpretation, & Evidence Based Dentistry scale: 2021-2025*
*(4,088 administrations)*

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**Appendix B1: Percentiles Associated with ADAT Scale Scores: 2025**
**(1,318 administrations)**

ADAT=ADAT Overall; BIO=Biomedical Sciences; CLI=Clinical Sciences;
DRI=Data, Research Interpretation, & Evidence Based Dentistry;

| Scale Score | ADAT | BIO | CLI | DRI |
|---|---|---|---|---|
| 800 | | 99 | | 99 |
| 790 | | 99 | | 99 |
| 780 | | 99 | | 99 |
| 770 | | 99 | | 99 |
| 760 | 99 | 99 | 99 | 99 |
| 750 | 99 | 99 | 99 | 99 |
| 740 | 99 | 98 | 99 | 99 |
| 730 | 99 | 98 | 99 | 99 |
| 720 | 99 | 97 | 99 | 99 |
| 710 | 99 | 97 | 99 | 99 |
| 700 | 99 | 96 | 99 | 99 |
| 690 | 99 | 95 | 98 | 98 |
| 680 | 98 | 95 | 98 | 98 |
| 670 | 98 | 94 | 98 | 97 |
| 660 | 97 | 93 | 97 | 97 |
| 650 | 96 | 91 | 96 | 97 |
| 640 | 95 | 89 | 95 | 96 |
| 630 | 94 | 87 | 94 | 95 |
| 620 | 92 | 85 | 93 | 94 |
| 610 | 91 | 83 | 91 | 93 |
| 600 | 89 | 79 | 88 | 91 |
| 590 | 86 | 77 | 86 | 89 |
| 580 | 83 | 74 | 83 | 86 |
| 570 | 80 | 71 | 80 | 84 |
| 560 | 76 | 67 | 77 | 81 |
| 550 | 71 | 64 | 73 | 77 |
| 540 | 67 | 60 | 69 | 73 |
| 530 | 62 | 57 | 66 | 69 |
| 520 | 57 | 53 | 62 | 64 |
| 510 | 53 | 49 | 57 | 60 |
| 500 | 49 | 46 | 53 | 54 |
| 490 | 45 | 43 | 49 | 49 |
| 480 | 40 | 40 | 45 | 45 |
| 470 | 37 | 36 | 40 | 39 |
| 460 | 33 | 33 | 35 | 35 |
| 450 | 29 | 30 | 31 | 31 |
| 440 | 26 | 27 | 26 | 27 |
| 430 | 23 | 24 | 24 | 24 |
| 420 | 20 | 21 | 21 | 21 |
| 410 | 17 | 19 | 19 | 17 |
| 400 | 15 | 17 | 16 | 15 |

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| Scale Score | ADAT | BIO | CLI | DRI |
|---|---|---|---|---|
| 390 | 13 | 16 | 14 | 13 |
| 380 | 11 | 14 | 13 | 11 |
| 370 | 9 | 12 | 11 | 9 |
| 360 | 8 | 11 | 9 | 8 |
| 350 | 7 | 10 | 8 | 6 |
| 340 | 6 | 8 | 7 | 5 |
| 330 | 5 | 7 | 6 | 4 |
| 320 | 4 | 5 | 5 | 4 |
| 310 | 3 | 5 | 4 | 3 |
| 300 | 2 | 4 | 3 | 3 |
| 290 | 2 | 4 | 2 | 2 |
| 280 | 2 | 3 | 2 | 2 |
| 270 | 2 | 3 | 2 | 2 |
| 260 | 1 | 3 | 1 | 1 |
| 250 | 1 | 2 | 1 | 1 |
| 240 | 1 | 2 | 1 | 1 |
| 230 | 1 | 2 | 1 | 1 |
| 220 | 1 | 2 | 1 | 1 |
| 210 | | 1 | 1 | 1 |
| 200 | | 1 | 1 | 1 |

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**Appendix B2: Percentiles Associated with ADAT Scale Scores: 2021-2025**
**(4,088 administrations)**

ADAT=ADAT Overall; BIO=Biomedical Sciences; CLI=Clinical Sciences
DRI=Data, Research Interpretation, & Evidence Based Dentistry

| Scale Score | ADAT | BIO | CLI | DRI |
|---|---|---|---|---|
| 800 | | 99 | | 99 |
| 790 | | 99 | | 99 |
| 780 | | 99 | | 99 |
| 770 | | 99 | 99 | 99 |
| 760 | 99 | 99 | 99 | 99 |
| 750 | 99 | 99 | 99 | 99 |
| 740 | 99 | 99 | 99 | 99 |
| 730 | 99 | 99 | 99 | 99 |
| 720 | 99 | 99 | 99 | 99 |
| 710 | 99 | 98 | 99 | 99 |
| 700 | 99 | 98 | 99 | 99 |
| 690 | 99 | 97 | 99 | 99 |
| 680 | 99 | 97 | 99 | 98 |
| 670 | 99 | 96 | 99 | 98 |
| 660 | 98 | 95 | 98 | 97 |
| 650 | 98 | 94 | 98 | 97 |
| 640 | 97 | 93 | 97 | 96 |
| 630 | 96 | 91 | 96 | 95 |
| 620 | 95 | 89 | 95 | 94 |
| 610 | 94 | 87 | 93 | 93 |
| 600 | 92 | 84 | 91 | 91 |
| 590 | 89 | 82 | 89 | 89 |
| 580 | 87 | 79 | 86 | 87 |
| 570 | 83 | 76 | 84 | 85 |
| 560 | 80 | 73 | 81 | 82 |
| 550 | 76 | 70 | 77 | 79 |
| 540 | 72 | 66 | 74 | 75 |
| 530 | 68 | 62 | 70 | 71 |
| 520 | 62 | 59 | 65 | 67 |
| 510 | 58 | 55 | 60 | 62 |
| 500 | 53 | 50 | 56 | 56 |
| 490 | 48 | 47 | 51 | 52 |
| 480 | 43 | 43 | 46 | 46 |
| 470 | 39 | 39 | 41 | 42 |
| 460 | 35 | 35 | 36 | 37 |
| 450 | 30 | 31 | 32 | 33 |
| 440 | 26 | 28 | 28 | 29 |
| 430 | 23 | 25 | 24 | 26 |
| 420 | 20 | 22 | 21 | 22 |
| 410 | 17 | 19 | 18 | 19 |

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| Scale Score | ADAT | BIO | CLI | DRI |
|---|---|---|---|---|
| 400 | 14 | 17 | 15 | 16 |
| 390 | 12 | 15 | 13 | 14 |
| 380 | 10 | 12 | 11 | 12 |
| 370 | 8 | 11 | 9 | 10 |
| 360 | 6 | 10 | 8 | 9 |
| 350 | 5 | 8 | 7 | 7 |
| 340 | 5 | 7 | 6 | 6 |
| 330 | 4 | 6 | 5 | 5 |
| 320 | 3 | 5 | 4 | 4 |
| 310 | 2 | 4 | 3 | 3 |
| 300 | 2 | 3 | 2 | 3 |
| 290 | 2 | 3 | 2 | 2 |
| 280 | 1 | 3 | 2 | 2 |
| 270 | 1 | 2 | 1 | 2 |
| 260 | 1 | 2 | 1 | 1 |
| 250 | 1 | 1 | 1 | 1 |
| 240 | 1 | 1 | 1 | 1 |
| 230 | 1 | 1 | 1 | 1 |
| 220 | 1 | 1 | 1 | 1 |
| 210 | | 1 | 1 | 1 |
| 200 | | 1 | 1 | 1 |

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**Appendix C1: Descriptive Statistics for ADAT Scale Scores, by Specialty: 2025**

| Specialty | N† | ADAT | | BIO | | CLI | | DRI | |
|---|---|---|---|---|---|---|---|---|---|
| | | MEAN | SD | MEAN | SD | MEAN | SD | MEAN | SD |
| **Advanced Education in General Dentistry, 12 Months** | 239 | 499.1 | 95.4 | 510.1 | 118.5 | 496.2 | 96.4 | 482.6 | 89.9 |
| **Advanced Education in General Dentistry, 24 Months** | 282 | 499.0 | 95.8 | 513.6 | 118.9 | 494.4 | 98.5 | 478.9 | 85.9 |
| **Dental Anesthesiology** | 146 | 498.1 | 94.0 | 511.4 | 117.0 | 492.7 | 94.7 | 481.6 | 88.0 |
| **Dental Public Health** | 147 | 498.8 | 94.0 | 513.8 | 118.7 | 491.9 | 94.2 | 481.5 | 82.8 |
| **Endodontics** | 410 | 512.4 | 84.0 | 513.8 | 100.9 | 511.2 | 87.2 | 512.3 | 90.4 |
| **General Practice Residency, 12 Months** | 186 | 497.9 | 95.4 | 510.3 | 117.8 | 492.7 | 98.3 | 482.7 | 88.0 |
| **General Practice Residency, 24 Months** | 178 | 495.4 | 98.2 | 508.6 | 121.6 | 490.0 | 100.1 | 479.1 | 89.3 |
| **Oral and Maxillofacial Surgery Clinical Fellowships Cosmetic** | 137 | 495.8 | 92.5 | 509.3 | 115.9 | 489.9 | 93.5 | 479.8 | 82.1 |
| **Oral and Maxillofacial Surgery Clinical Fellowships Craniofacial** | 134 | 498.9 | 93.2 | 513.7 | 115.8 | 492.0 | 94.9 | 481.7 | 82.9 |
| **Oral and Maxillofacial Surgery Clinical Fellowships Oncology** | 136 | 501.3 | 93.7 | 517.2 | 117.4 | 494.0 | 95.3 | 482.9 | 82.6 |
| **Maxillofacial Prosthetics** | 137 | 498.1 | 92.2 | 511.7 | 117.9 | 493.4 | 92.0 | 479.1 | 83.0 |
| **Prosthodontics/Maxillofacial Prosthetics** | 147 | 500.7 | 92.7 | 514.1 | 117.6 | 495.8 | 92.2 | 483.1 | 85.9 |
| **Oral and Maxillofacial Pathology** | 137 | 503.6 | 91.4 | 520.1 | 117.1 | 497.5 | 92.2 | 482.2 | 80.7 |
| **Oral and Maxillofacial Radiology** | 138 | 500.3 | 93.0 | 515.9 | 118.5 | 493.4 | 91.7 | 481.6 | 84.0 |
| **Oral and Maxillofacial Surgery** | 153 | 496.5 | 92.0 | 509.3 | 115.2 | 491.6 | 93.7 | 480.8 | 83.9 |

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| Specialty | N† | ADAT | | BIO | | CLI | | DRI | |
|---|---|---|---|---|---|---|---|---|---|
| | | MEAN | SD | MEAN | SD | MEAN | SD | MEAN | SD |
| **Oral Medicine** | 143 | 500.8 | 91.0 | 516.9 | 113.9 | 493.9 | 90.7 | 481.3 | 84.4 |
| **Orofacial Pain** | 150 | 499.3 | 92.8 | 514.7 | 116.5 | 493.5 | 93.0 | 479.4 | 83.5 |
| **Clinical Fellowship in Craniofacial and Special Care Orthodontics** | 140 | 504.0 | 94.7 | 517.2 | 117.3 | 498.7 | 97.8 | 487.9 | 85.4 |
| **Orthodontics and Dentofacial Orthopedics** | 188 | 506.2 | 90.5 | 517.7 | 114.3 | 504.1 | 93.6 | 486.5 | 83.1 |
| **Orthodontics/Periodontics** | 164 | 500.3 | 94.2 | 513.0 | 117.9 | 496.2 | 97.6 | 482.4 | 84.5 |
| **Pediatric Dentistry** | 165 | 500.1 | 92.2 | 514.1 | 114.9 | 494.7 | 95.3 | 481.5 | 85.5 |
| **Periodontics** | 171 | 499.0 | 92.4 | 513.3 | 115.8 | 493.6 | 95.3 | 480.5 | 82.6 |
| **Prosthodontics** | 156 | 501.7 | 93.3 | 512.7 | 116.3 | 499.7 | 94.3 | 482.9 | 86.7 |

Note. ADAT=ADAT Overall, BIO=Biomedical Sciences; CLI=Clinical Sciences, DRI=Data, Research Interpretation, & Evidence Based Dentistry; Norms are presented only for specialty areas selected by 25 or more candidates.
†Represents the number of candidates who reported interest in the specialty. Candidates could pick multiple specialties.

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**Appendix C2: Descriptive Statistics for ADAT Scale Scores, by Specialty: 2021-2025**

| SPECIALTY | N† | ADAT | | BIO | | CLI | | DRI | |
|---|---|---|---|---|---|---|---|---|---|
| | | MEAN | SD | MEAN | SD | MEAN | SD | MEAN | SD |
| **Advanced Education in General Dentistry, 12 Months** | 751 | 490.8 | 85.2 | 500.7 | 106.2 | 486.6 | 88.5 | 479.5 | 85.8 |
| **Advanced Education in General Dentistry, 24 Months** | 669 | 487.7 | 89.7 | 499.7 | 110.1 | 482.5 | 94.3 | 473.8 | 84.1 |
| **Dental Anesthesiology** | 277 | 496.0 | 89.7 | 507.3 | 113.2 | 491.3 | 89.5 | 482.0 | 85.8 |
| **Dental Public Health** | 307 | 493.6 | 87.4 | 505.5 | 111.9 | 488.4 | 86.2 | 479.3 | 80.5 |
| **Endodontics** | 1,169 | 514.7 | 77.7 | 509.6 | 94.2 | 515.3 | 81.1 | 523.3 | 91.6 |
| **General Practice Residency, 12 Months** | 447 | 496.9 | 89.3 | 505.1 | 111.0 | 492.1 | 91.0 | 489.6 | 90.0 |
| **General Practice Residency, 24 Months** | 390 | 492.8 | 89.7 | 504.6 | 113.0 | 487.8 | 90.9 | 479.1 | 86.1 |
| **Oral and Maxillofacial Surgery Clinical Fellowships Cosmetic** | 265 | 488.2 | 89.6 | 499.9 | 112.4 | 483.0 | 90.6 | 474.2 | 83.8 |
| **Oral and Maxillofacial Surgery Clinical Fellowships Craniofacial** | 256 | 491.6 | 89.4 | 504.0 | 112.3 | 486.7 | 90.2 | 475.3 | 84.4 |
| **Oral and Maxillofacial Surgery Clinical Fellowships Oncology** | 259 | 493.4 | 90.0 | 506.7 | 114.0 | 487.5 | 90.4 | 477.8 | 84.4 |
| **Maxillofacial Prosthetics** | 260 | 491.9 | 89.6 | 503.8 | 114.7 | 487.7 | 89.2 | 475.2 | 82.4 |
| **Prosthodontics/Maxillofacial Prosthetics** | 287 | 496.1 | 88.0 | 507.0 | 111.2 | 491.3 | 88.2 | 482.1 | 82.5 |
| **Oral and Maxillofacial Pathology** | 267 | 494.4 | 88.0 | 507.1 | 113.4 | 489.4 | 87.3 | 478.4 | 81.7 |
| **Oral and Maxillofacial Radiology** | 272 | 494.5 | 88.6 | 506.4 | 114.2 | 489.4 | 86.6 | 479.2 | 82.3 |
| **Oral and Maxillofacial Surgery** | 322 | 488.2 | 87.7 | 497.8 | 110.5 | 483.9 | 89.0 | 477.1 | 84.1 |
| **Oral Medicine** | 280 | 495.6 | 87.4 | 510.0 | 111.7 | 489.4 | 86.3 | 478.3 | 84.8 |

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| SPECIALTY | N† | ADAT | | BIO | | CLI | | DRI | |
|---|---|---|---|---|---|---|---|---|---|
| | | MEAN | SD | MEAN | SD | MEAN | SD | MEAN | SD |
| **Orofacial Pain** | 291 | 494.3 | 87.8 | 506.8 | 112.4 | 489.7 | 87.5 | 477.4 | 81.9 |
| **Clinical Fellowship in Craniofacial and Special Care Orthodontics** | 271 | 495.4 | 90.9 | 507.4 | 114.1 | 490.6 | 91.7 | 479.9 | 84.4 |
| **Orthodontics and Dentofacial Orthopedics** | 416 | 498.5 | 84.5 | 507.8 | 106.7 | 495.2 | 85.6 | 485.8 | 84.5 |
| **Orthodontics/Periodontics** | 322 | 496.0 | 88.5 | 507.5 | 112.3 | 491.9 | 89.4 | 480.3 | 81.7 |
| **Pediatric Dentistry** | 384 | 489.8 | 87.5 | 499.2 | 111.7 | 486.8 | 86.1 | 476.5 | 87.3 |
| **Periodontics** | 371 | 495.8 | 85.6 | 506.8 | 109.1 | 491.3 | 86.3 | 482.1 | 82.9 |
| **Prosthodontics** | 355 | 494.2 | 86.7 | 500.9 | 108.9 | 492.7 | 88.7 | 482.4 | 82.3 |

Note. ADAT=ADAT Overall, BIO=Biomedical Sciences; CLI=Clinical Sciences, DRI=Data, Research Interpretation, & Evidence Based Dentistry; Norms are presented only for specialty areas selected by 25 or more candidates.
†Represents the number of candidates who reported interest in the specialty. Candidates could pick multiple specialties.

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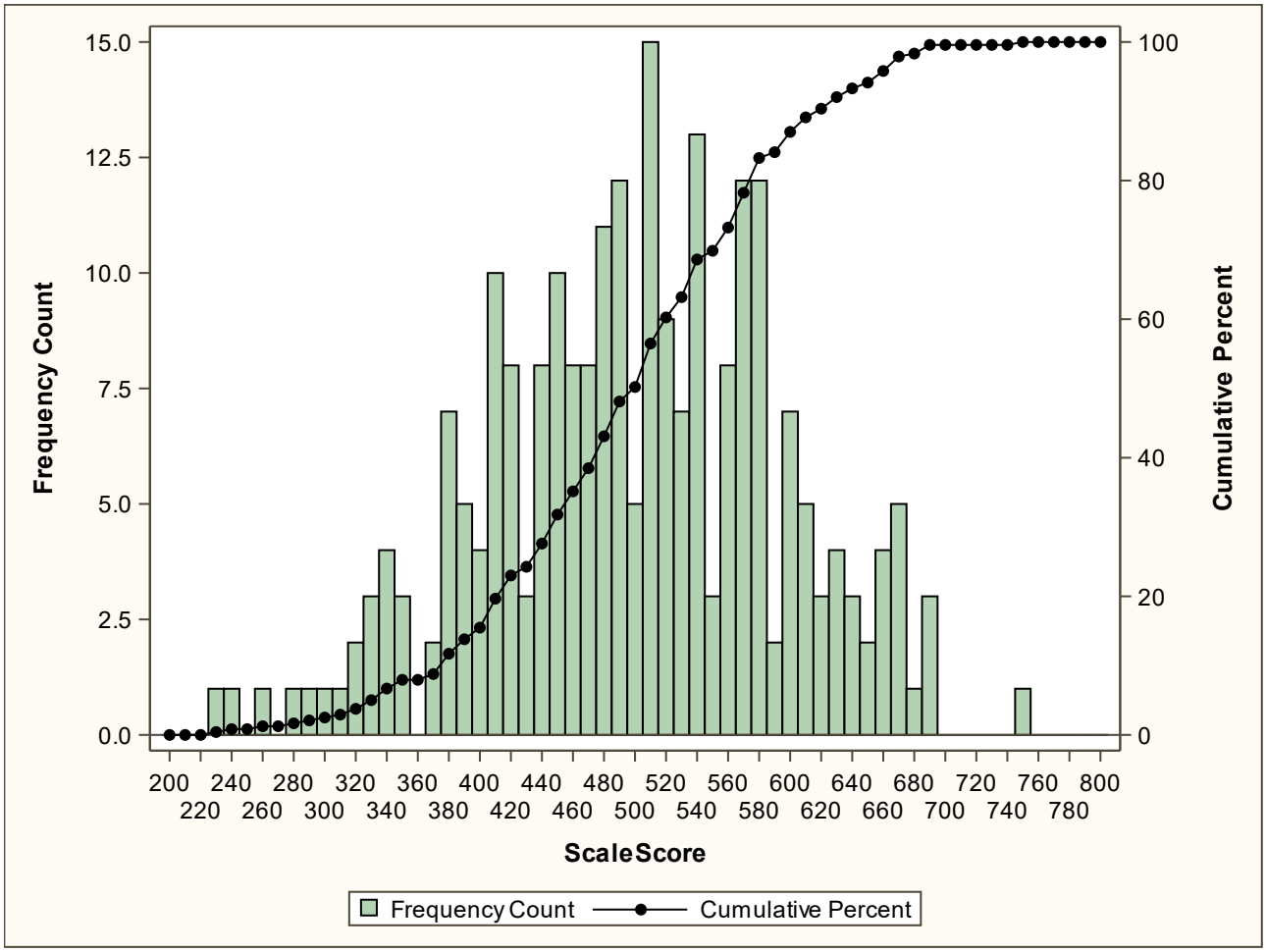
**Appendix D1: Frequency Distributions for ADAT Overall Scales, by Specialty: 2025**

*Note: Frequency distributions are provided for specialty areas selected by 80 or more candidates.*

*Frequency distribution for the ADAT Overall scale: 2025*
*Advanced Education in General Dentistry, 12 Months*
*(239 administrations)*

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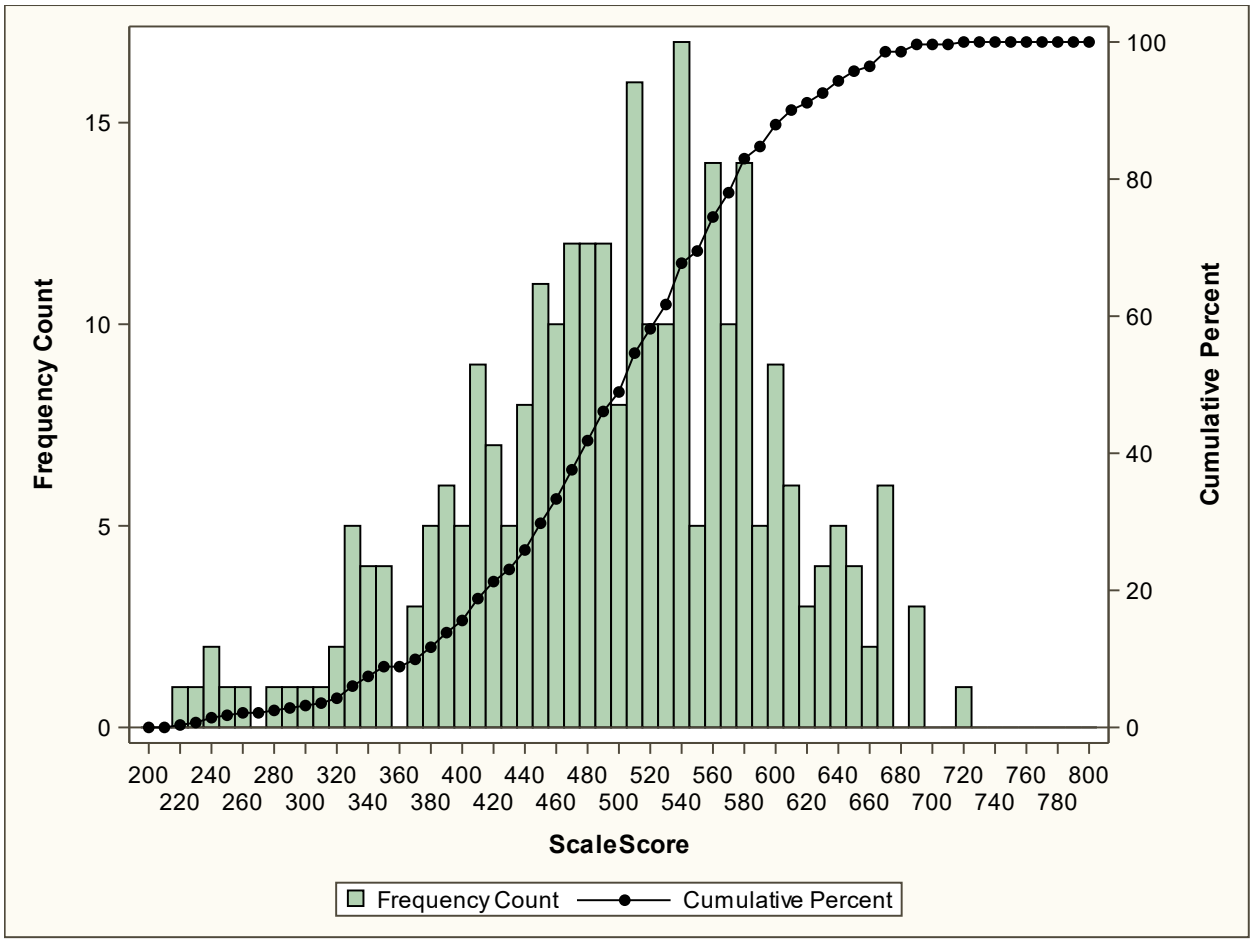
*Frequency distribution for the ADAT Overall scale: 2025*
*Advanced Education in General Dentistry, 24 Months*
*(282 administrations)*

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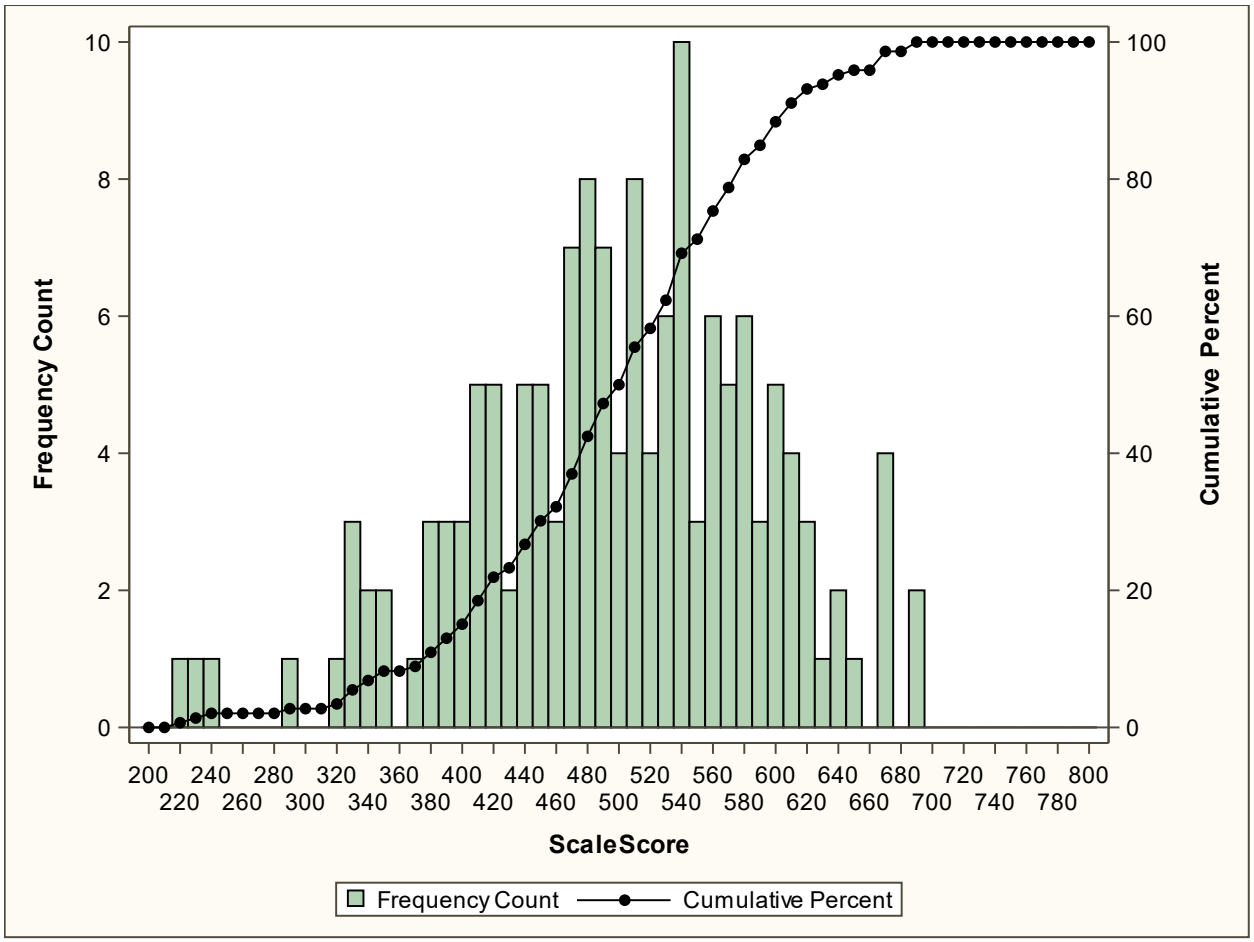
*Frequency distribution for the ADAT Overall scale: 2025*
*Dental Anesthesiology*
*(146 administrations)*

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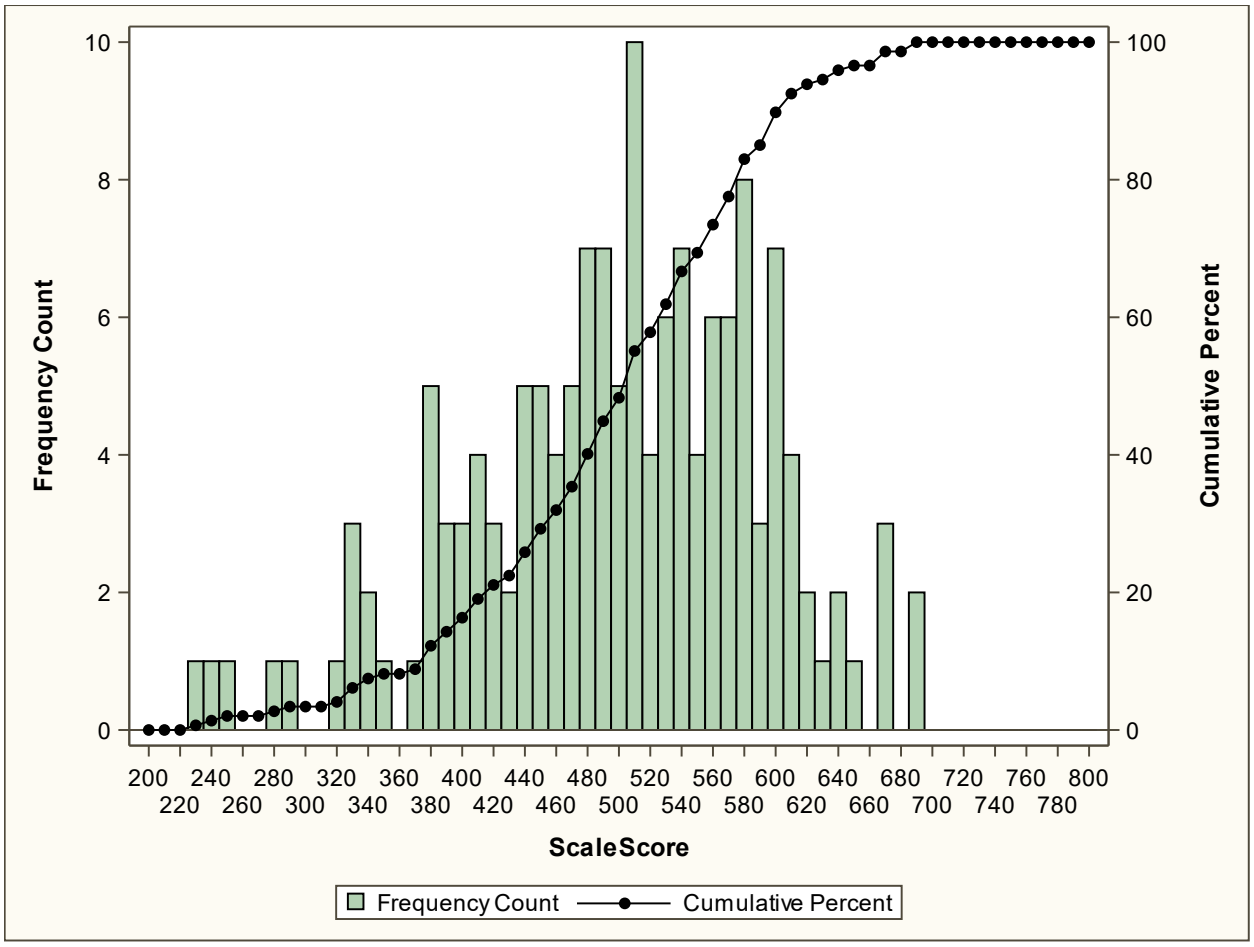
*Frequency distribution for the ADAT Overall scale: 2025*
*Dental Public Health*
*(147 administrations)*

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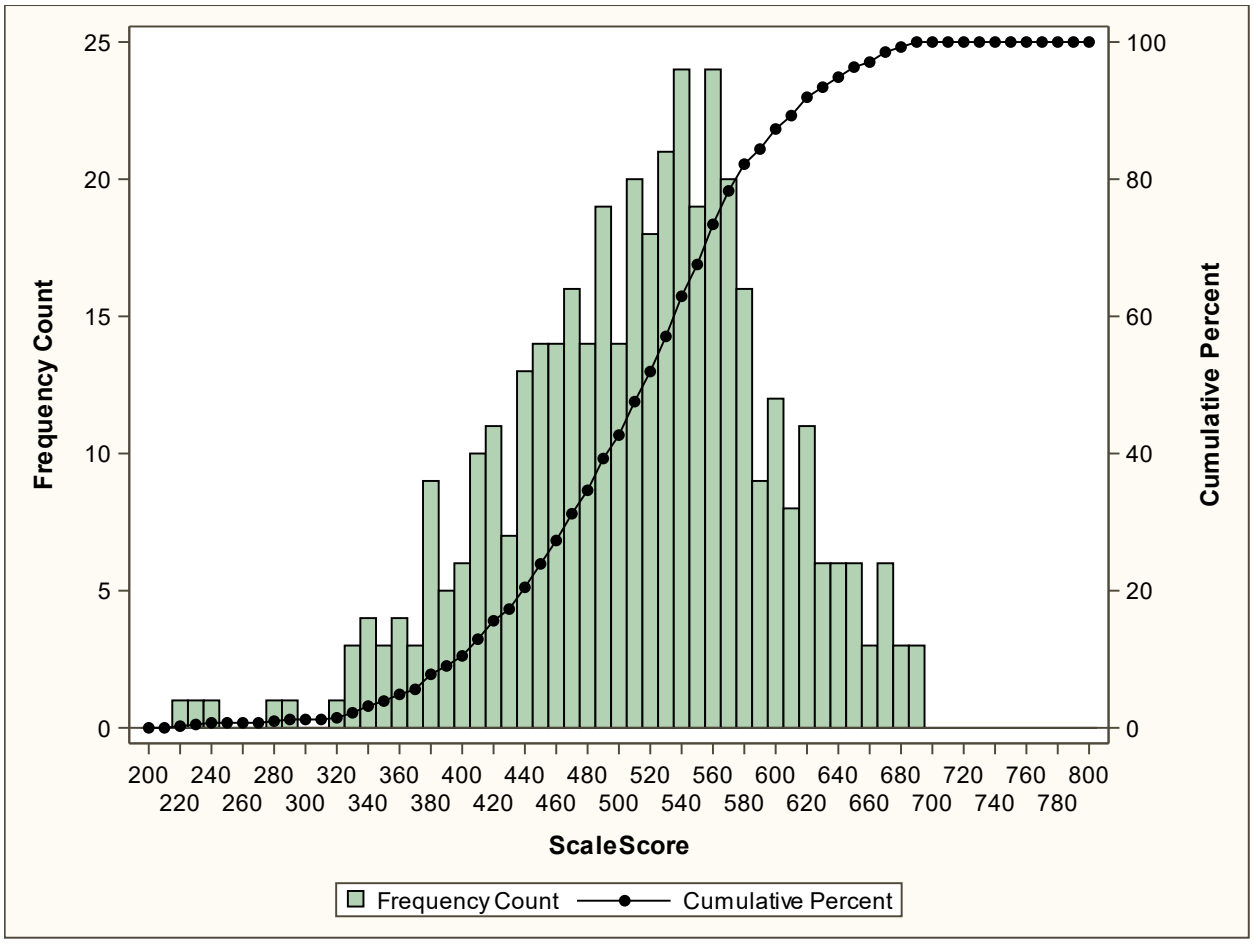
*Frequency distribution for the ADAT Overall scale: 2025*
*Endodontics*
*(410 administrations)*

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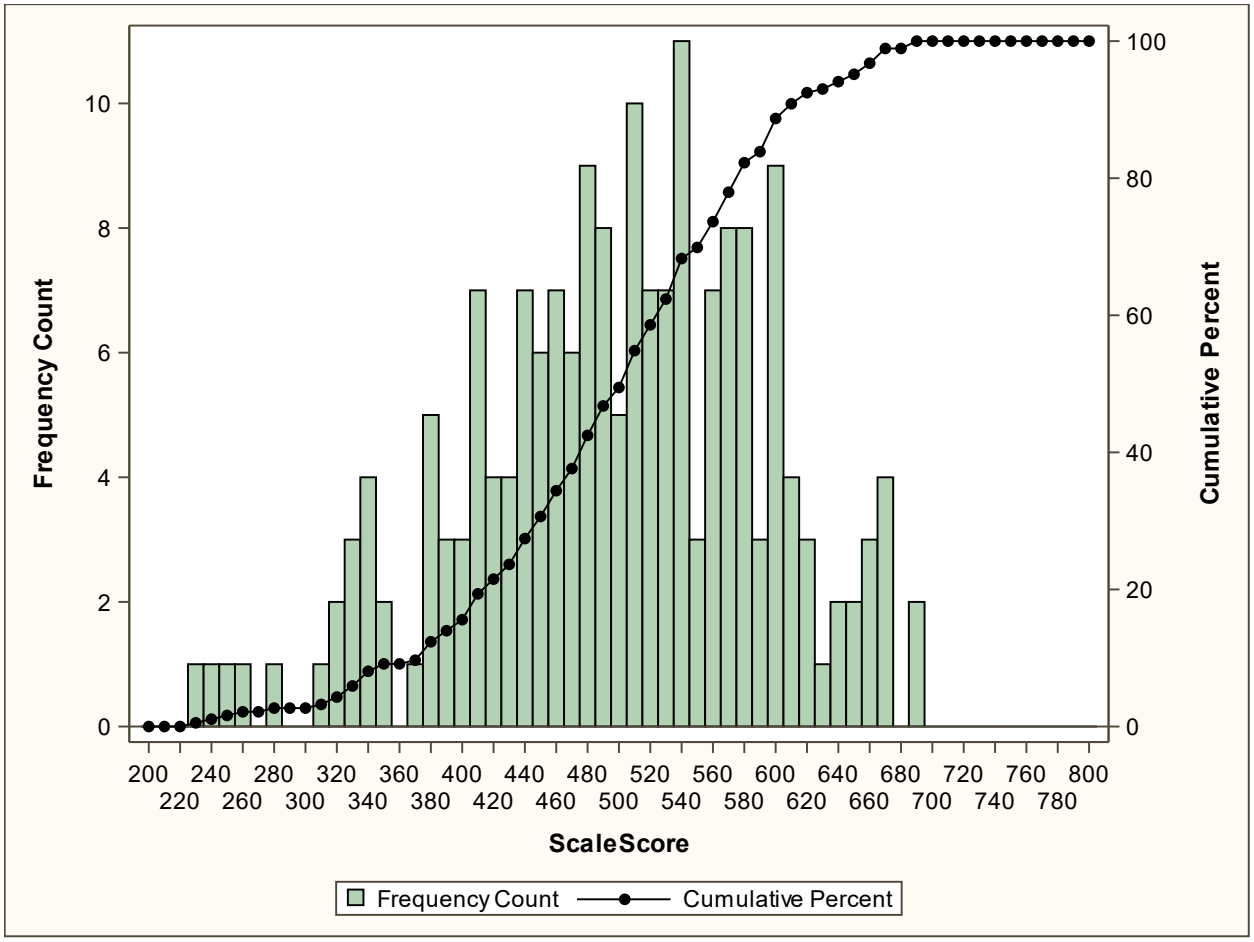
*Frequency distribution for the ADAT Overall scale: 2025*
*General Practice Residency, 12 Months*
*(186 administrations)*

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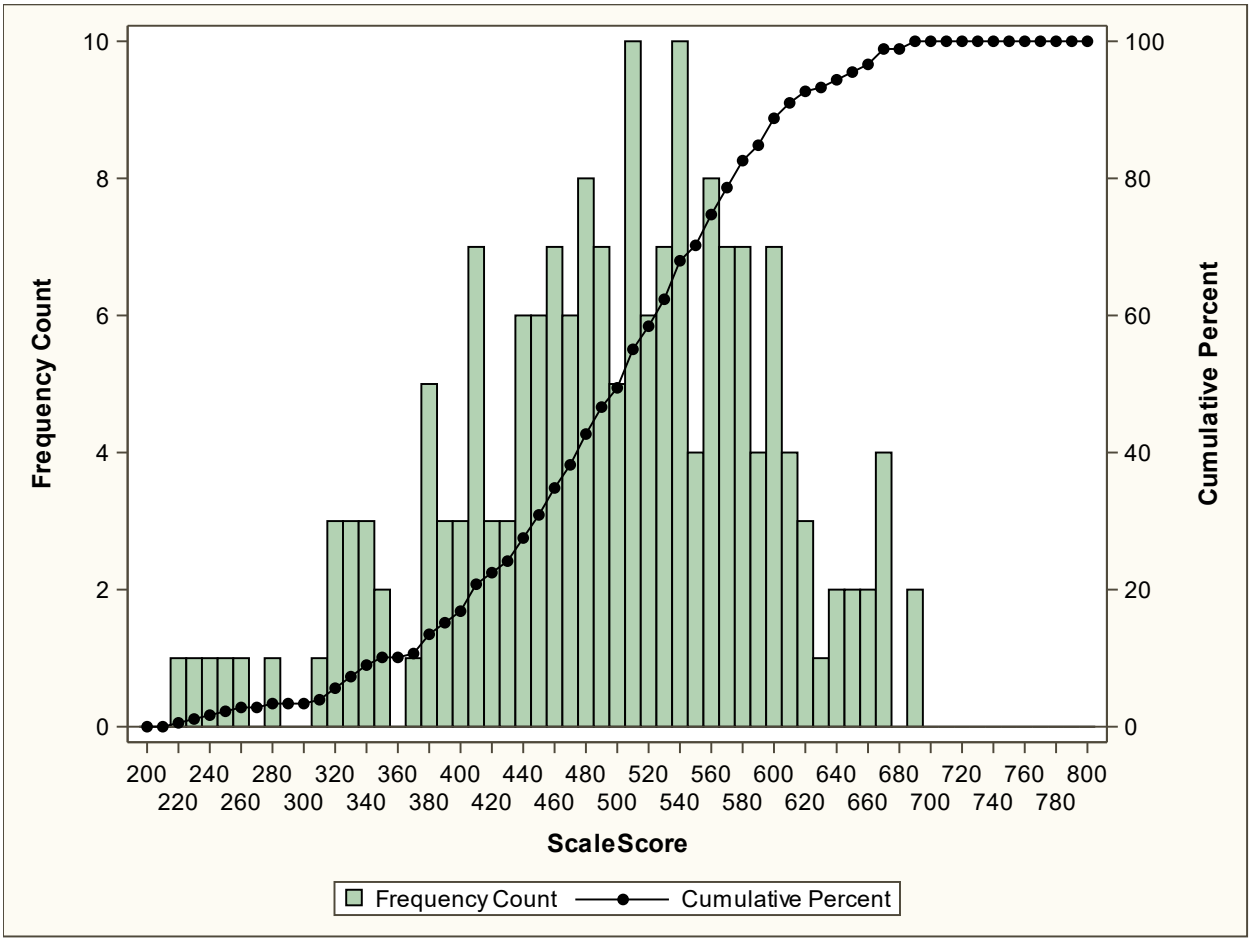
*Frequency distribution for the ADAT Overall scale: 2025*
*General Practice Residency, 24 Months*
*(178 administrations)*

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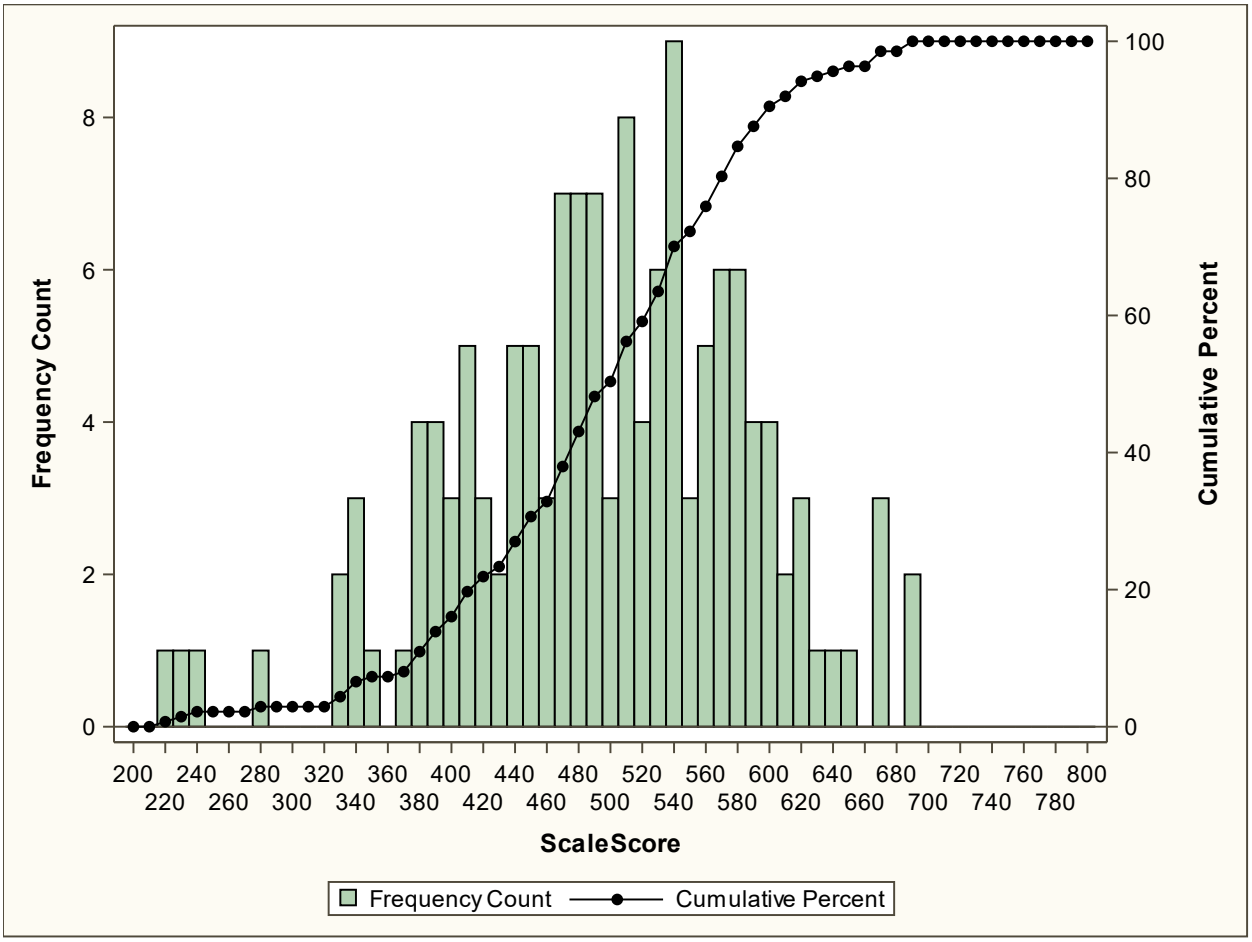
*Frequency distribution for the ADAT Overall scale: 2025*
*Oral and Maxillofacial Surgery Clinical Fellowships Cosmetic*
*(137 administrations)*

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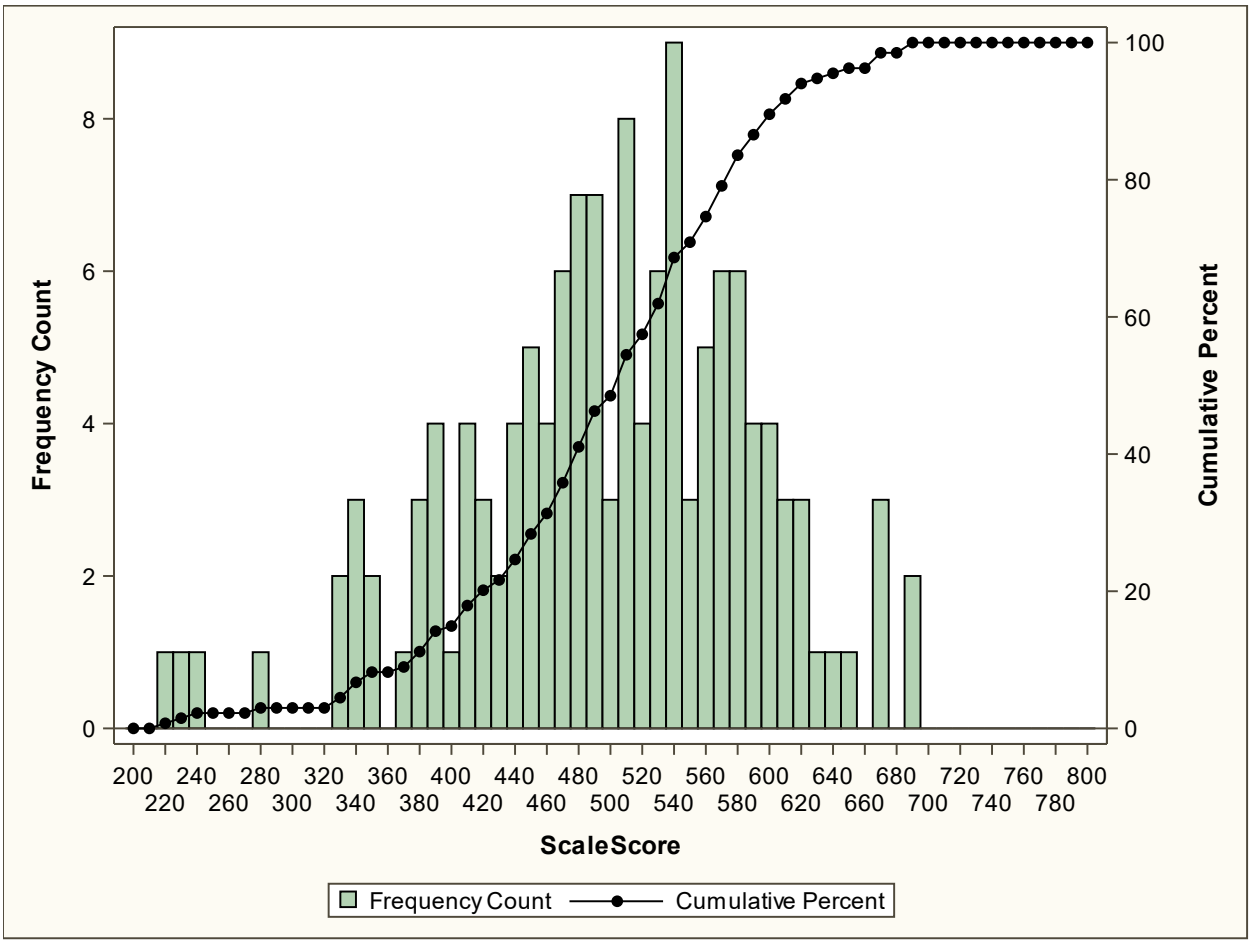
*Frequency distribution for the ADAT Overall scale: 2025*
*Oral and Maxillofacial Surgery Clinical Fellowships Craniofacial*
*(134 administrations)*

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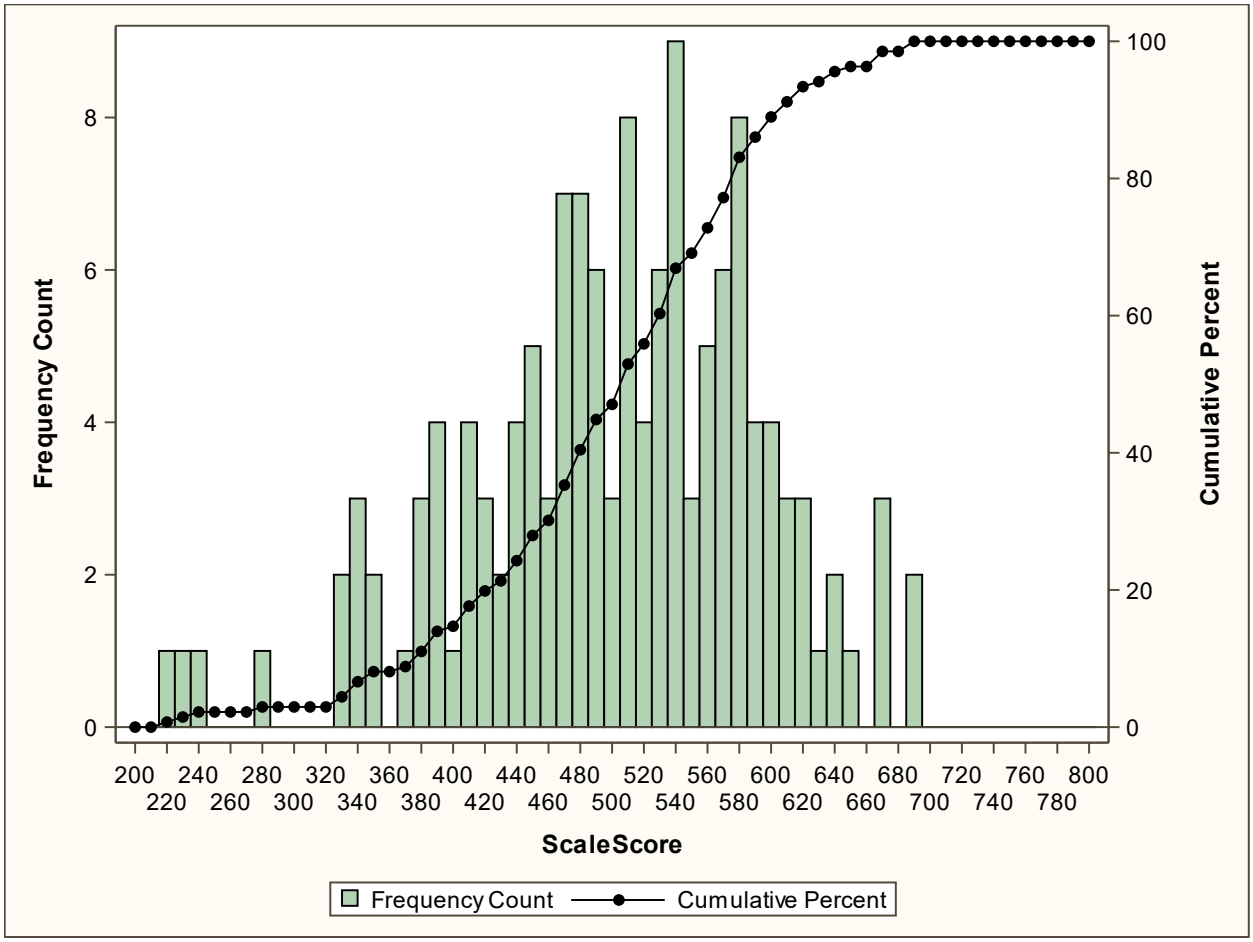
*Frequency distribution for the ADAT Overall scale: 2025*
*Oral and Maxillofacial Surgery Clinical Fellowships Oncology*
*(136 administrations)*

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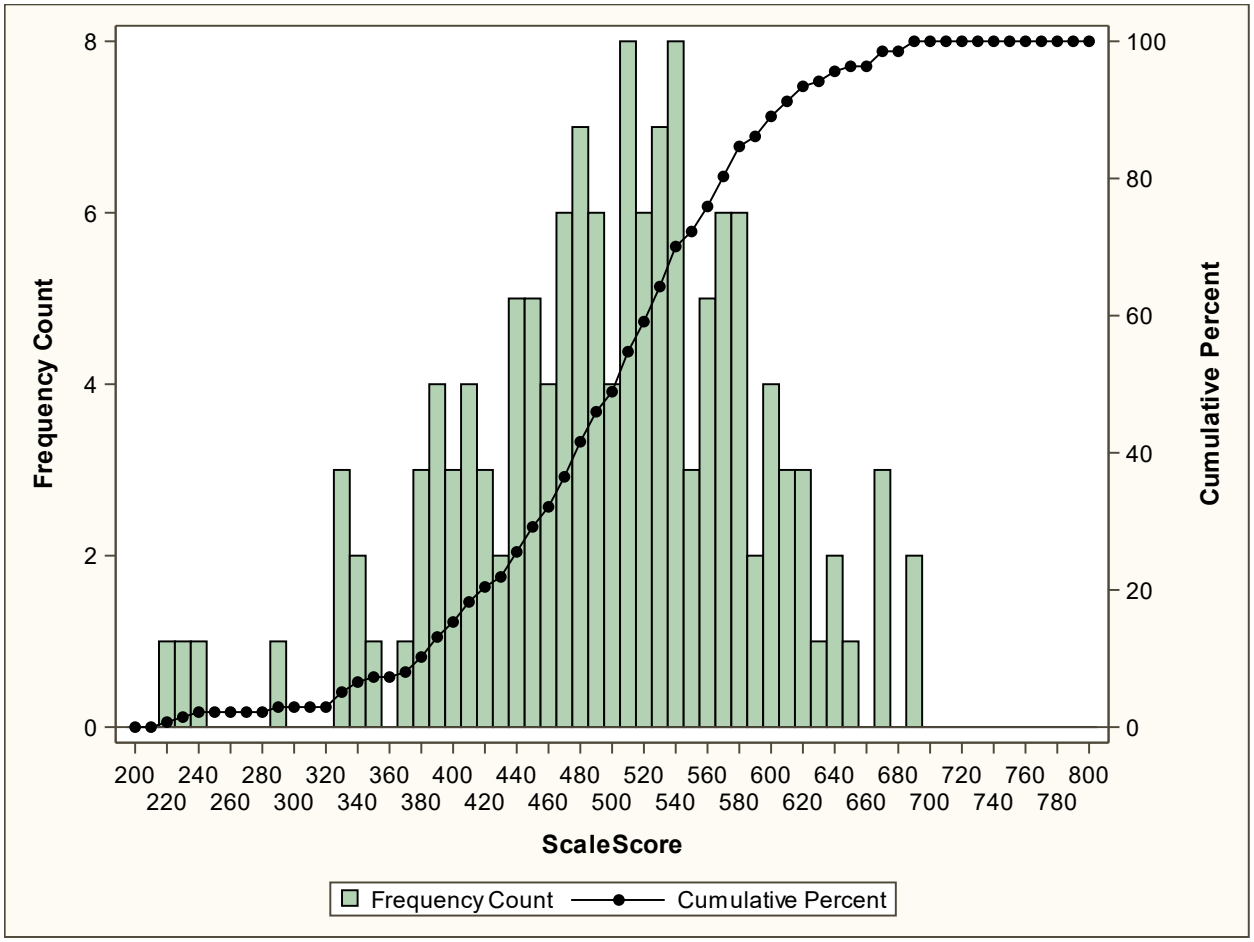
*Frequency distribution for the ADAT Overall scale: 2025*
*Maxillofacial Prosthetics*
*(137 administrations)*

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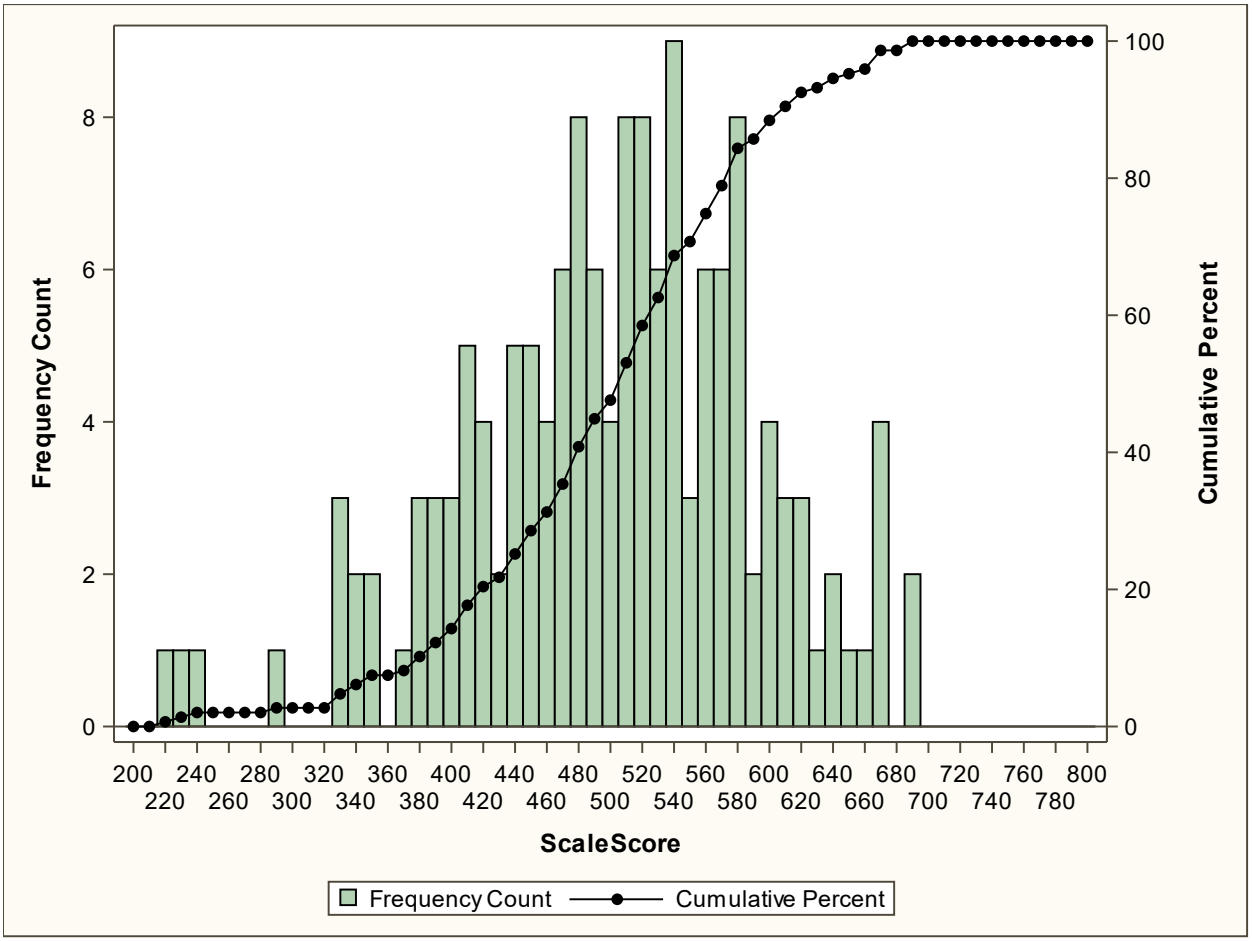
*Frequency distribution for the ADAT Overall scale: 2025*
*Prosthodontics/Maxillofacial Prosthetics*
*(147 administrations)*

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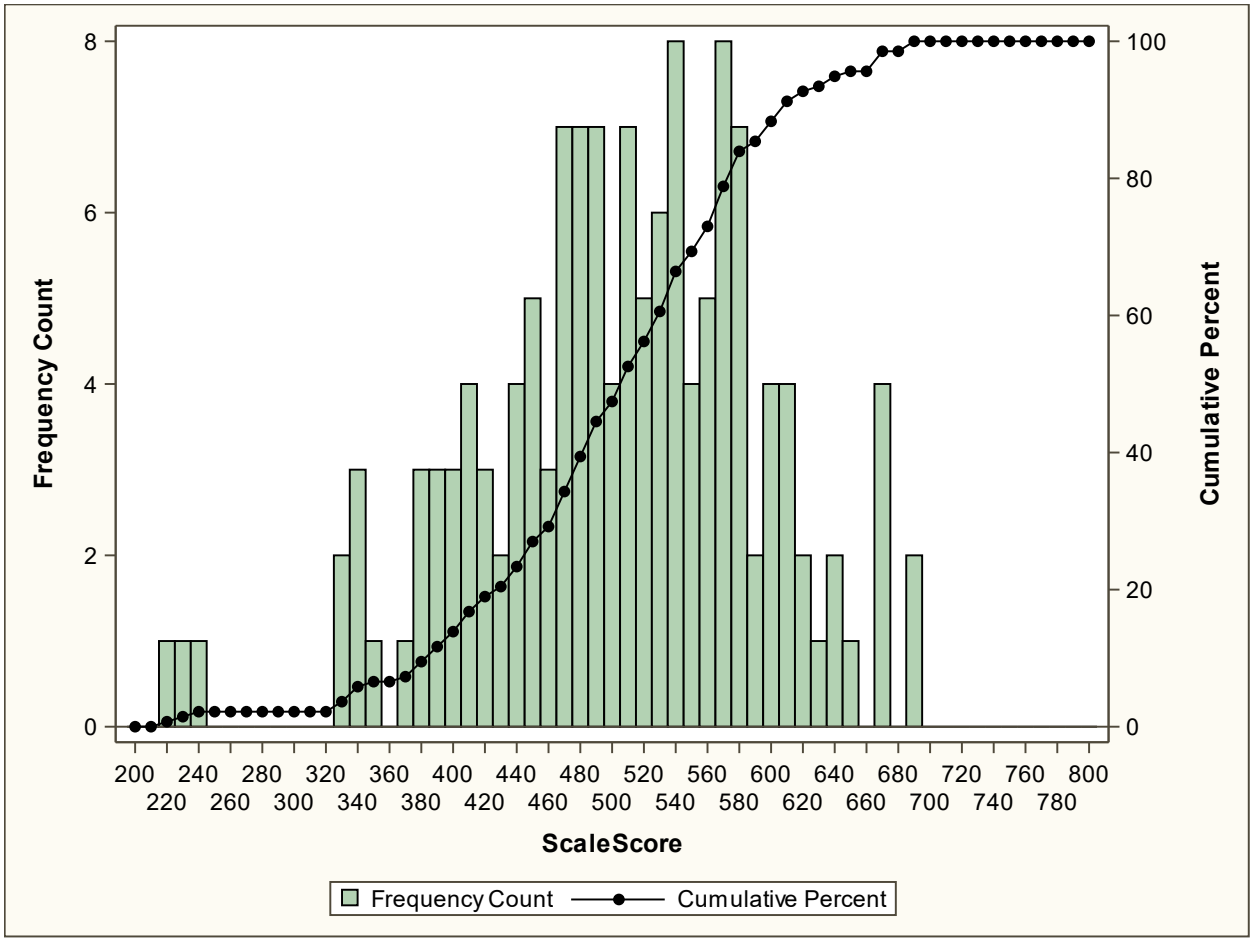
*Frequency distribution for the ADAT Overall scale: 2025*
*Oral and Maxillofacial Pathology*
*(137 administrations)*

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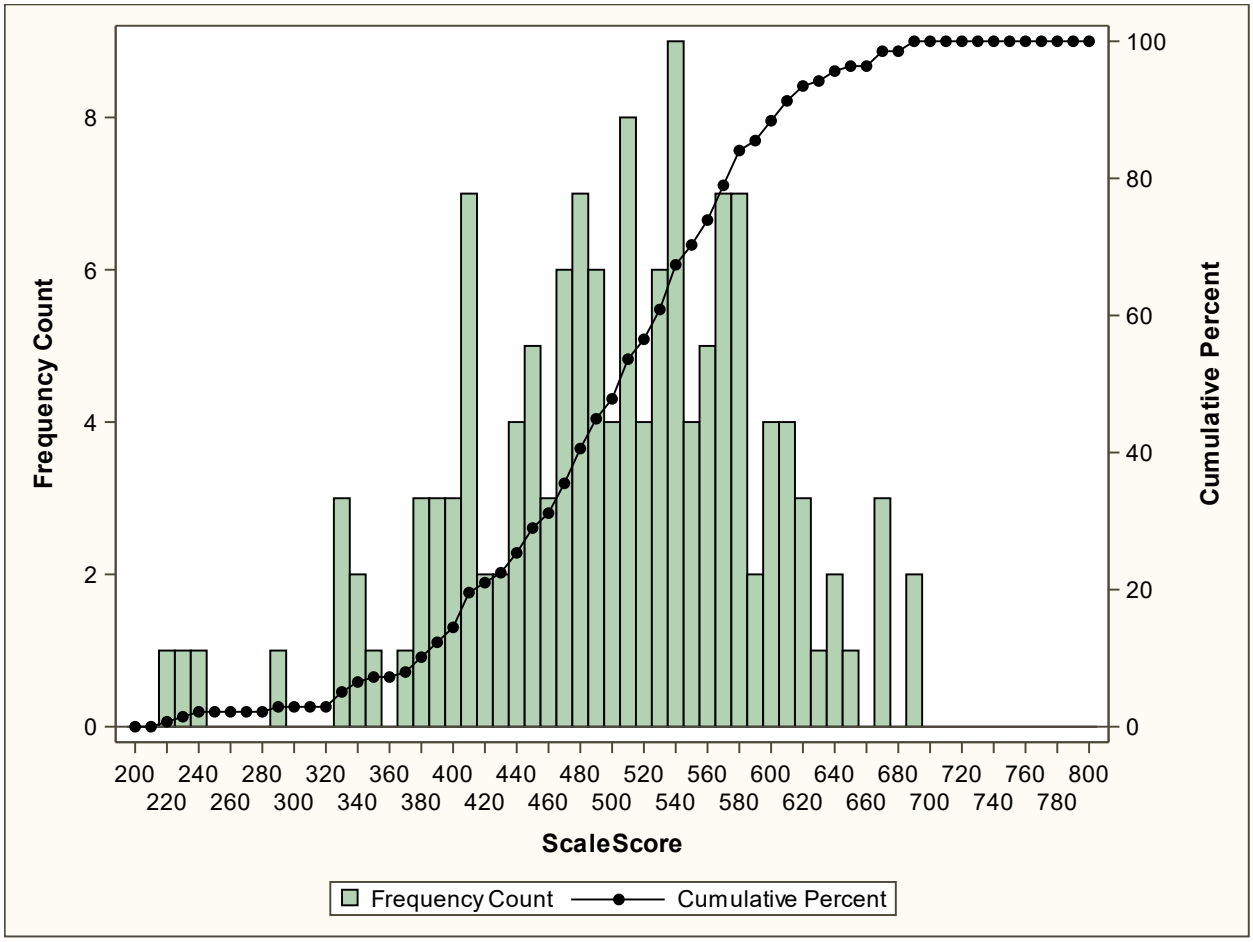
*Frequency distribution for the ADAT Overall scale: 2025*
*Oral and Maxillofacial Radiology*
*(138 administrations)*

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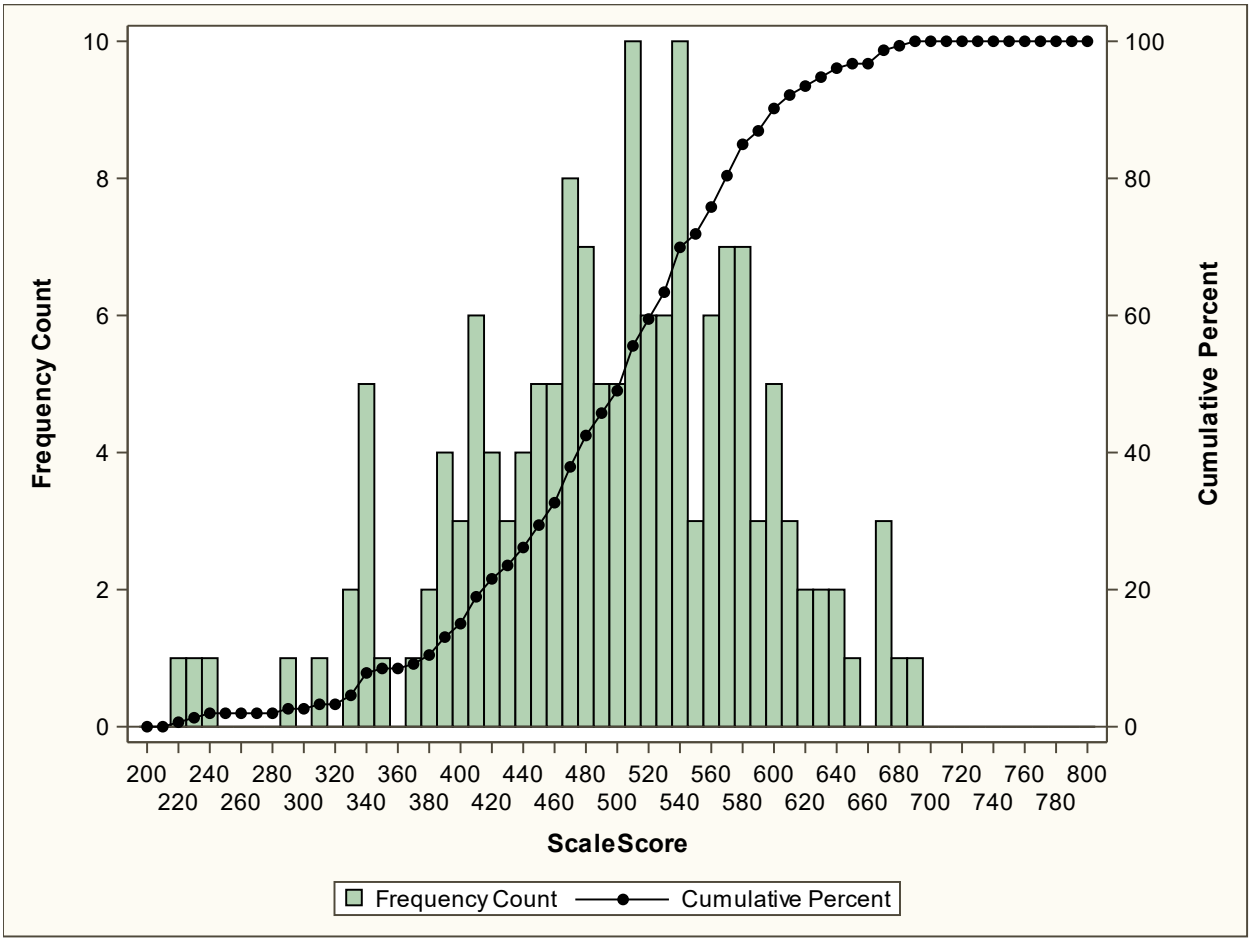
*Frequency distribution for the ADAT Overall scale: 2025*
*Oral and Maxillofacial Surgery*
*(153 administrations)*

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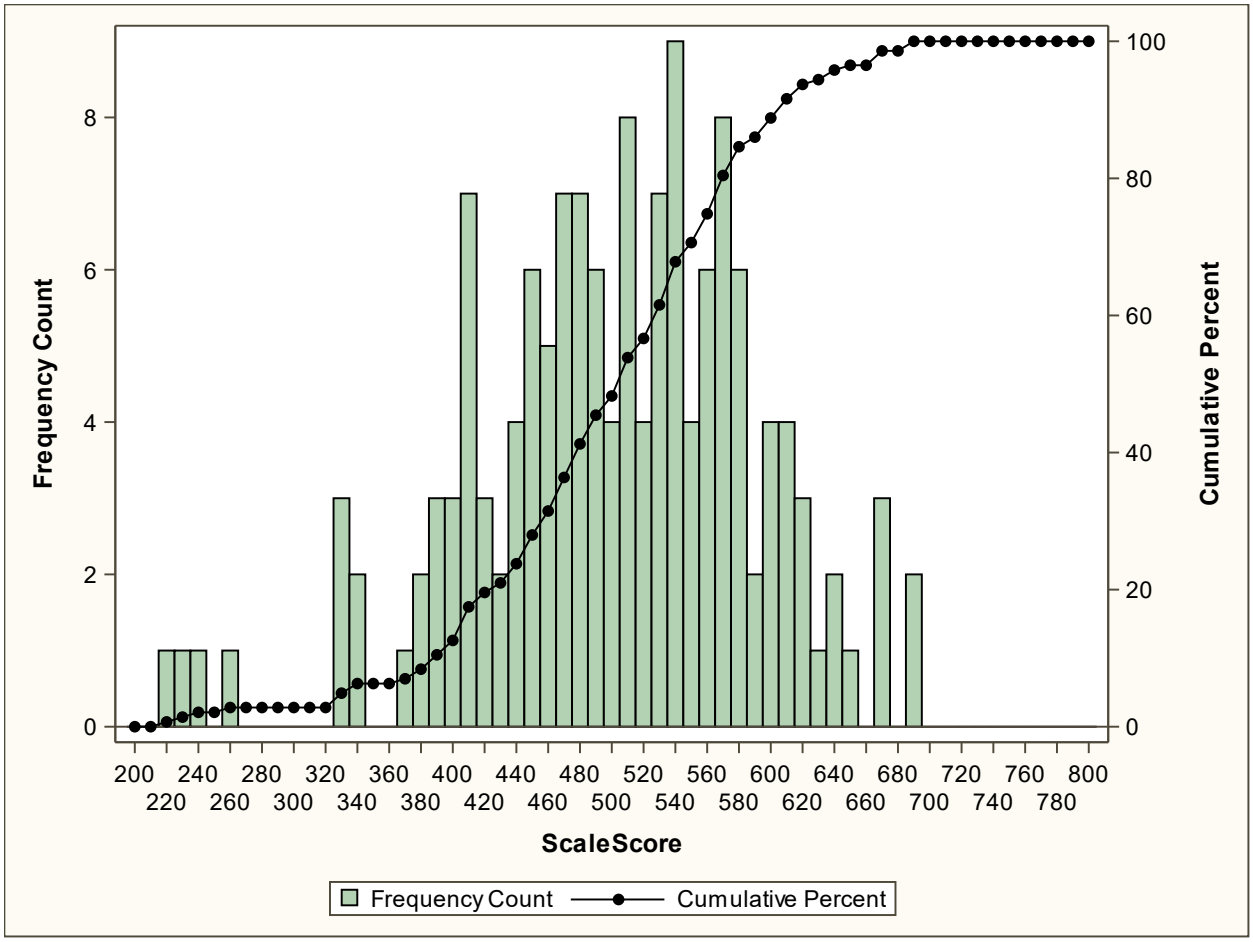
*Frequency distribution for the ADAT Overall scale: 2025*
*Oral Medicine*
*(143 administrations)*

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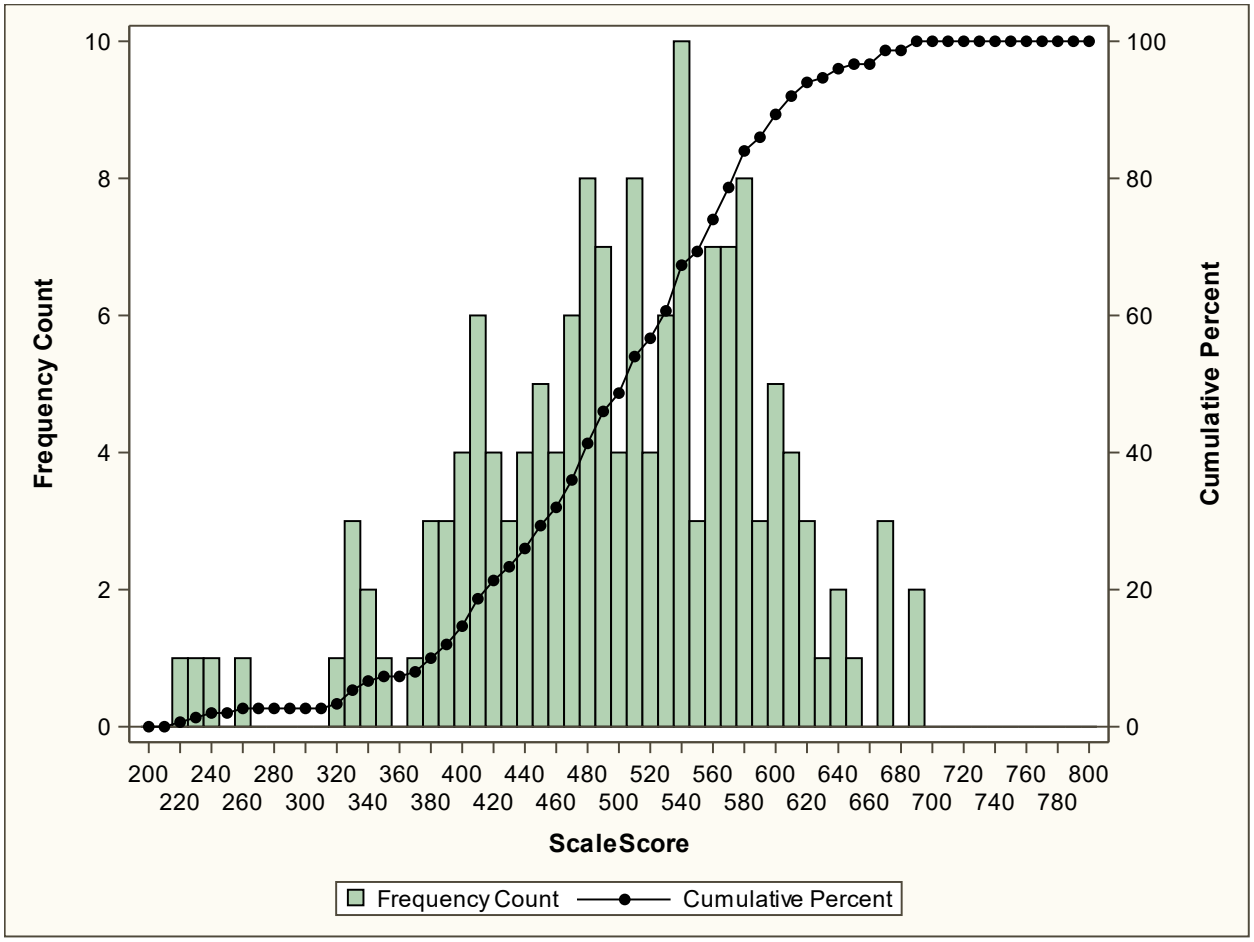
*Frequency distribution for the ADAT Overall scale: 2025*
*Orofacial Pain*
*(150 administrations)*

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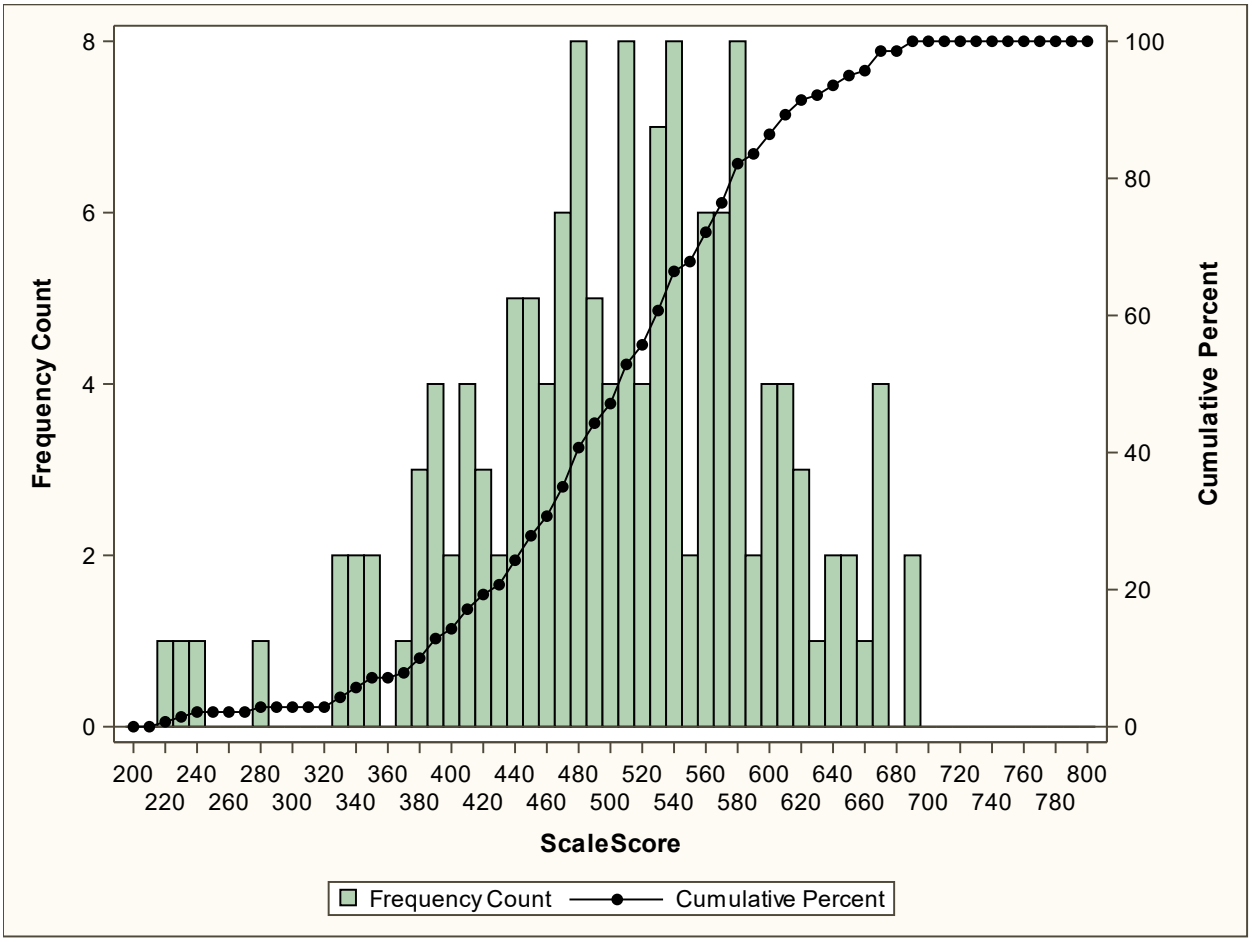
*Frequency distribution for the ADAT Overall scale: 2025*
*Clinical Fellowship in Craniofacial and Special Care Orthodontics*
*(140 administrations)*

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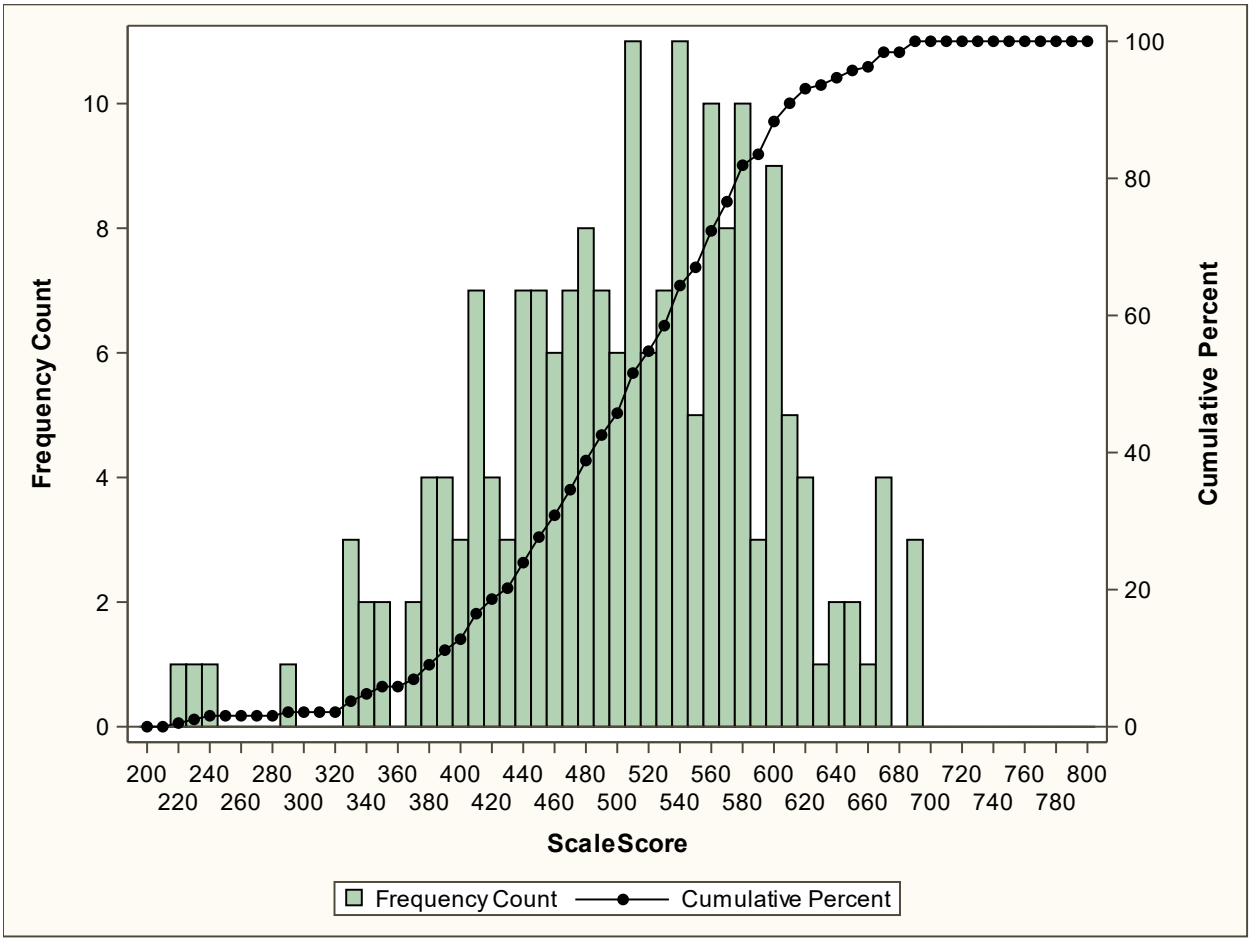
*Frequency distribution for the ADAT Overall scale: 2025*
*Orthodontics and Dentofacial Orthopedics*
*(188 administrations)*

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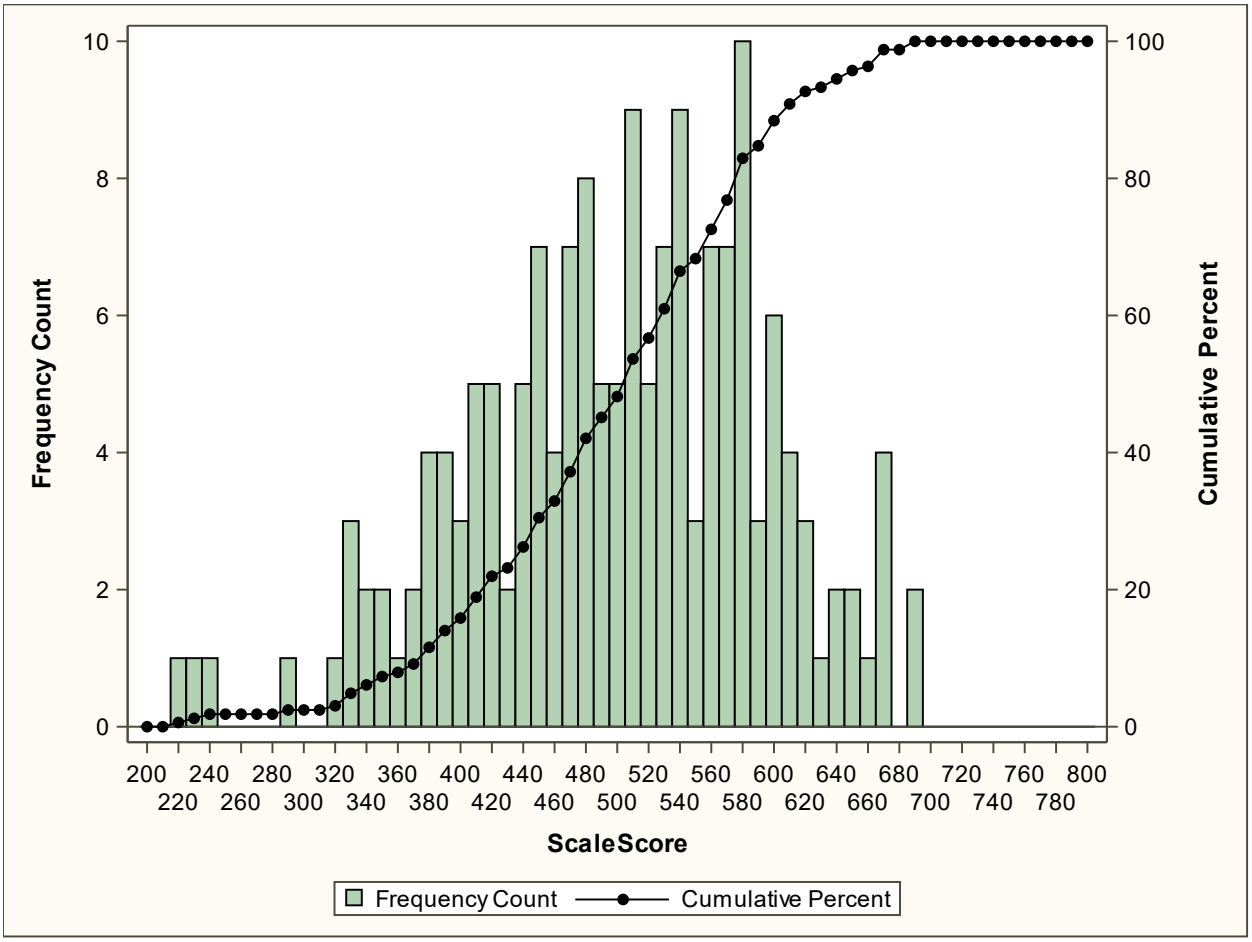
*Frequency distribution for the ADAT Overall scale: 2025*
*Orthodontics/Periodontics*
*(164 administrations)*

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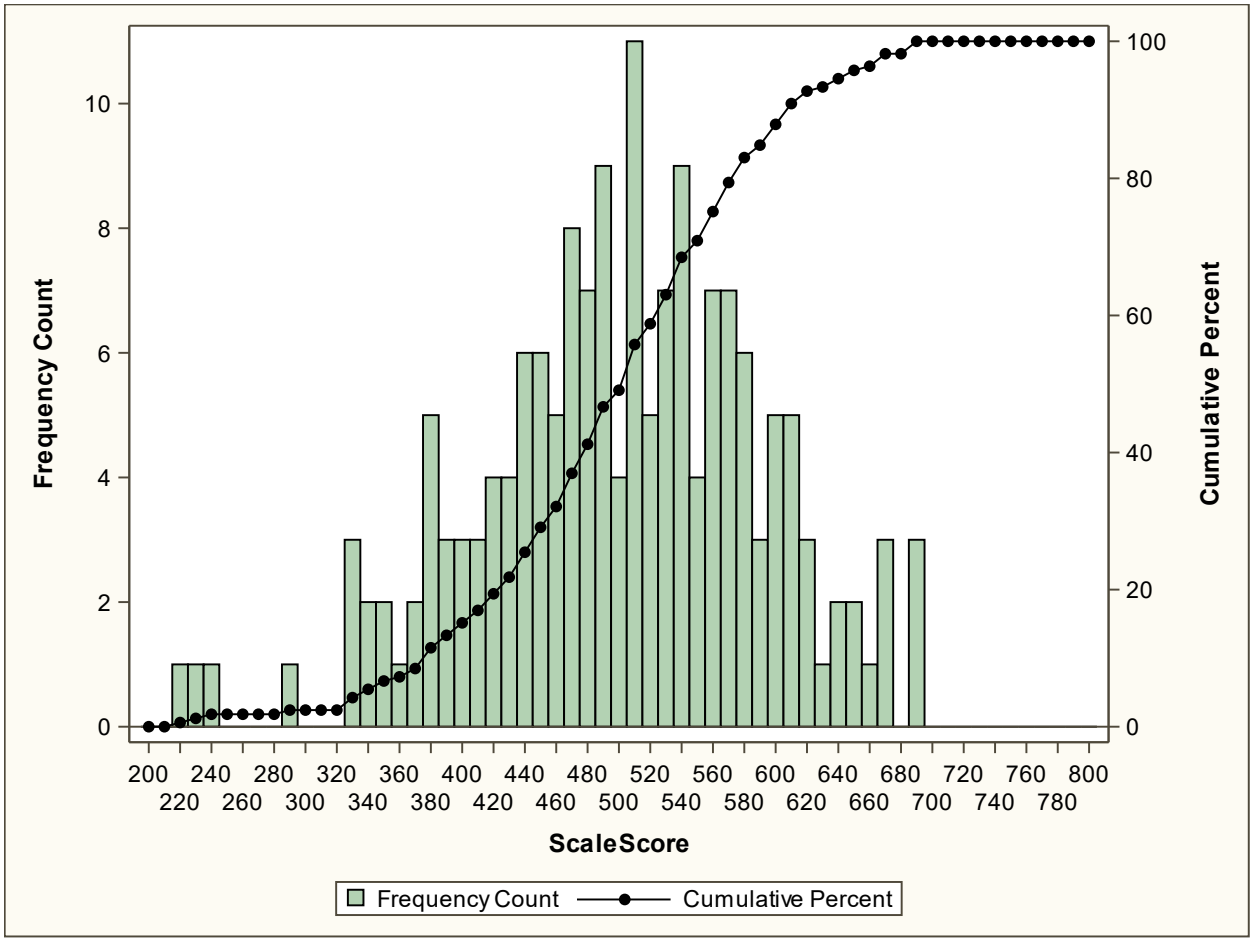
*Frequency distribution for the ADAT Overall scale: 2025*
*Pediatric Dentistry*
*(165 administrations)*

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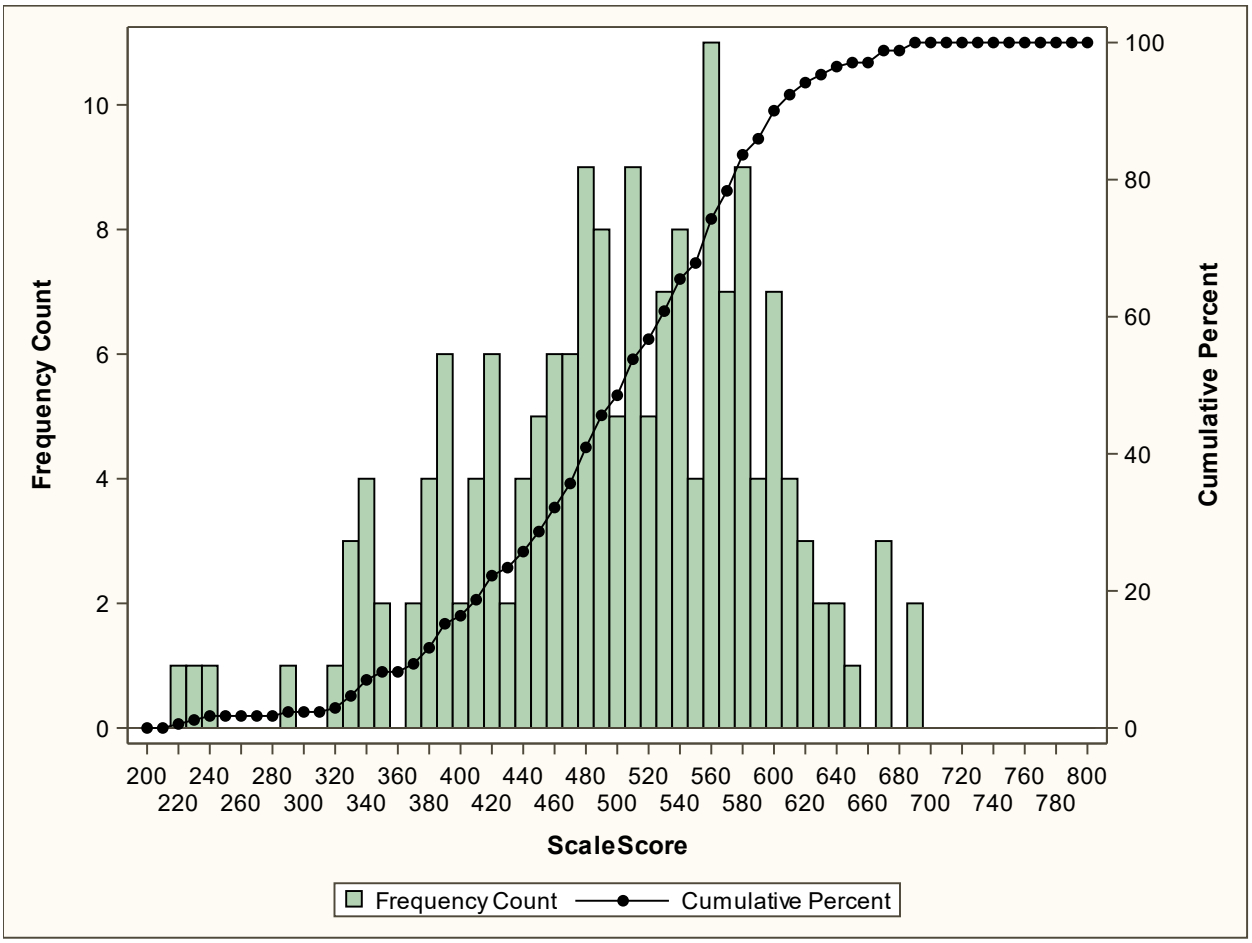
*Frequency distribution for the ADAT Overall scale: 2025*
*Periodontics*
*(171 administrations)*

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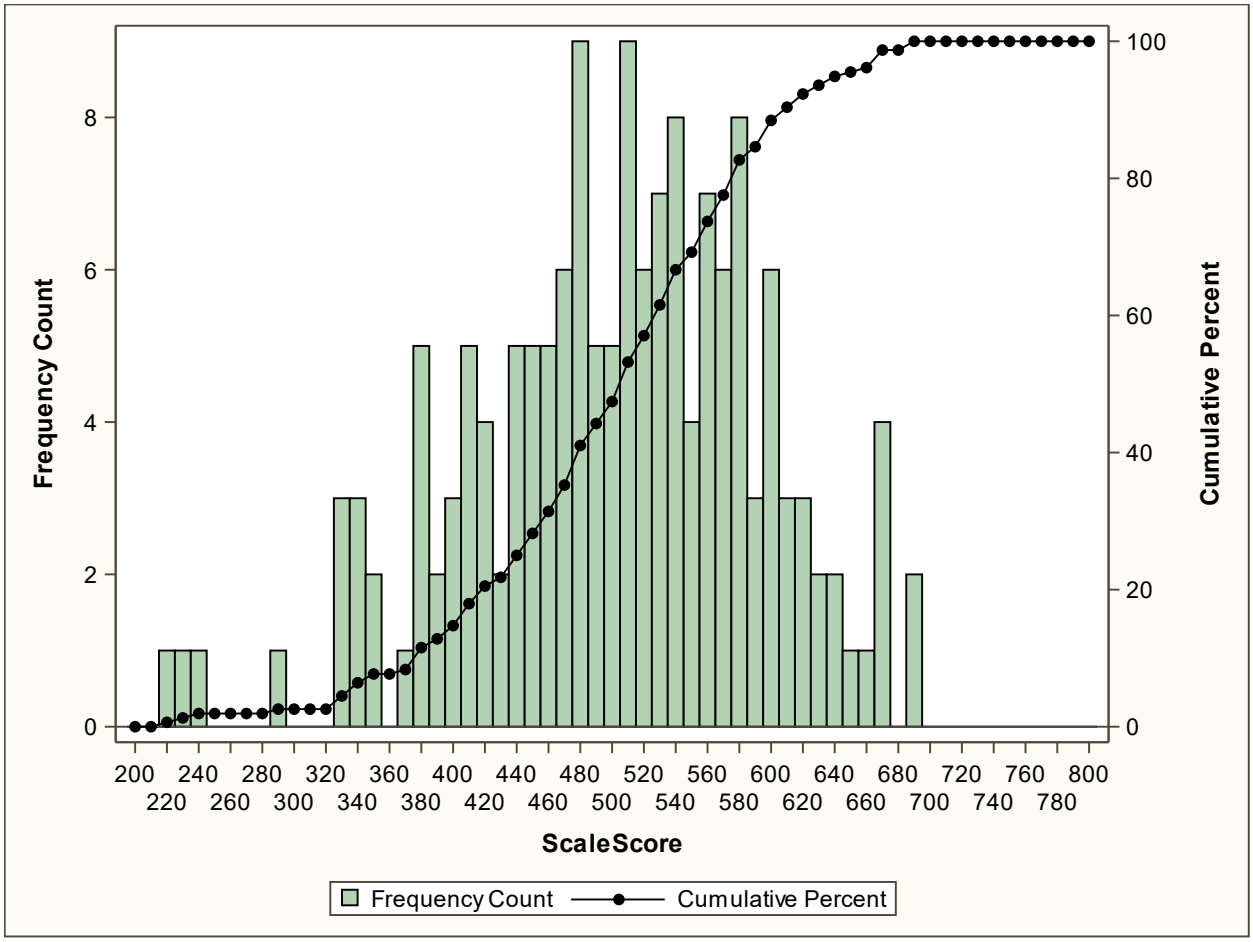
*Frequency distribution for the ADAT Overall scale: 2025*
*Prosthodontics*
*(156 administrations)*

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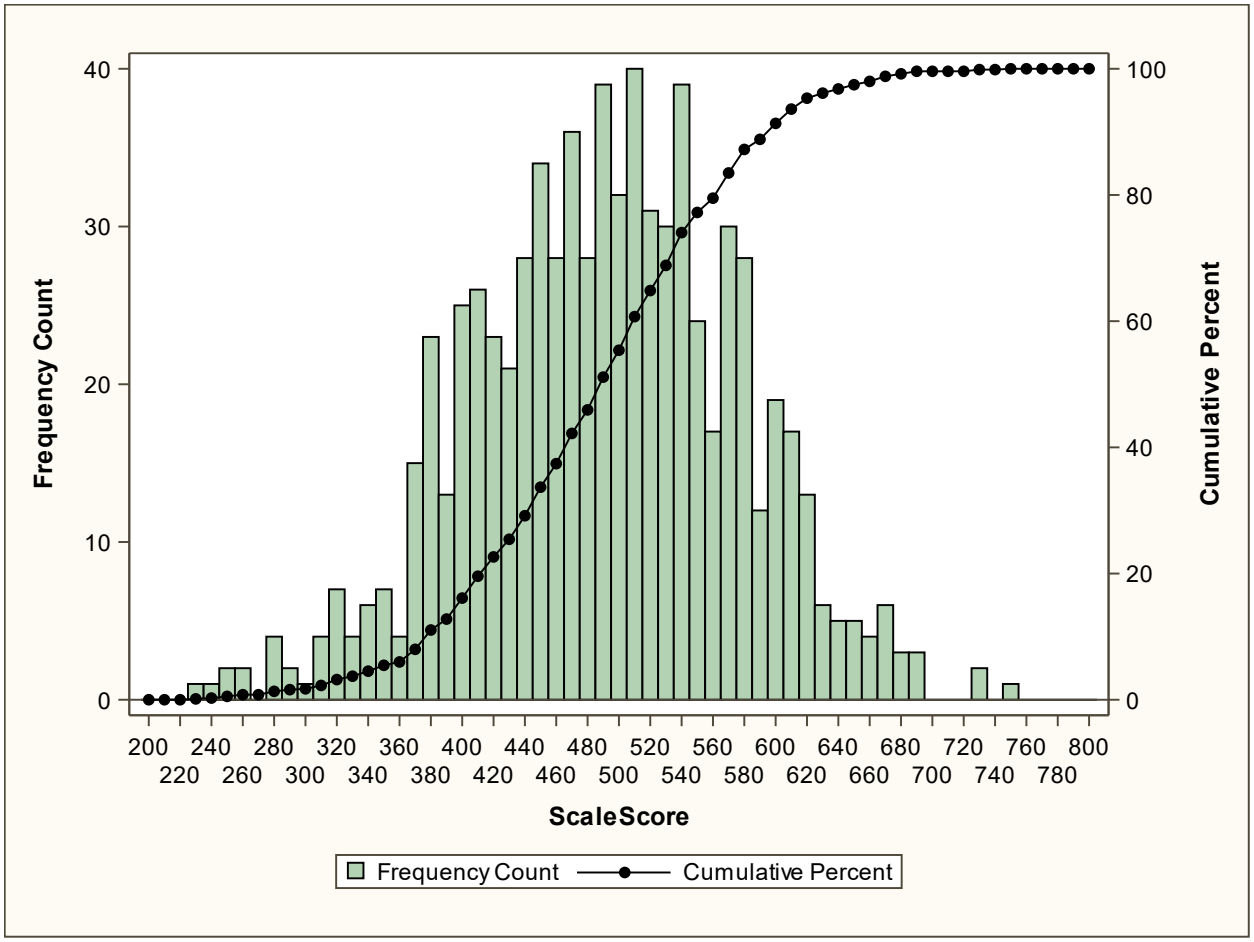
**Appendix D2: Frequency Distributions for ADAT Overall Scales, by Specialty: 2021-2025**

*Note: Frequency distributions are provided for specialties selected by 80 or more candidates.*

*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Advanced Education in General Dentistry, 12 Months*
*(751 administrations)*

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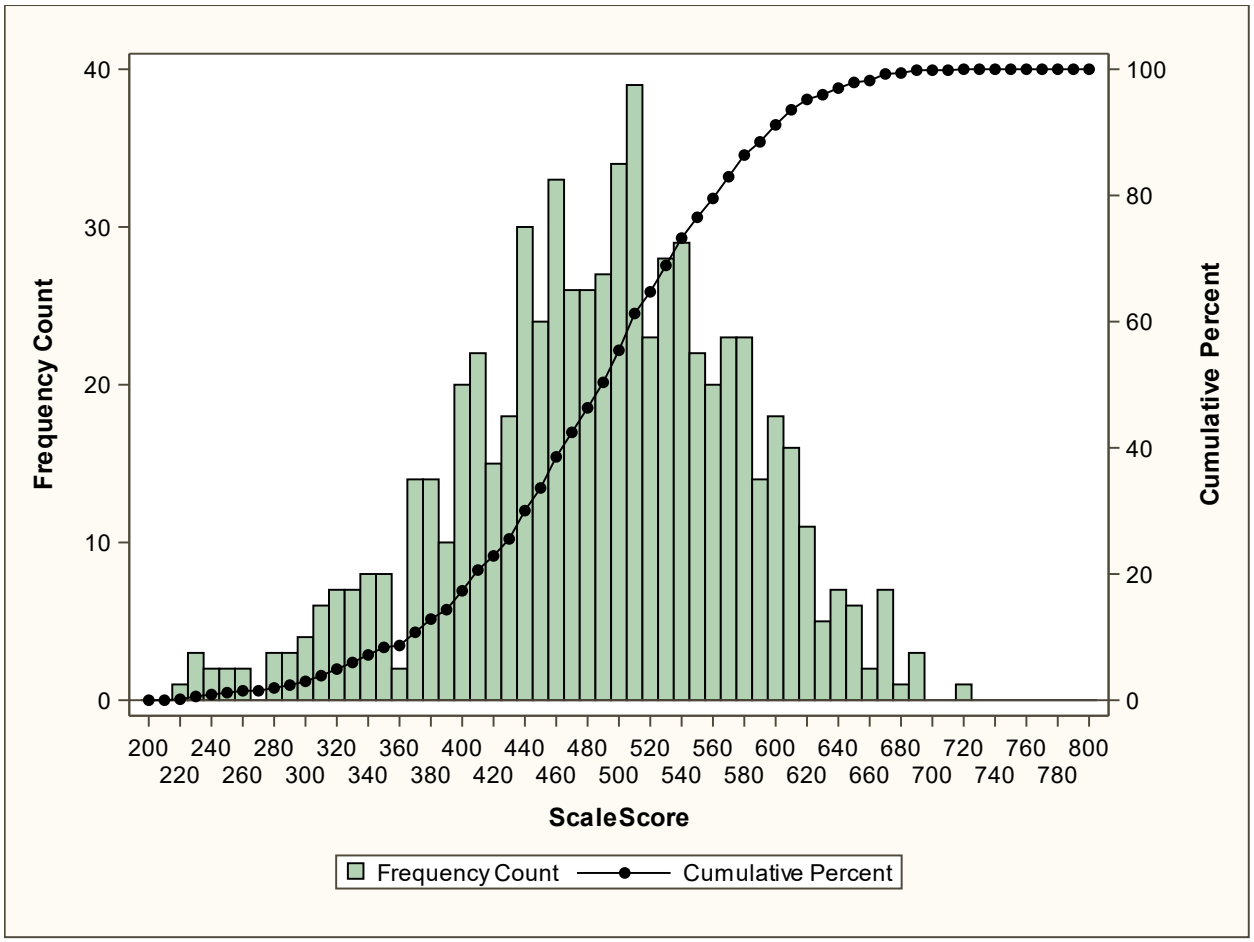
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Advanced Education in General Dentistry, 24 Months*
*(669 administrations)*

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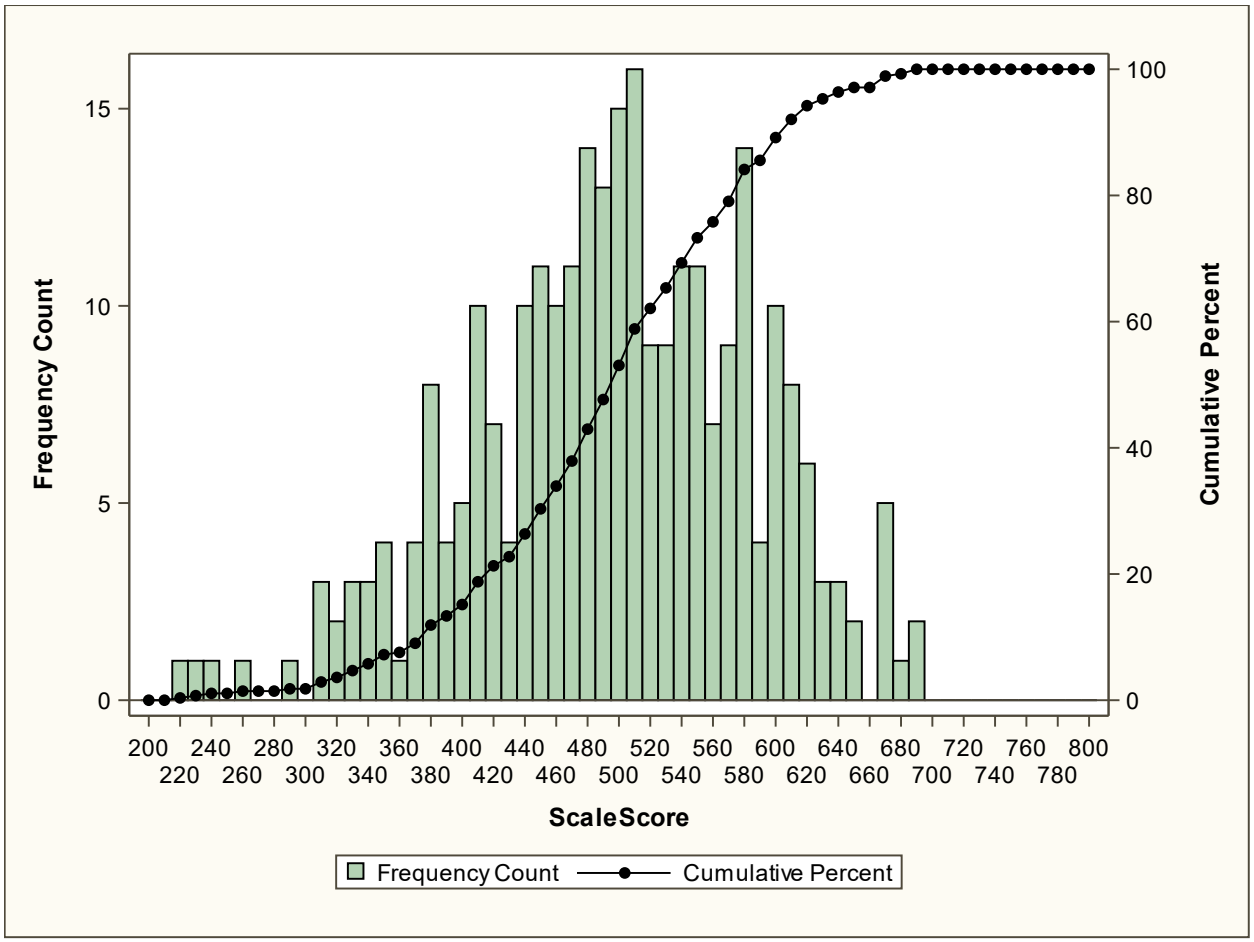
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Dental Anesthesiology*
*(277 administrations)*

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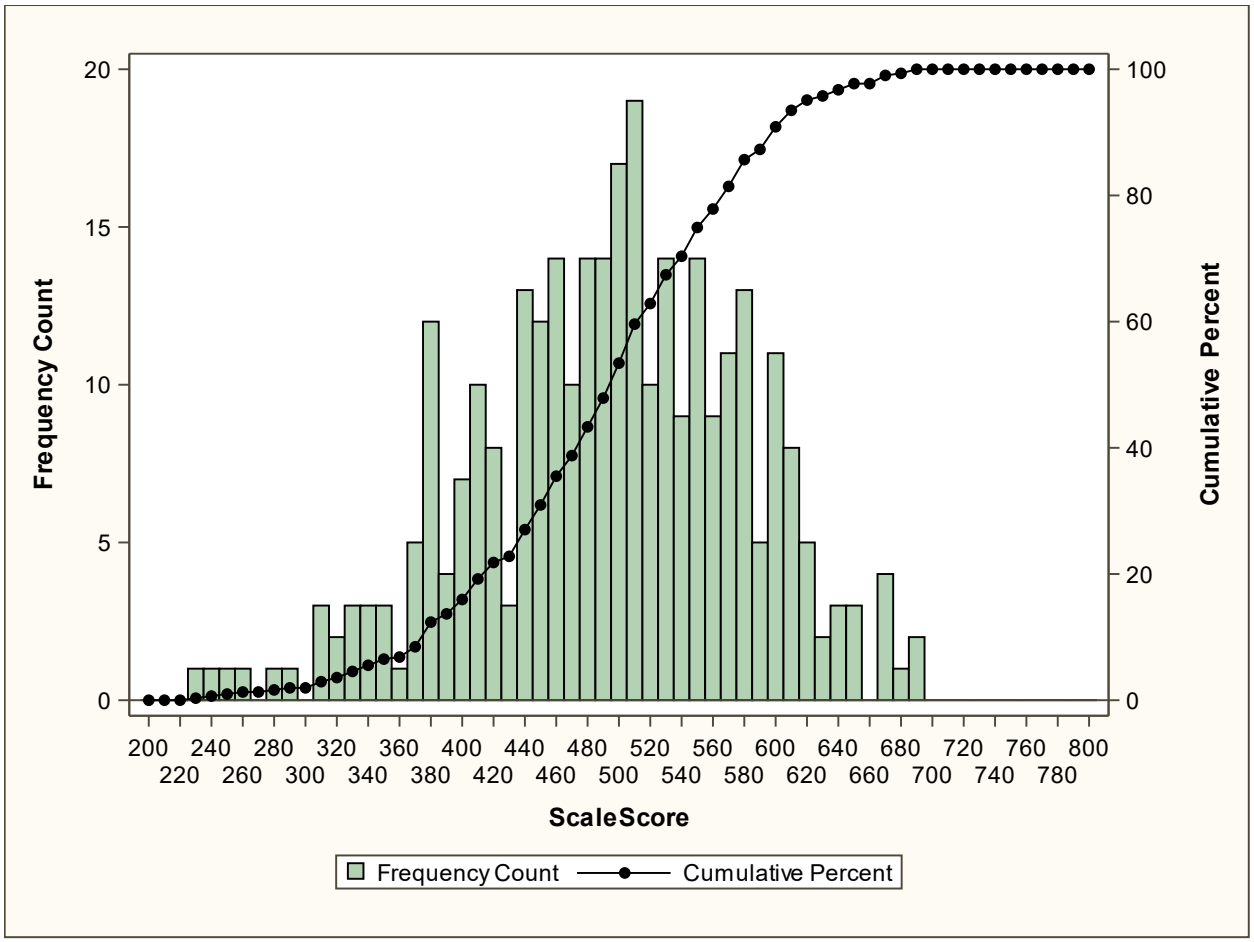
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Dental Public Health*
*(307 administrations)*

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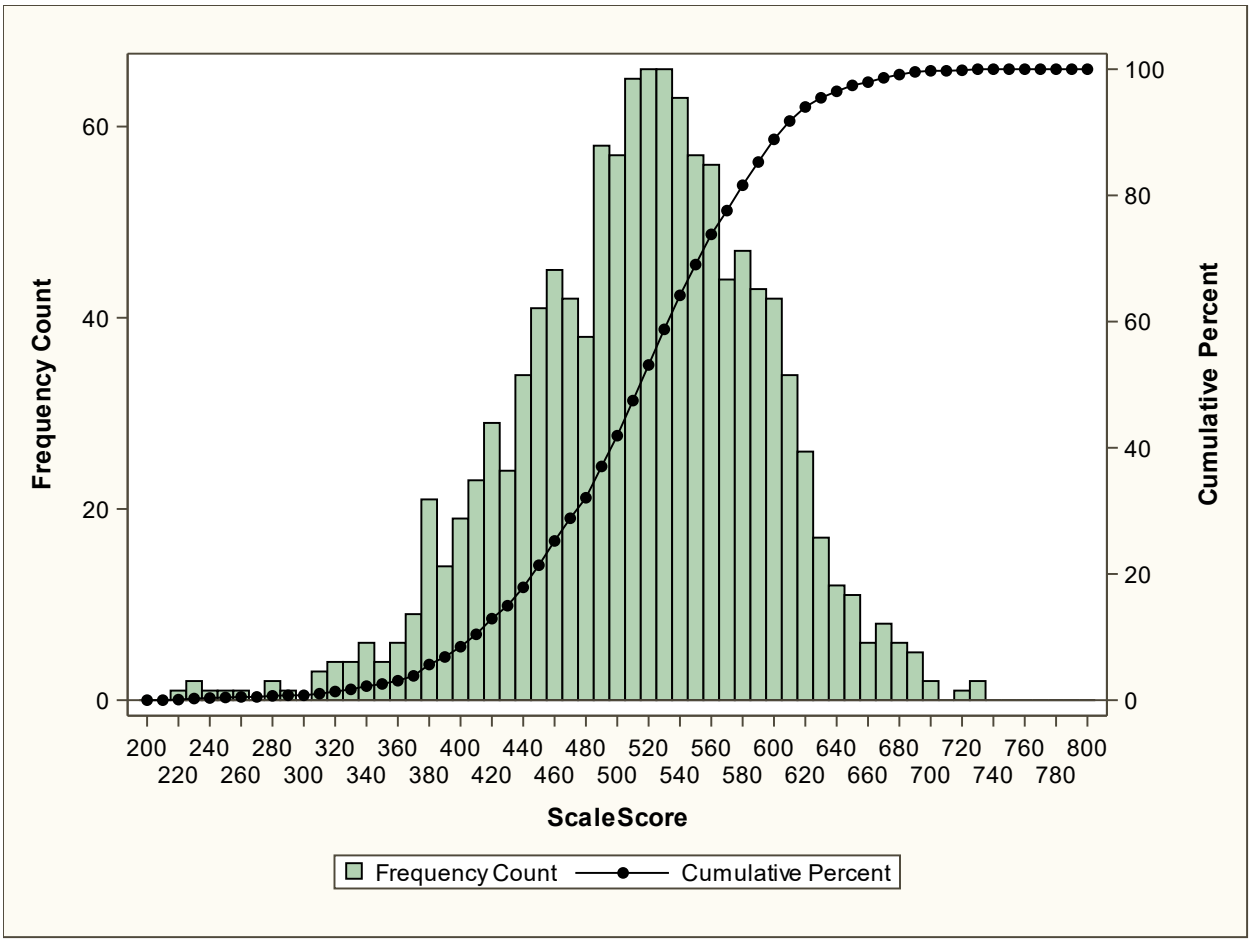
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Endodontics*
*(1,169 administrations)*

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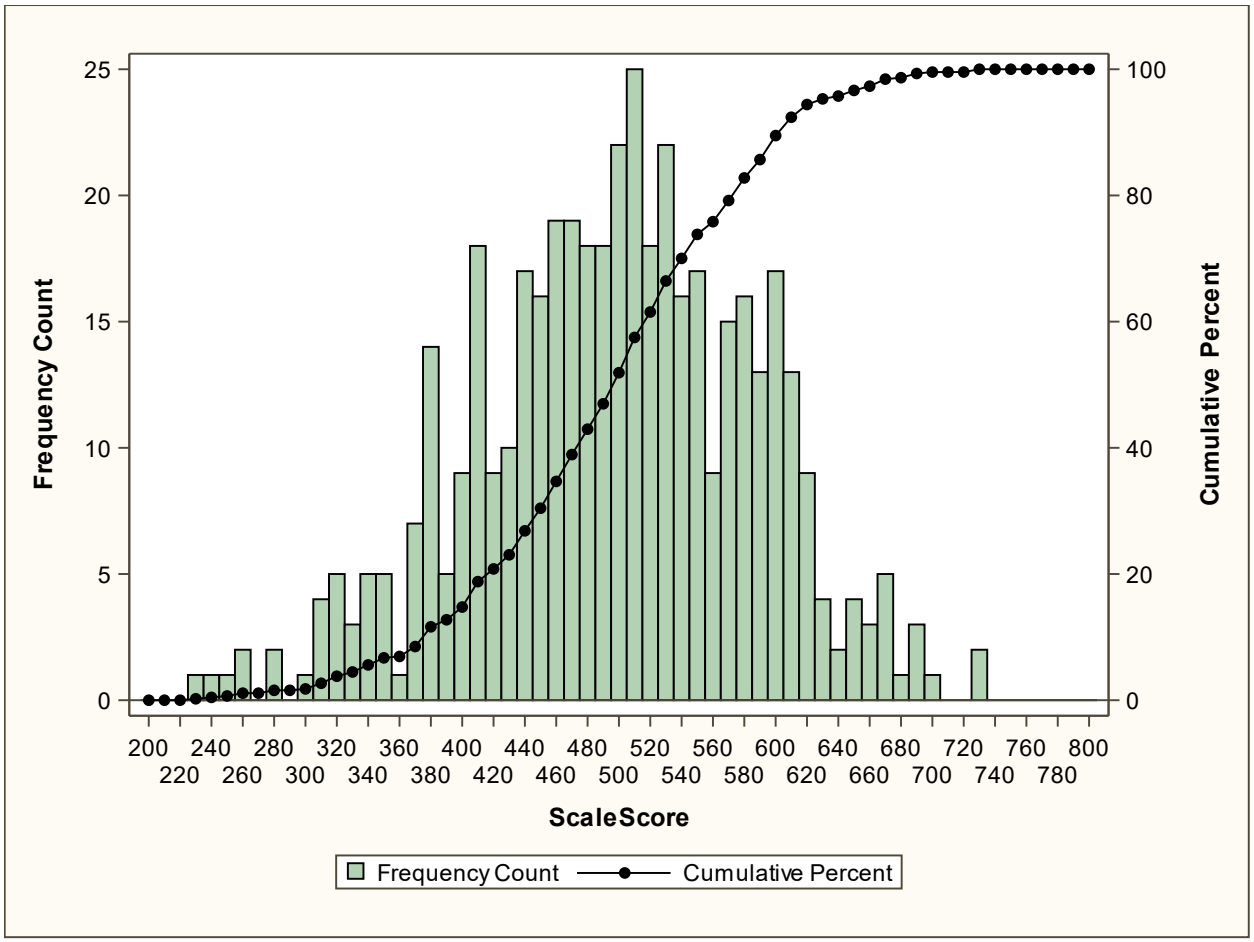
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*General Practice Residency, 12 Months*
*(447 administrations)*

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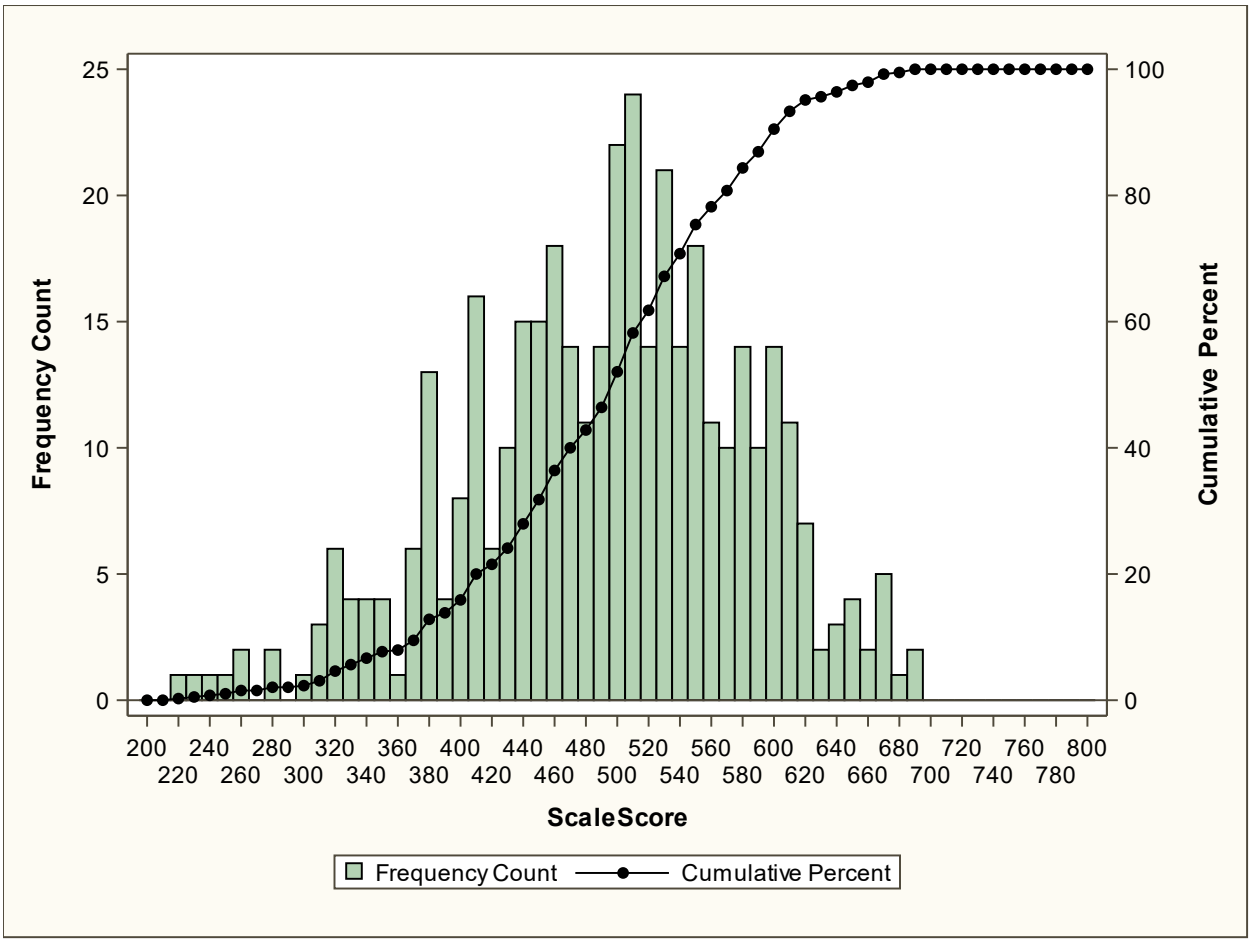
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*General Practice Residency, 24 Months*
*(390 administrations)*

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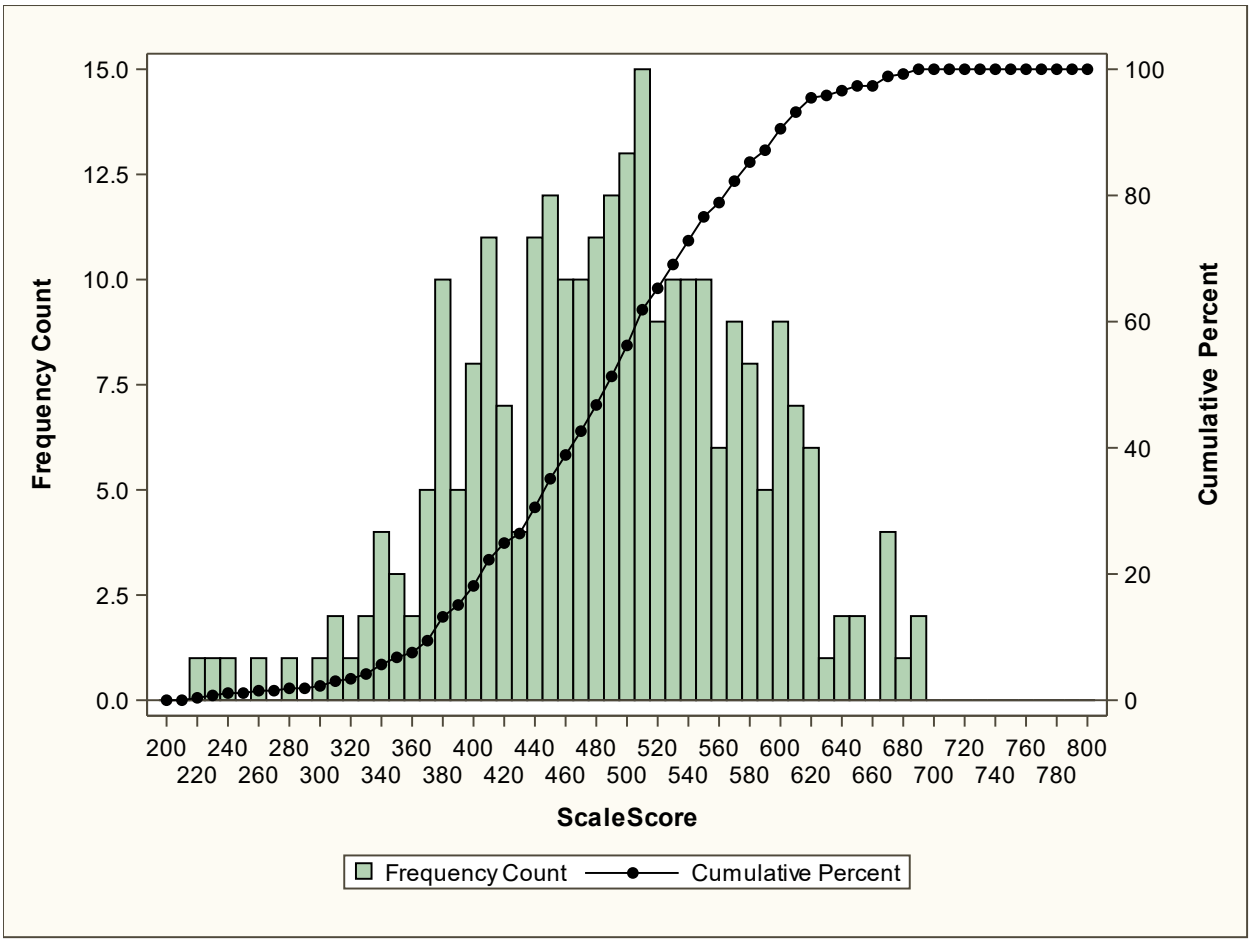
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Oral and Maxillofacial Surgery Clinical Fellowships Cosmetic*
*(265 administrations)*

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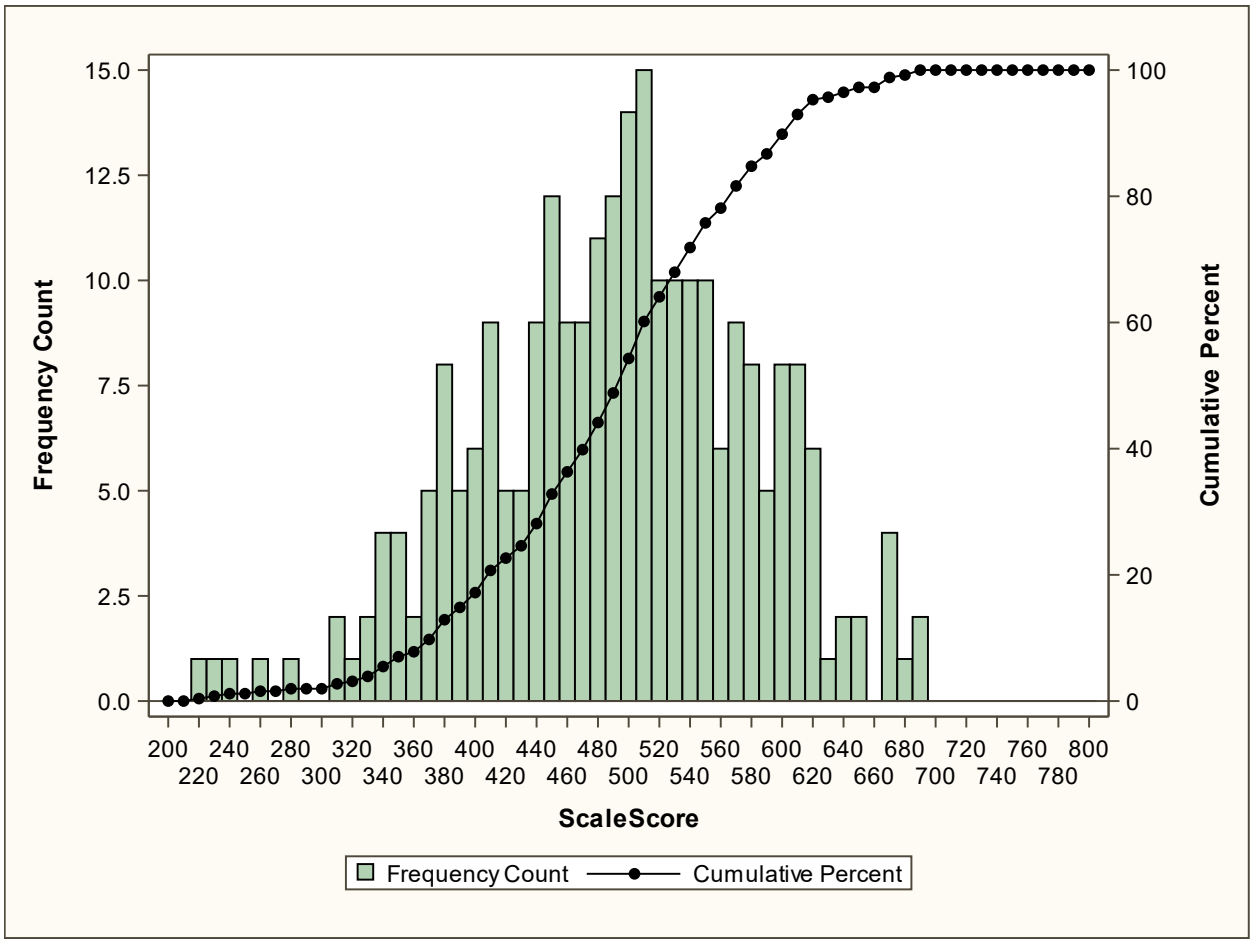
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Oral and Maxillofacial Surgery Clinical Fellowships Craniofacial*
*(256 administrations)*

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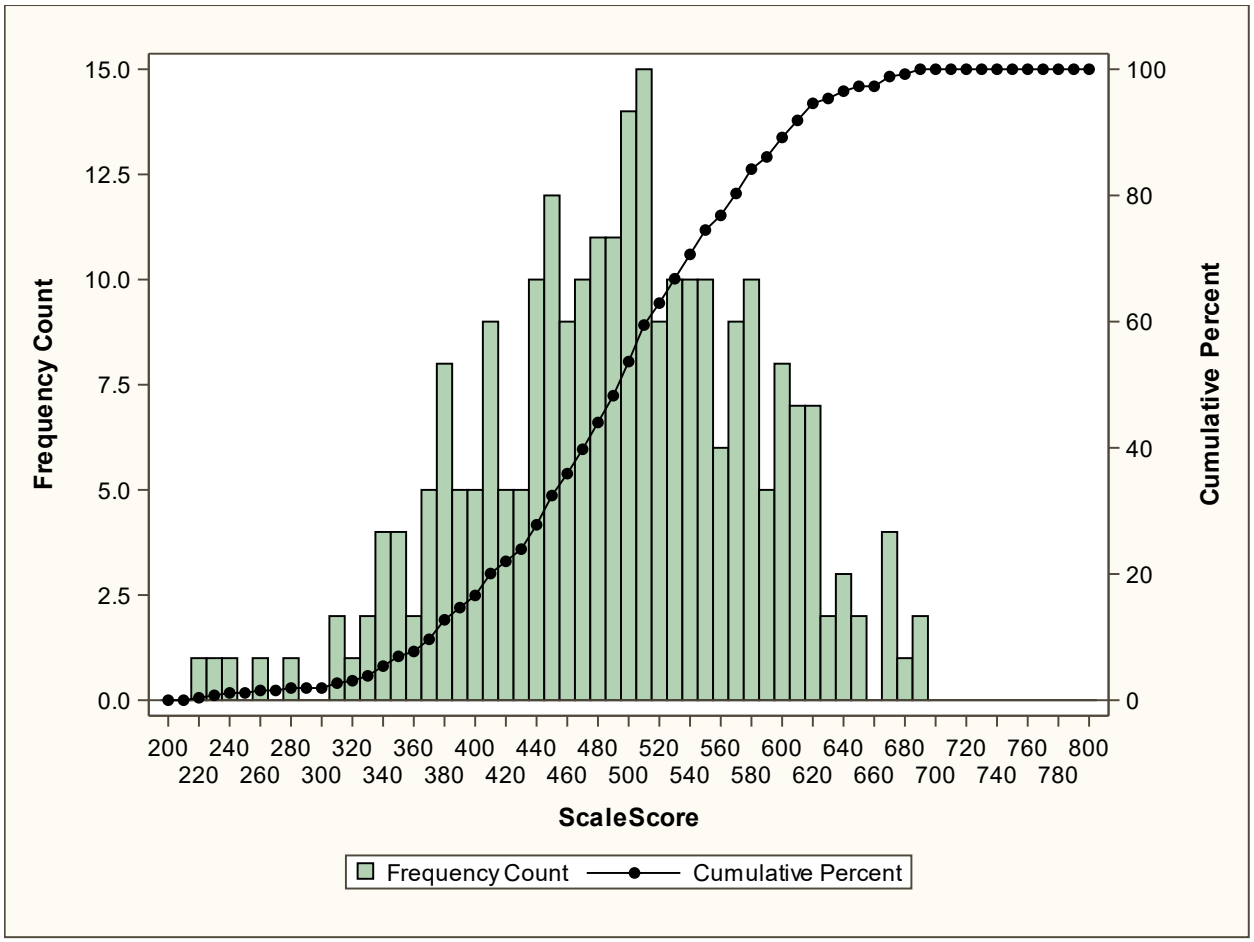
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Oral and Maxillofacial Surgery Clinical Fellowships Oncology*
*(259 administrations)*

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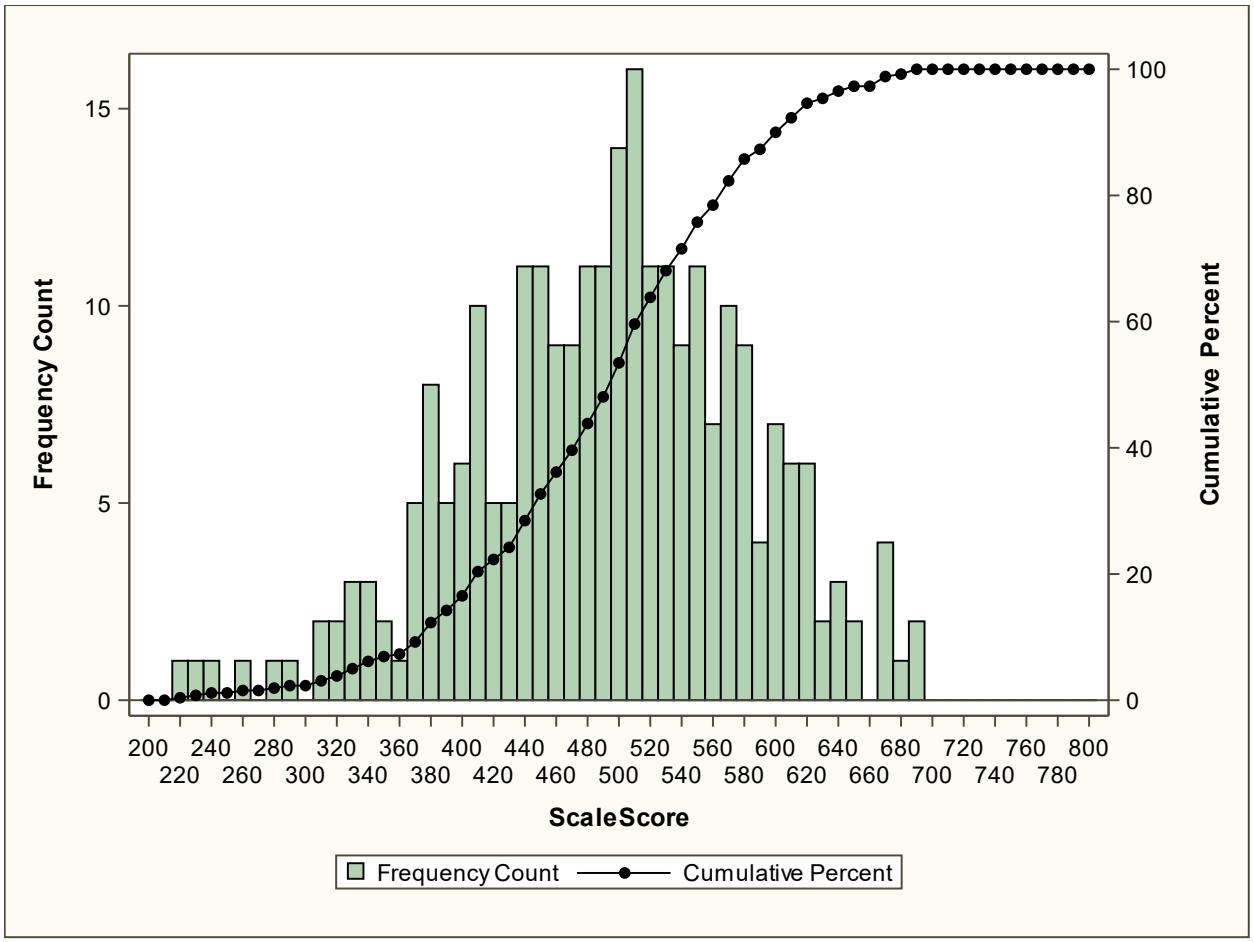
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Maxillofacial Prosthetics*
*(260 administrations)*

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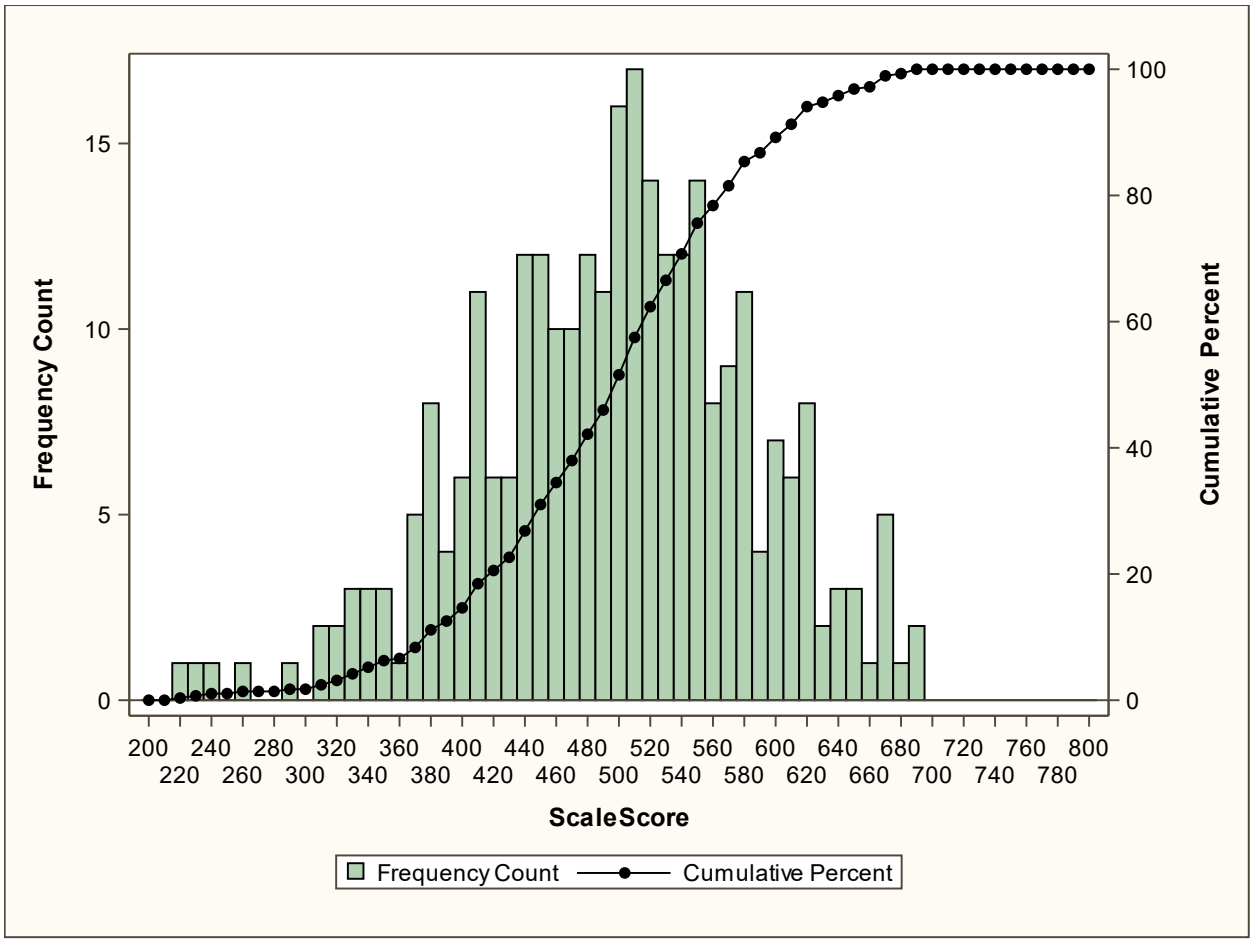
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Prosthodontics/Maxillofacial Prosthetics*
*(287 administrations)*

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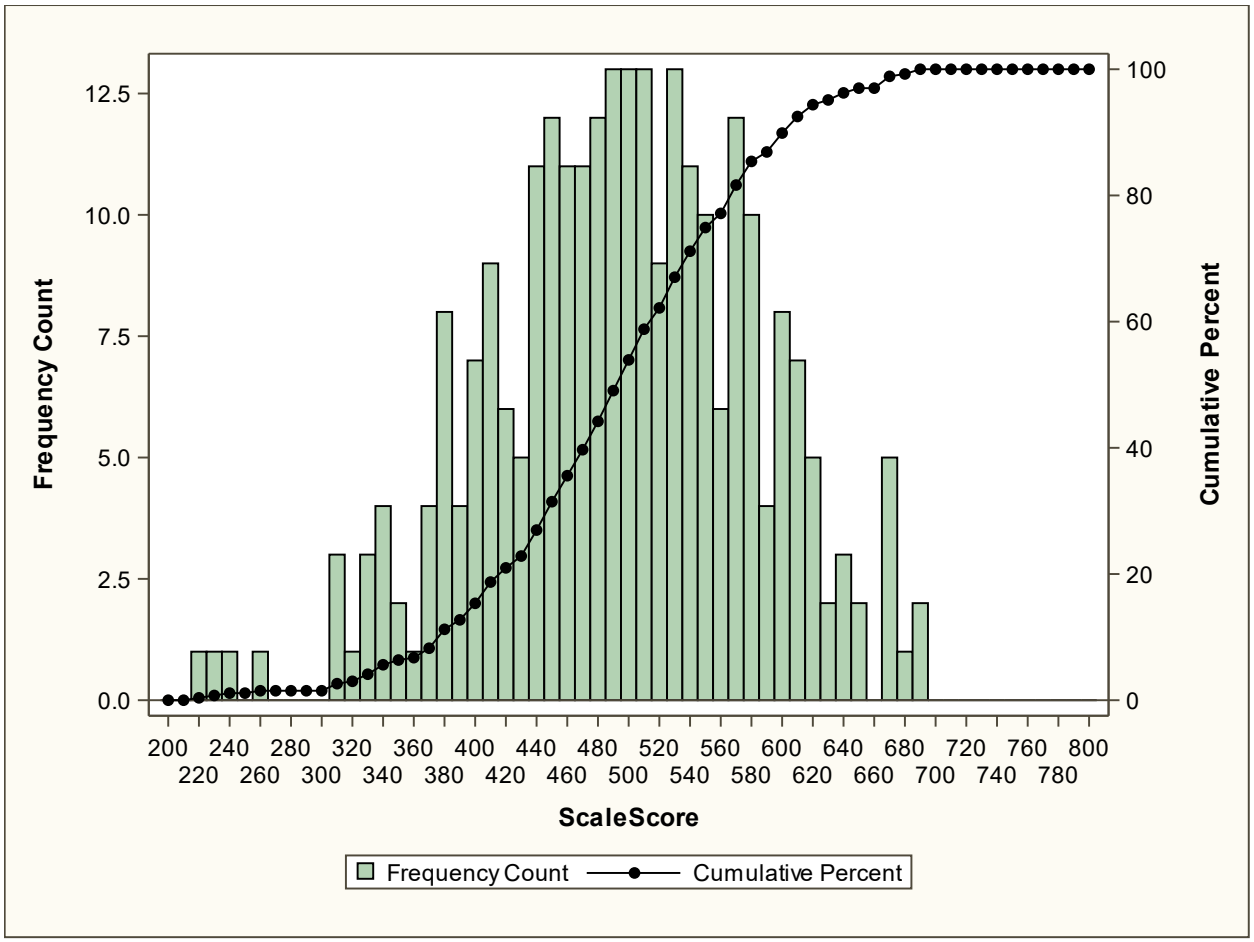
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Oral and Maxillofacial Pathology*
*(267 administrations)*

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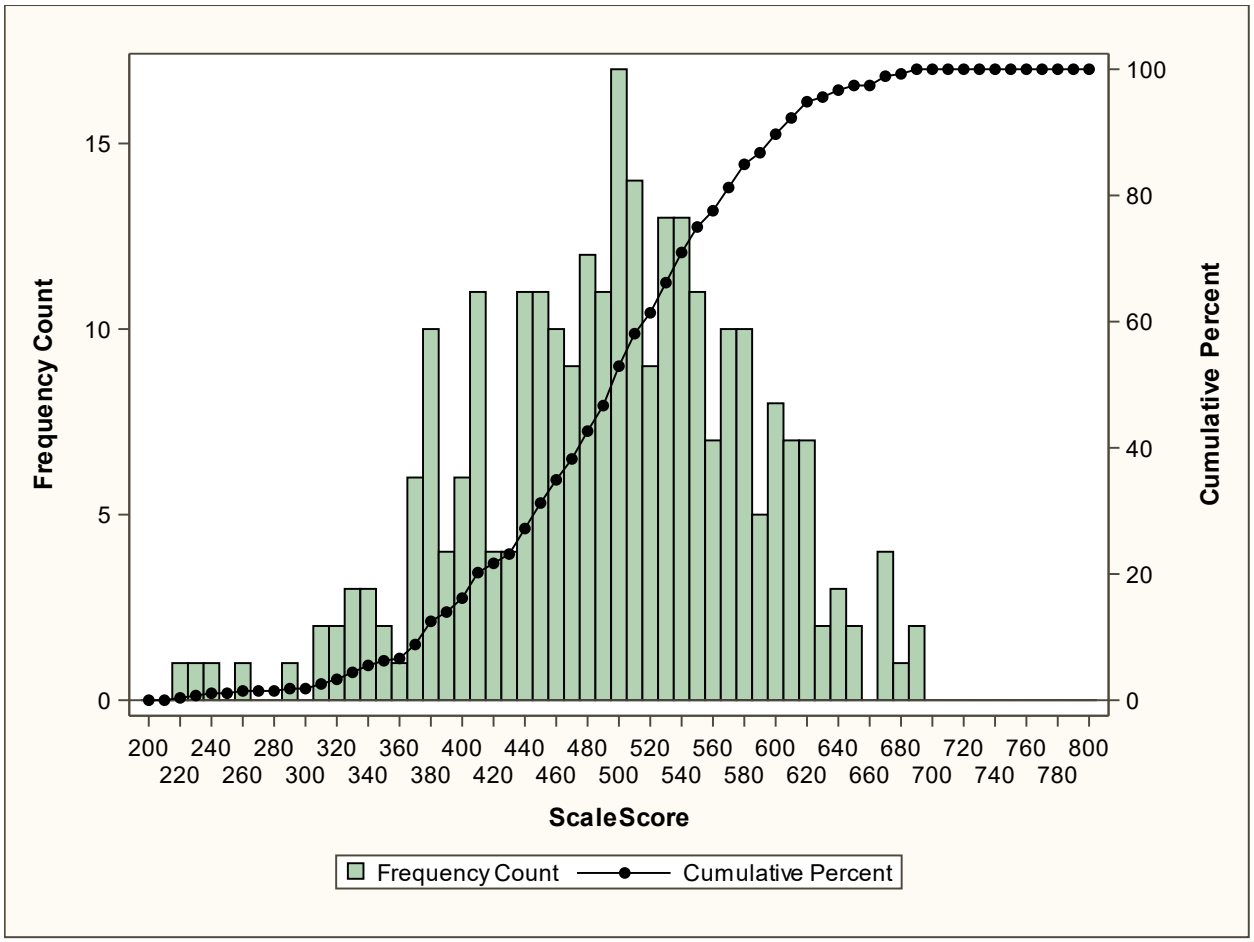
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Oral and Maxillofacial Radiology*
*(272 administrations)*

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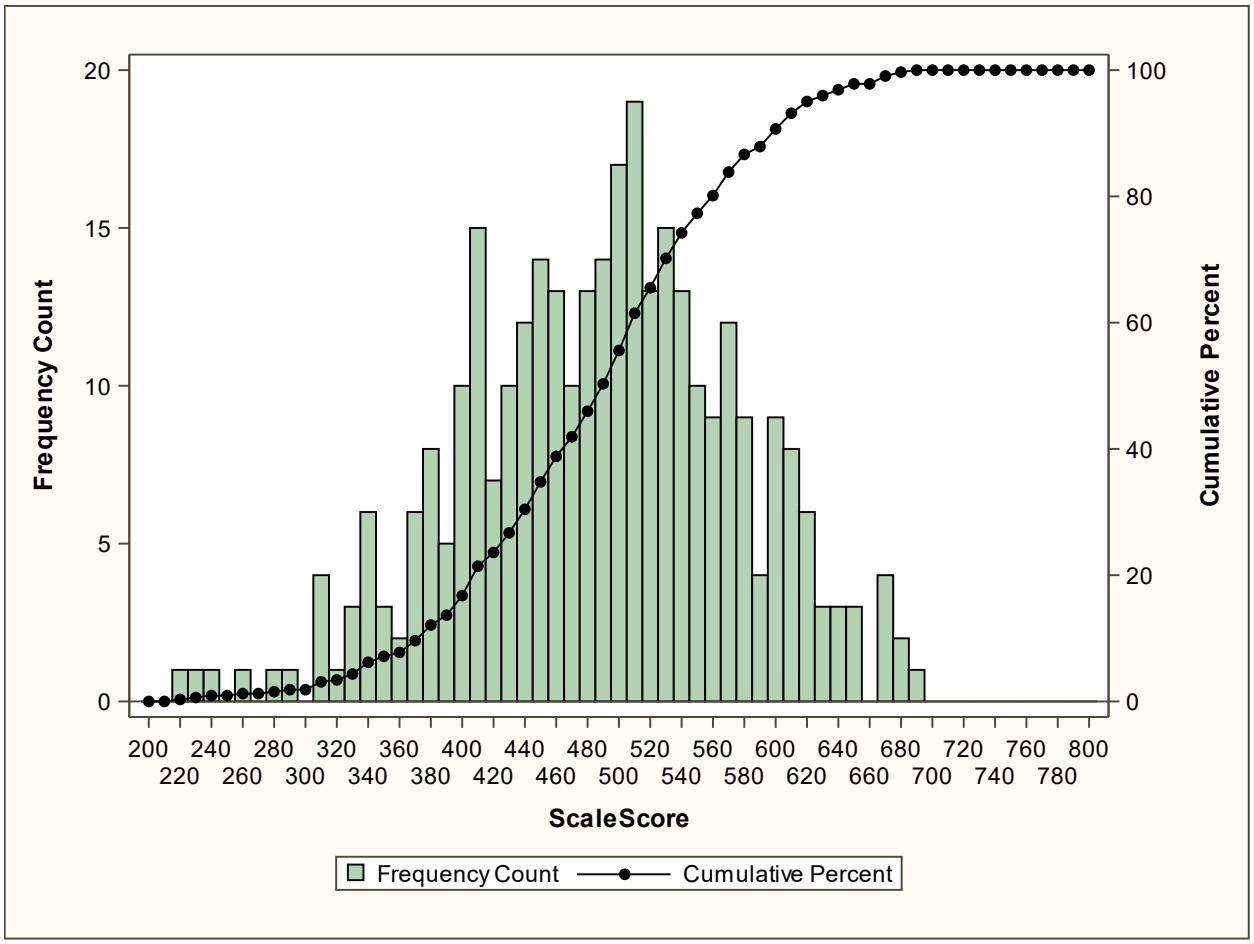
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Oral and Maxillofacial Surgery*
*(322 administrations)*

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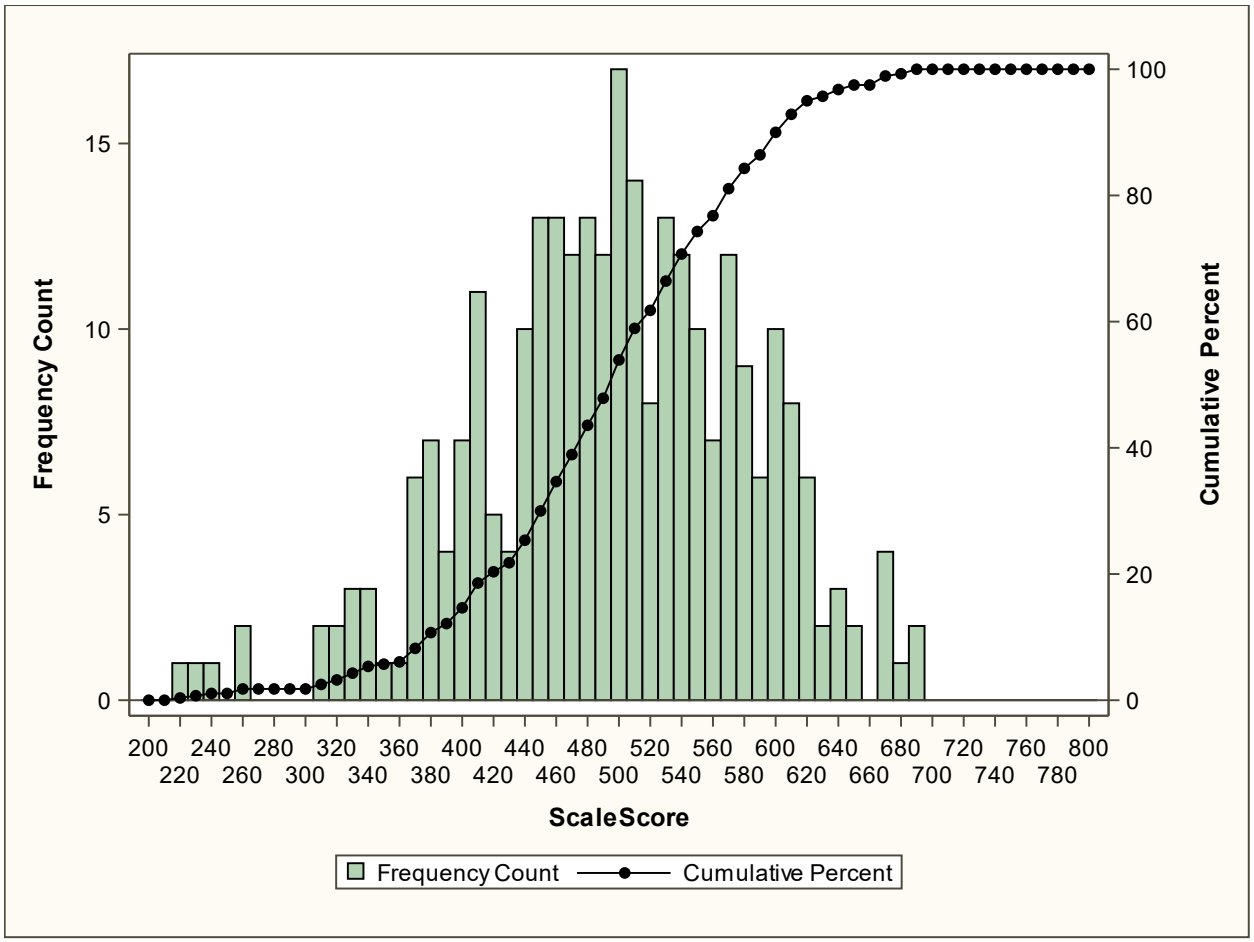
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Oral Medicine*
*(280 administrations)*

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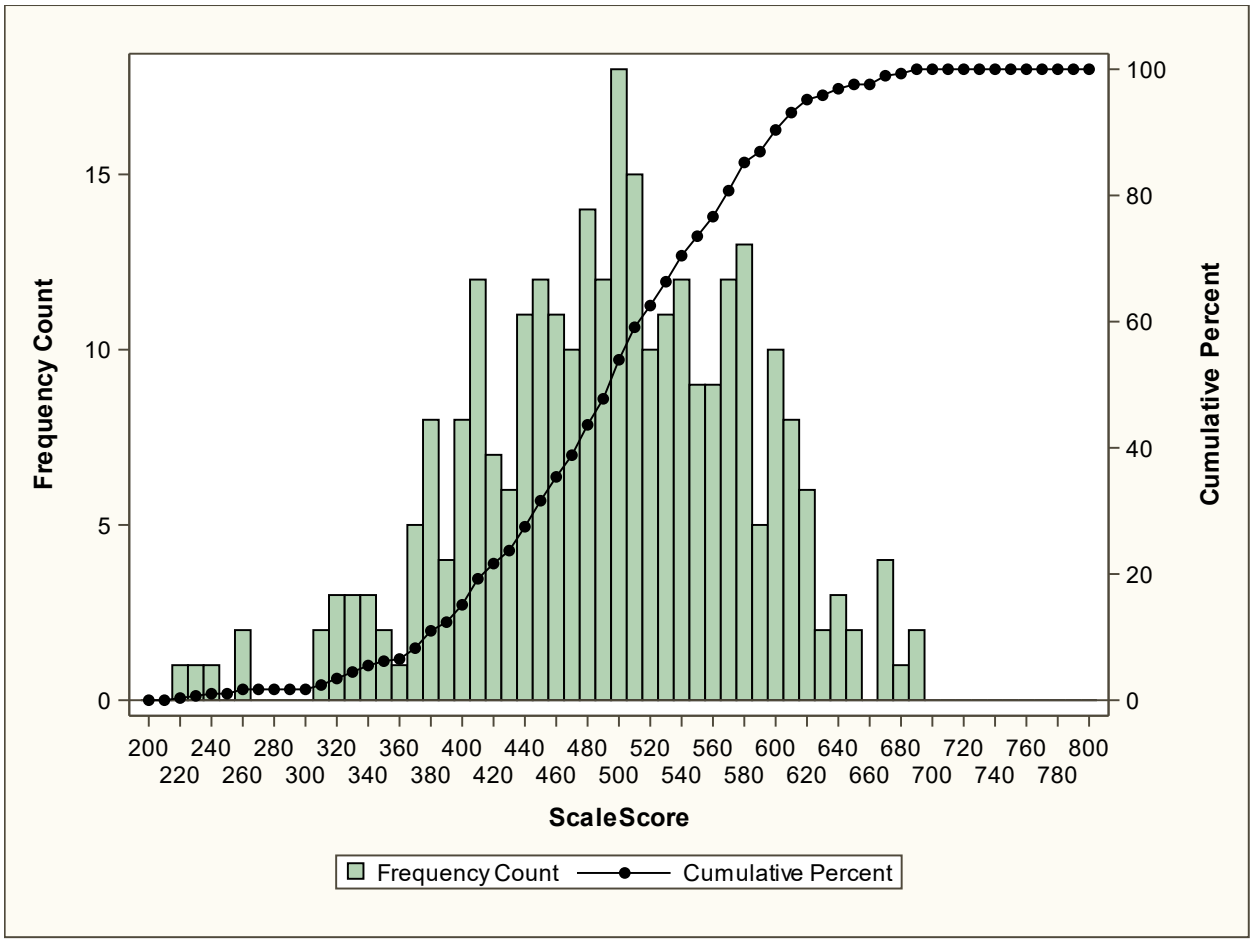
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Orofacial Pain*
*(291 administrations)*

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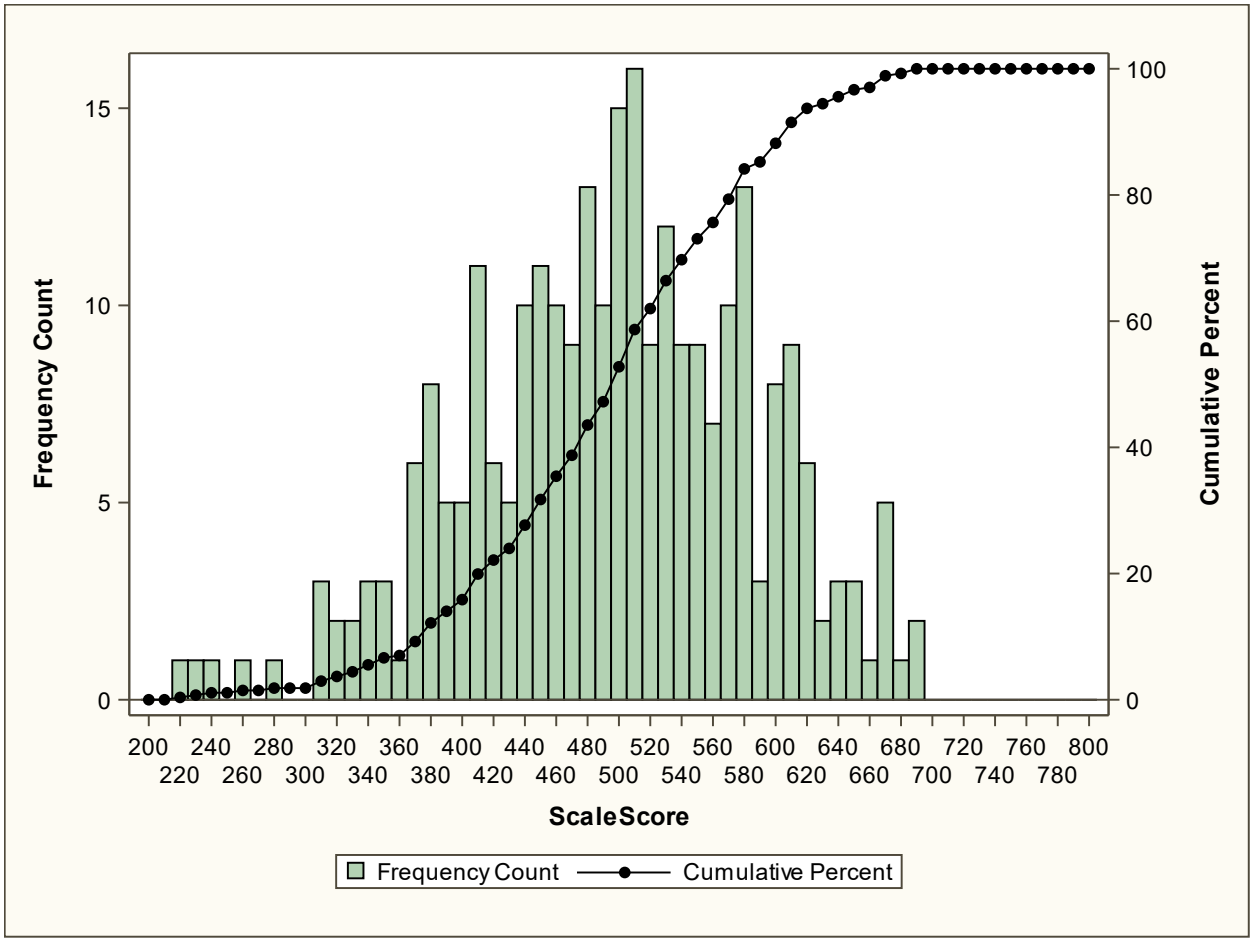
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Clinical Fellowship in Craniofacial and Special Care Orthodontics*
*(271 administrations)*

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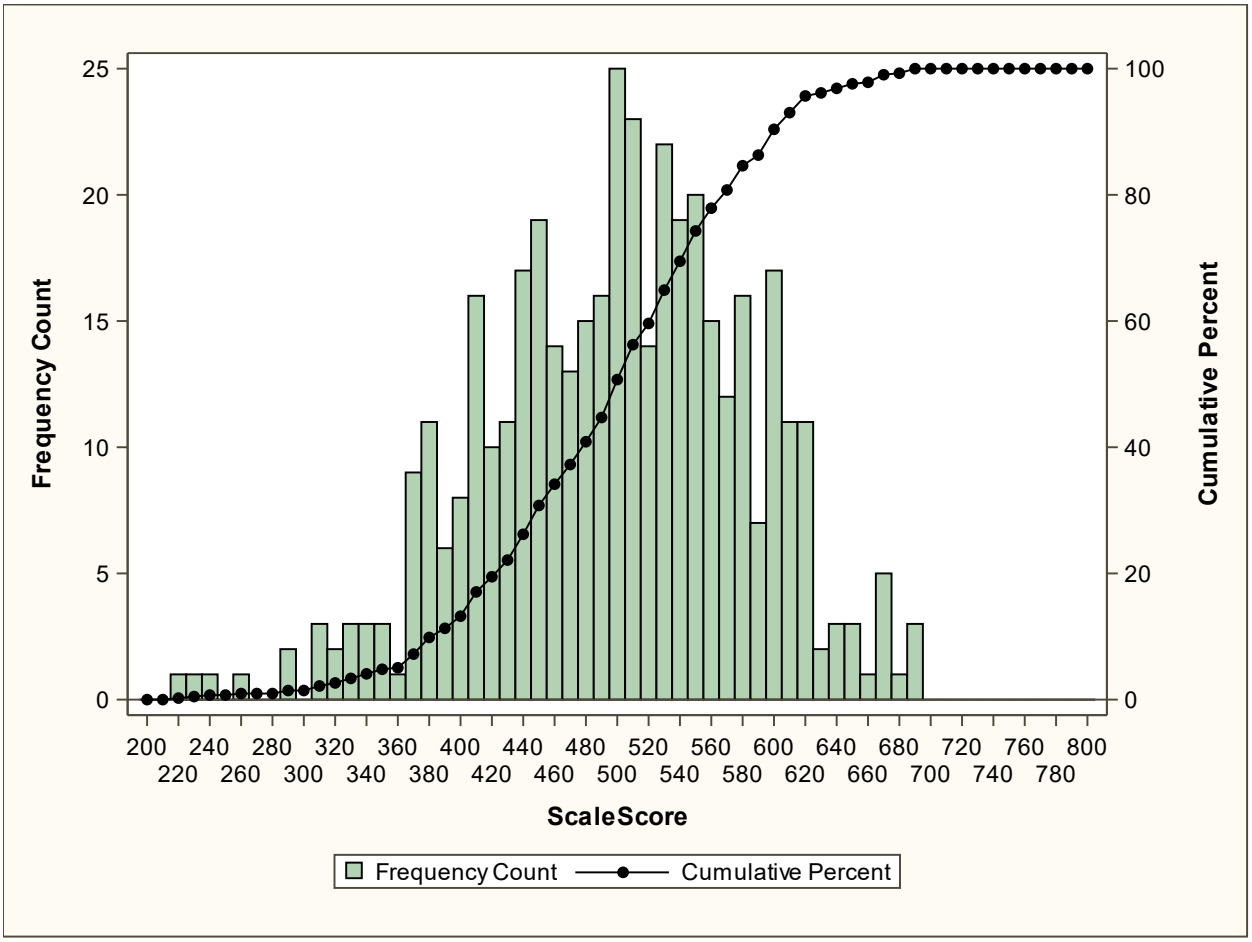
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Orthodontics and Dentofacial Orthopedics*
*(416 administrations)*

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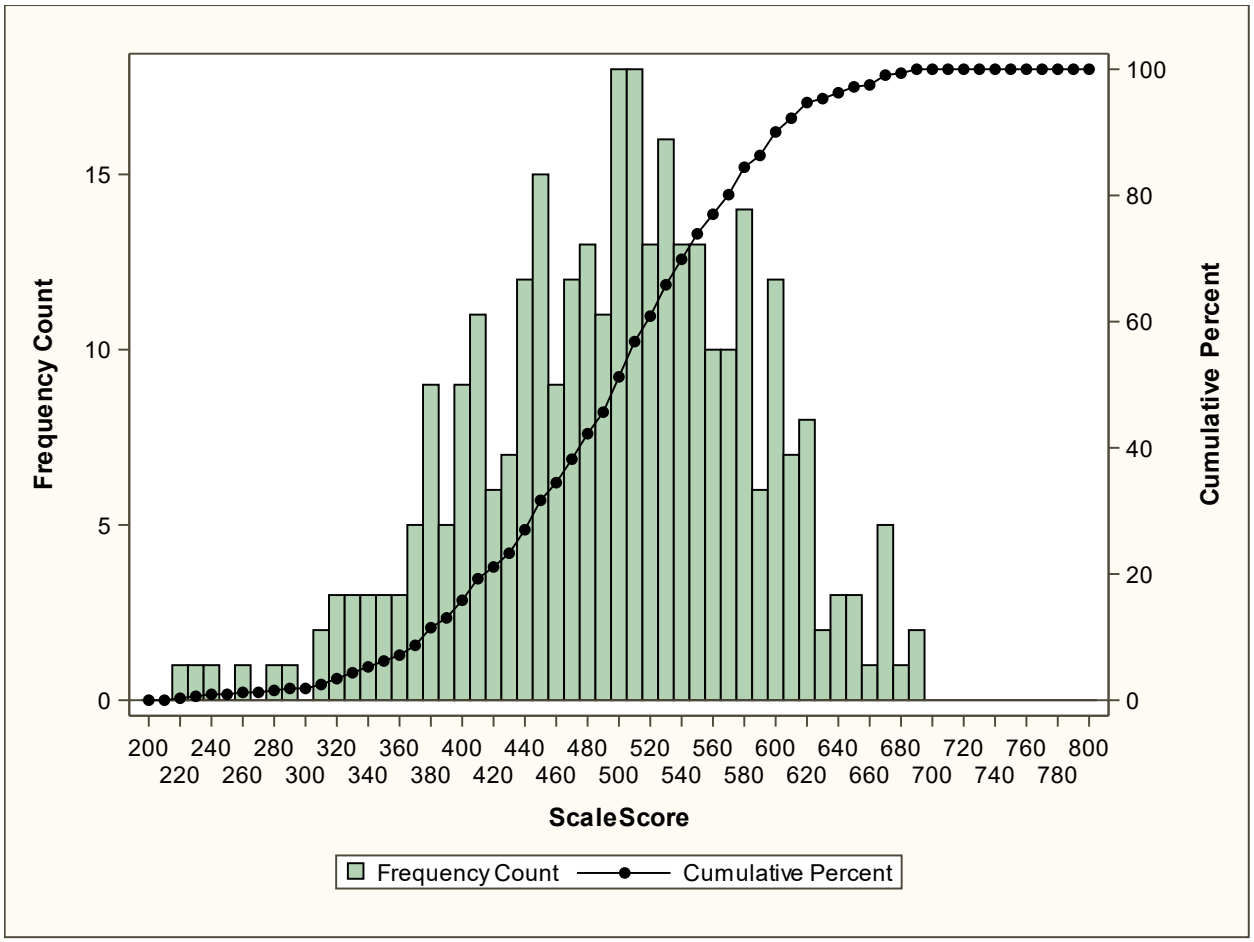
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Orthodontics/Periodontics*
*(322 administrations)*

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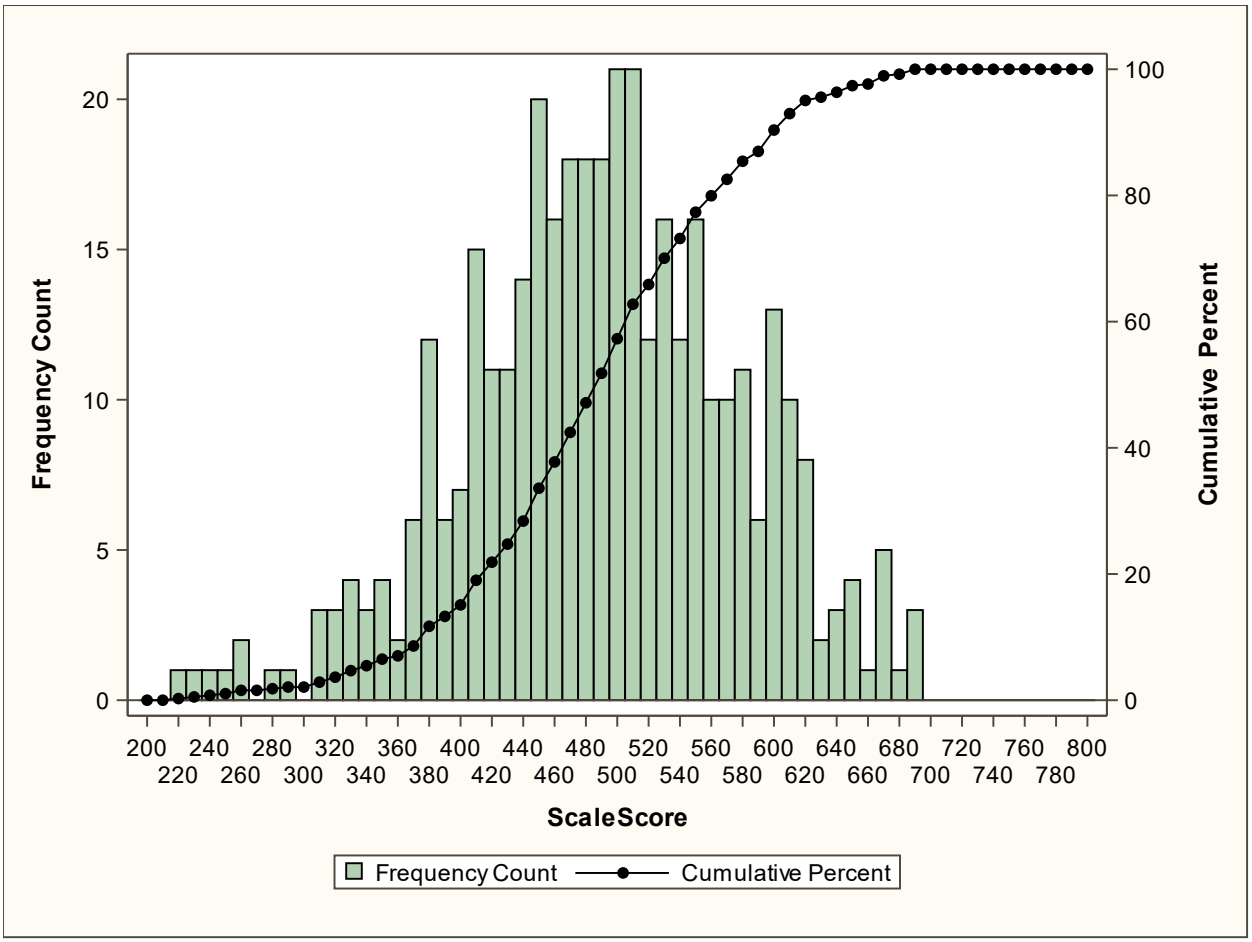
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Pediatric Dentistry*
*(384 administrations)*

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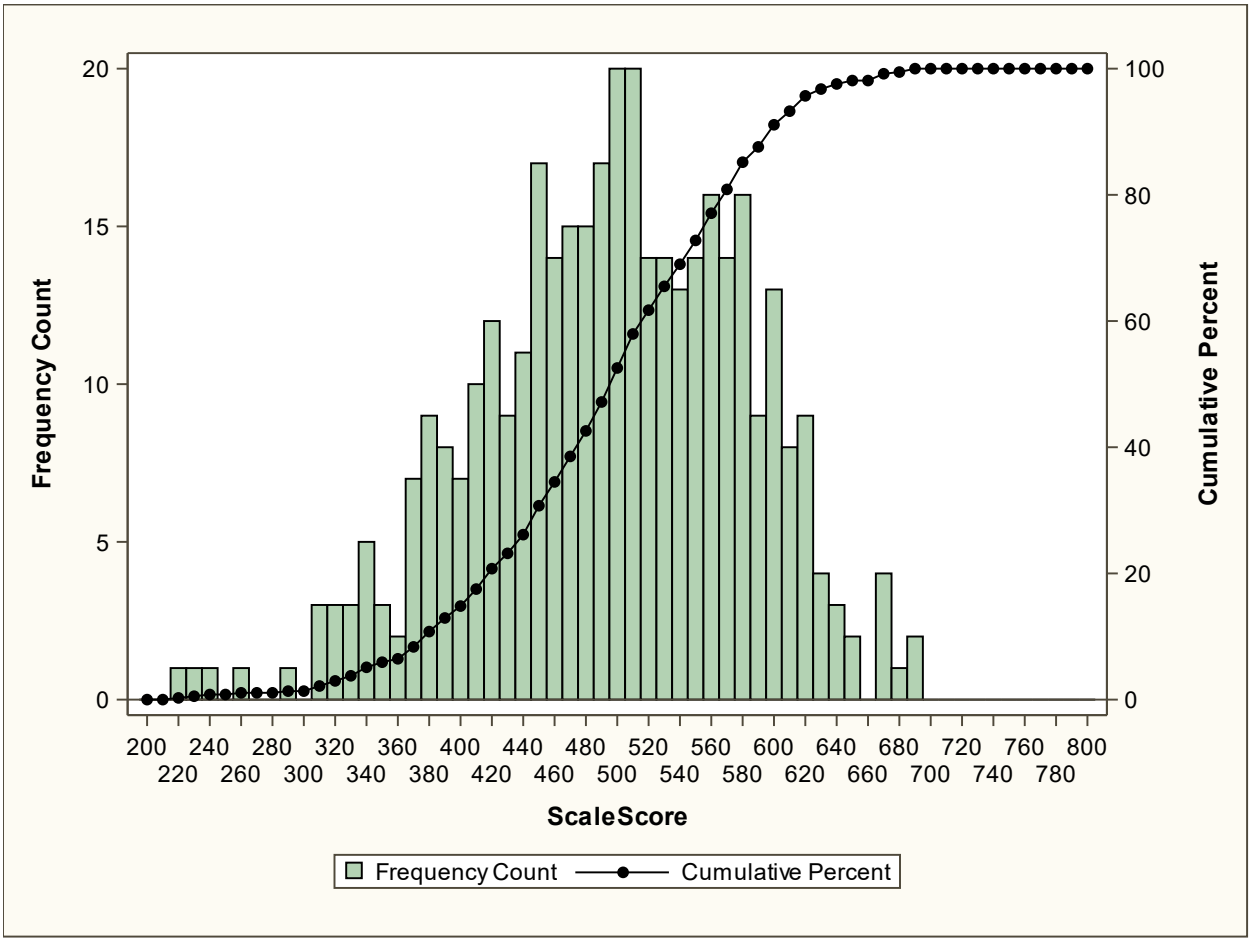
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Periodontics*
*(371 administrations)*

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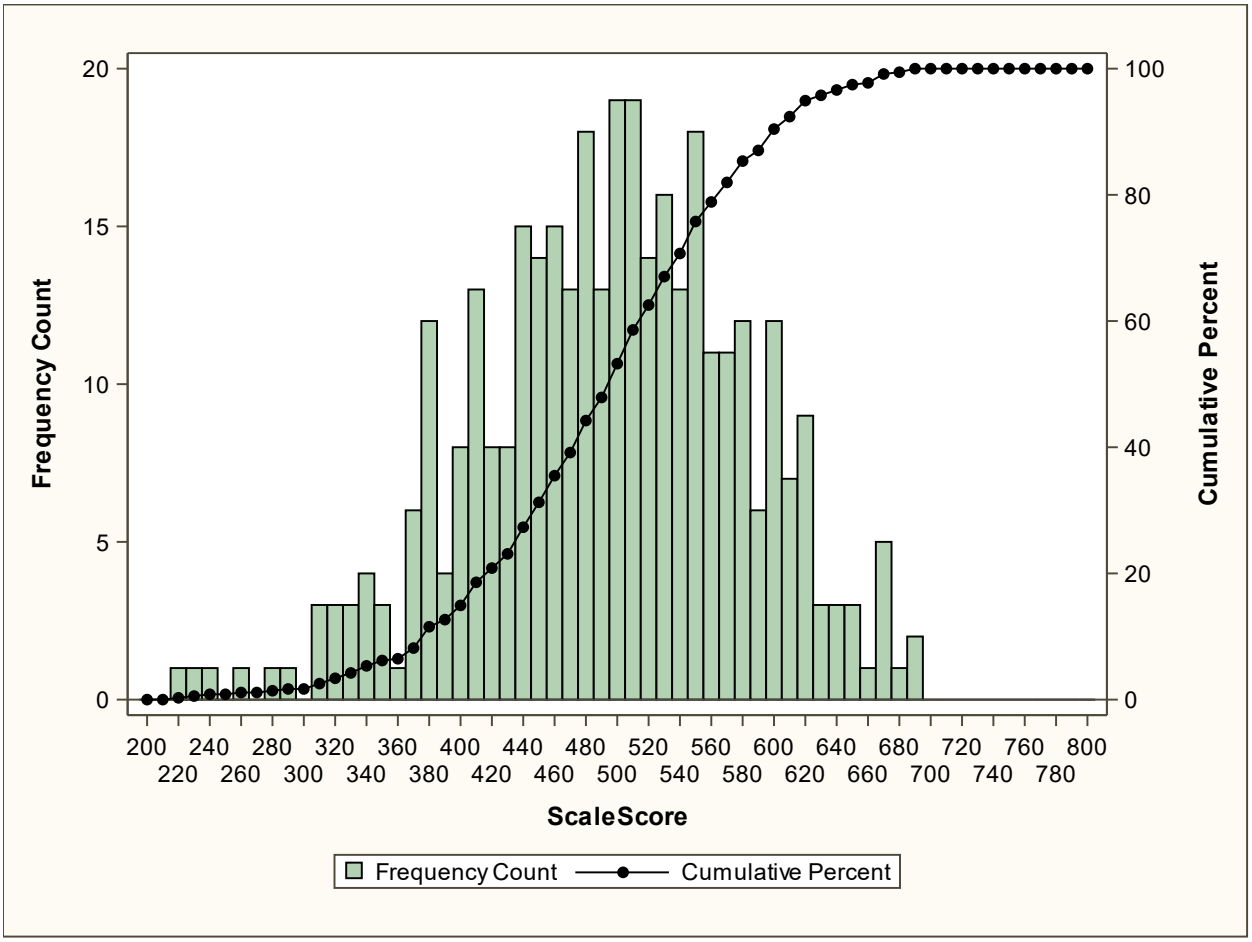
*Frequency distribution for the ADAT Overall scale: 2021-2025*
*Prosthodontics*
*(355 administrations)*

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**Appendix E1: Correlations among ADAT Disciplines: 2025**
(1,318 administrations)

| | ADAT | BIO | CLI | DRI |
|---|---|---|---|---|
| **ADAT** | 1.00 | | | |
| **BIO** | .94 | 1.00 | | |
| **CLI** | .92 | .77 | 1.00 | |
| **DRI** | .79 | .65 | .67 | 1.00 |

Note. ADAT=ADAT Overall, BIO=Biomedical Sciences; CLI=Clinical Sciences, DRI=Data, Research Interpretation, & Evidence Based Dentistry.

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**Appendix E2: Correlations among ADAT Disciplines: 2021-2025**
(4,088 administrations)

| | ADAT | BIO | CLI | DRI |
|---|---|---|---|---|
| **ADAT** | 1.00 | | | |
| **BIO** | .92 | 1.00 | | |
| **CLI** | .91 | .72 | 1.00 | |
| **DRI** | .77 | .58 | .63 | 1.00 |

Note. ADAT=ADAT Overall, BIO=Biomedical Sciences; CLI=Clinical Sciences, DRI=Data, Research Interpretation, & Evidence Based Dentistry.

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Dental Admission Testing Program
Department of Testing Services
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October 2025

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