The Integrated National Board Dental Examination (INBDE)

Dr. David M Waldschmidt
Secretary, JCNDE and Director,
Department of Testing Services

ADEA Section on Academic Affairs
October 27, 2016
Psychometrics

NORMAL DISTRIBUTION
Overview

- The ADA and the Commissions
- The JCNDE and the CIE
- The Integrated National Board Dental Examination (INBDE)
  - Genesis for development
  - Content domain
  - Item development
  - Field testing
  - Implementation plan
- Q & A
Commissions at the ADA

- Commissions established within ADA *Bylaws*
  - Joint Commission on National Dental Examinations (JCNDE)
  - Commission on Dental Accreditation (CODA)
  - Commission for Continuing Education Provider Recognition (CCEPR)
Relationship between ADA and Commissions defined by:

- ADA Constitution and *Bylaws*
- Standing *Rules* of Councils and Commissions
- Bylaws and Rules (policies and procedures) as promulgated by the Commissions
- For CODA only:
  - USDE Criteria for Recognition and ADA-CODA MOU
- For Joint Commission only:
- Philosophic underpinnings: accreditation/licensure/recognition:
  - Quality assurance is necessary to protect the public and assure long-term viability of the profession
  - Consistent and free from bias/conflict of interest (as objective as possible)
    - no single community of interest can have undue influence in the decision-making process, including the ADA
  - Integrity, confidentiality, due process
Commonalities among the Commissions

• Agencies of the ADA defined in the ADA Bylaws
• Budget and *Rules* approval
• ADA nominations and appointments
• Qualifications of members
  – expertise-based
  – dentists must be ADA members
• Independence of stakeholder appointments
• Public member (except CCEPR)
• Independent authority to carry out the program
Commonalities among the Commissions

• Many stakeholders outside the ADA
• Elect their own chairs
• Select their own consultants (TCC members, psychometricians, etc.)
• ADA division of Education employs the staff
• Four year terms (except students)
• Adopt their own Rules (w/ HOD approval)
  – Joint Commission-HOD may propose and adopt Rules
Mission Statement of the JCNDE

“The JCNDE develops and conducts highly reliable, state of the art cognitive examinations that assist regulatory agencies in making valid decisions regarding licensure of oral health care professionals, develops and implements policy for the orderly, secure, and fair administration of its examinations, and is a leader and resource in assessment for the oral health care profession.”
Joint Commission Examinations

• The JCNDE oversees the following examinations:
  – National Board Dental Examination Part I (NBDE Part I)
  – National Board Dental Examination Part II (NBDE Part II)
  – National Board Dental Hygiene Examination (NBDHE)
  – Integrated National Board Dental Examination (INBDE)
    o Designed to replace NBDE Parts I and II
    o Currently under development
<table>
<thead>
<tr>
<th>Appointing Organizations</th>
<th>Current JCNDE Appointees</th>
</tr>
</thead>
<tbody>
<tr>
<td>AADB (6)</td>
<td>Dale R Chamberlain, DDS</td>
</tr>
<tr>
<td></td>
<td>Luis J Fujimoto, DMD</td>
</tr>
<tr>
<td></td>
<td>Patricia Ann Parker, DMD</td>
</tr>
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<td></td>
<td>David W Perkins, DMD</td>
</tr>
<tr>
<td></td>
<td>William F Robinson, DDS</td>
</tr>
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<td>Leonard P Weiss, DDS</td>
</tr>
<tr>
<td>ADA (3)</td>
<td>Lisa Heinrich-Null, DDS, JCNDE Vice Chair</td>
</tr>
<tr>
<td></td>
<td>Cheryl Haley, DDS</td>
</tr>
<tr>
<td></td>
<td>Rhett L Murray, DDS</td>
</tr>
<tr>
<td>ADEA (3)</td>
<td>Frank W Licari, DDS, MPH, MBA, JCNDE Chair</td>
</tr>
<tr>
<td></td>
<td>Cataldo Leone, DMD, DSc</td>
</tr>
<tr>
<td></td>
<td>Nader Nadershahi, DDS, MBA, EdD</td>
</tr>
<tr>
<td>ADHA (1)</td>
<td>Melissa Gail Efurd, RDH, Ed.D</td>
</tr>
<tr>
<td>ASDA (1)</td>
<td>Jordan J Telin, BS</td>
</tr>
<tr>
<td>Public (1)</td>
<td>Issie L. Shelton-Jenkins, JD, LLM</td>
</tr>
<tr>
<td>Liaisons &amp; Observers</td>
<td>TBD (ADA Board Liaison)</td>
</tr>
<tr>
<td></td>
<td>Aaron Henderson, BS (ASDA Observer)</td>
</tr>
</tbody>
</table>

Liaisons and observers do not participate in voting.
Department of Testing Services (DTS)

- DTS is a shared service of the ADA that develops and implements licensure and admission assessments:
  - Joint Commission on National Dental Examinations (JCNDE)
    - NBDE Part I
    - NBDE Part II
    - NBDHE
    - INBDE
  - Council on Dental Education and Licensure (CDEL)
    - Dental Admission Test (DAT)
    - Advanced Dental Admission Test (ADAT)
  - Outside clients
Department of Testing Services (DTS)

- DTS is composed of four units:
  - **Test Development**: Conducts 50+ Test Construction Committee meetings annually
  - **Test Administration**: Administers 40,000+ examinations, responds to 70,000+ phone calls, emails and faxes
  - **Research and Development**: Oversees analysis and scoring of 40,000+ administrations, professional investigations and publications in support of examination programs
  - **Client Services and Special Projects**: Outside clients and project management
Update on the Integrated National Board Dental Examination (INBDE)
What is the INBDE?

• In 2009, the JCNDE appointed a Committee for an Integrated Examination (CIE) to develop and validate a new examination instrument for dentistry that integrates the biomedical, behavioral, and clinical sciences to assess entry level competency in dental practice, to supplant NBDE Part I and Part II.

• The integrated examination retains the same fundamental purpose as NBDE Part I and Part II – to assist state boards of dentistry in determining qualifications of dentists who seek licensure to practice in the U.S.
How did the INBDE come about?

• A convergence of factors led to the INBDE, which was designed to better serve communities of interest by:
  – Improving test content to make it more appropriate and relevant to the practice of dentistry and contemporary dental education
  – Improving processes and candidates’ experiences in taking the examination
  – Better assisting regulatory agencies

• Examination content trends and the movement toward integrated content and clinical relevance also were considered.
The members of the ad hoc CIE are well acquainted with the Joint Commission’s mission and workings.

Mark Christensen, DDS (Chair)  
(AADB 2006-2009)  
Vice-Chair – JCNDE (2009)  
Chair – Administration (2008)  
Chair – Dental Hygiene (2006 & 2007)

Bruce D. Horn, DDS  
(AADB 2007-2010)  
Chair – JCNDE (2010)  
Chair – Administration (2009)  
Chair – Dental Hygiene (2008)

B. Ellen Byrne, DDS, Ph.D.  
(ADEA 2009-2012)  
Chair – Research & Development (2012)  
Chair – Administration (2011)

Andrew Spielman, DMD, MS, Ph.D.  
(ADEA 2008-2011)  
Chair – JCNDE (2011)  
Chair – Examination Development (2009)

Ron J. Seeley, DDS  
(ADA 2007-2010)  
Chair – JCNDE (2009)  
Chair – Examination Development (2008)

Stephen T. Radack, III, DMD  
(ADA 2008-2011)  
Chair – Research & Development (2010 & 2011)  
Vice-Chair – JCNDE (2010)
The Joint Commission Chair and NBDE Standing Committee Chairs serve as ex-officio members of the CIE.

**2015-2016 appointments**

**Luis J. Fujimoto, DMD**  
Chair – JCNDE (2016)  
Chair – Research & Development (2015)

**Patricia A. Parker, DMD**  
Chair – Examination Development (2016)

**Lisa Heinrich-Null, DDS**  
Chair – Administration (2016)

**Frank W. Licari, DDS, MPH, MBA**  
Chair – Research & Development (2016)  
Chair – Examination Development (2015)
<table>
<thead>
<tr>
<th></th>
<th>Twelve Steps for Test Development*  (Downing, 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Planning</td>
</tr>
<tr>
<td>2.</td>
<td>Content Definition</td>
</tr>
<tr>
<td>3.</td>
<td>Test Specifications</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Item Development</strong></td>
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<tr>
<td>5.</td>
<td>Test Design and Assembly</td>
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<tr>
<td>6.</td>
<td>Test Production</td>
</tr>
<tr>
<td>7.</td>
<td>Test Administration</td>
</tr>
<tr>
<td>8.</td>
<td>Test Scoring</td>
</tr>
<tr>
<td>9.</td>
<td>Standard Setting</td>
</tr>
<tr>
<td>10.</td>
<td>Reporting Test Results</td>
</tr>
<tr>
<td>11.</td>
<td>Item Banking</td>
</tr>
<tr>
<td>12.</td>
<td>Technical Reports and Validation</td>
</tr>
</tbody>
</table>

*Bold text indicates area of current focus for the CIE.*
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>JCNDE created ad hoc Committee on Strategic Planning, conducted environmental scans, and considered the future.</td>
</tr>
<tr>
<td>2009</td>
<td>JCNDE resolved to create an integrated examination, and appointed members to the ad hoc Committee for an Integrated Examination (CIE).</td>
</tr>
<tr>
<td>2010</td>
<td>CIE worked to lay the content foundation for the exam.</td>
</tr>
<tr>
<td>2011</td>
<td>Practice analysis and science panels conducted using content foundation.</td>
</tr>
<tr>
<td>2012</td>
<td>General test specifications developed.</td>
</tr>
<tr>
<td>2013</td>
<td>Details about item development and approach were solidified. Resolutions were created to enhance communication and alignment between the Joint Commission and the CIE.</td>
</tr>
<tr>
<td>2014</td>
<td>Approach was refined, and first INBDE Test Construction Committees were formed. Item writing began.</td>
</tr>
<tr>
<td>2016</td>
<td>Short Form Field Test (Sept). Item writing. Retest policy. Refinement of approaches.</td>
</tr>
</tbody>
</table>
The Domain of Dentistry

- The Domain of Dentistry represents the clinical content and Foundation Knowledge areas required for the safe, independent, general practice of dentistry by entry level practitioners.

- 65 clinical content areas grouped into three component sections:
  1) Diagnosis and Treatment Planning
  2) Oral Health Management
  3) Practice and Profession

- 10 Foundation Knowledge Areas adapted from medicine

* Note: In 2016, the JCNDE refined these clinical content areas, articulating 56 clinical content areas. These 56 areas serve as the basis for an updated practice analysis that is currently underway.
The successful entry-level general practitioner is focused on the prevention, diagnosis, and management of oral disease, and the promotion and maintenance of general health. This requires application of knowledge in the following areas:

| FK1 | Molecular, biochemical, cellular, and systems-level development, structure and function |
| FK2 | Physics and chemistry to explain normal biology and pathobiology |
| FK3 | Physics and chemistry to explain the characteristics and use of technologies and materials |
| FK4 | Principles of genetic, congenital and developmental diseases and conditions and their clinical features to understand patient risk |
| FK5 | Cellular and molecular bases of immune and non-immune host defense mechanisms |
| FK6 | General and disease-specific pathology to assess patient risk |
| FK7 | Biology of microorganisms in physiology and pathology |
| FK8 | Pharmacology |
| FK9 | Sociology, psychology, ethics and other behavioral sciences |
| FK10 | Quantitative knowledge, critical thinking, and informatics tools |
Basic and Foundation Sciences covered in part by Foundation Knowledge 8 (FK8) (3C)

The subject areas and disciplines covered by NBDE Parts I and II carry forward to the new exam, and there are also new areas.

<table>
<thead>
<tr>
<th>FK8</th>
<th>Pharmacology</th>
</tr>
</thead>
</table>

- Basic and Applied Pharmacology
- Biomedical Research
- Cancer Biology
- Evidence-based Dentistry
- Public Health Policy

Color Coding

- Part I
- Part II
- Parts I & II
- NEW

See the JCNDE web site at http://www.ada.org/en/JCNDE.
Validation

• A practice analysis was conducted in 2011 with a sample of new dentists (i.e., dentists who had obtained their license within the previous five years)
  – All 65 clinical content areas were at least “moderately important to patient care.”
  – Frequency and criticality ratings were used to calculate the relative importance of each clinical content area and section.
  – The relative importance of each clinical content area determined how many items should be allocated to each clinical content area.

• Two science review panels were conducted to determine the strength of the relationship between each Foundation Knowledge area and each clinical content area.
  – All 10 Foundation Knowledge areas were determined to be related to one or more clinical content areas
  – The relative strength of the relationship between each Foundation Knowledge Area and each clinical content area determined how many items should be allocated to each Foundation Knowledge area, within each clinical content area.
Percentage of Items (450 items*)

* The number of items on the INBDE has not yet been finalized.
INBDE Item Development

• INBDE Test Construction Committees (TCC) are formed for each clinical content section.
  • Diagnosis and Treatment Planning
  • Oral Health Management
  • Practice and Profession
• TCCs meet within their 5-person groups and also as a full unit (15 members) during item reviews.
• INBDE TCCs have drafted over 1,000 items to date in support of field testing efforts.
INBDE Item Development

• A draft INBDE item development guide has been written to facilitate item development. This draft guide has been posted online (ada.org/jcnnde/inbde)

• TCC members are asked to write clinically relevant, integrated items capable of providing insight as to whether a candidate has the cognitive skills necessary to safely practice entry-level dentistry.

• The INBDE utilizes a new item presentation format known as the Patient Box.
# Patient History Chart

## SAMPLE TESTLET

<table>
<thead>
<tr>
<th>Age</th>
<th>65 YRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>☑ Male ☐ Female</td>
</tr>
<tr>
<td>Height</td>
<td>5' 09&quot;</td>
</tr>
<tr>
<td>Weight</td>
<td>240 LBS</td>
</tr>
<tr>
<td>B/P</td>
<td>170/100</td>
</tr>
</tbody>
</table>

### Chief Complaint
“I lost the filling in my back tooth.”

### Medical History
- last saw his physician 2 years ago
- father died of heart attack at age 52

### Current Medications
- diuretic for hypertension
- statin for hypercholesteremia
- low dose aspirin

### Social History
- married, grown children
- retired construction foreman
- has smoked a pipe daily for 25 years

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### SCENARIO

The patient presents for replacement of a filling in tooth 19. He reports that he lost the filling over a year ago, but he delayed seeking care because the tooth has not been sensitive. Upon examination, tooth 19 has a missing occlusal restoration and a fractured ML cusp.

Extraoral examination revealed mild actinic damage of his lower lip vermilion border.
The Patient Box

<table>
<thead>
<tr>
<th>Patient</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, 28 years old.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“I haven’t been able to open my mouth for two days.”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Background and/or Patient History</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Three days prior, left mandibular third molar extraction.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Findings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum opening is 10 mm</td>
<td></td>
</tr>
</tbody>
</table>
Patient

Male, 14 years old

Chief Complaint

“I can’t seem to get rid of the red sores at the corners of my mouth.”

Background and/or Patient History

Painful lesions
- Recurrent, never go away entirely

Current Findings

The most appropriate treatment is
A. acyclovir (Zovirax®) cream.
B. amantadine (Symmetrel®).
C. amlexanox (Aphthasol®).
D. nystatin and triamcinolone (Mycolog®-II) cream.
The most appropriate treatment is
A. acyclovir (Zovirax®) cream.
B. amantadine (Symmetrel®).
C. amlexanox (Aphthasol®).
D. nystatin and triamcinolone (Mycolog®-II) cream.

Patient
Male, 14 years old

Chief Complaint
“I can’t seem to get rid of the red sores at the corners of my mouth.”

Background and/or Patient History
Painful lesions
- Recurrent, never go away entirely

Current Findings
The most appropriate antimicrobial agent is

A. amoxicillin and clavulanate (Augmentin®).
B. cephalexin (Keflex®).
C. clindamycin (Cleocin®).
D. metronidazole (Flagyl®).
The most appropriate antimicrobial agent is

A. amoxicillin and clavulanate (Augmentin®).
B. cephalexin (Keflex®).
C. clindamycin (Cleocin®).
D. metronidazole (Flagyl®).
INBDE Field Testing Plan

INBDE Item Writing
- Automatic Item Generation
- Selected model items
- Sample Item Survey
  Administer 2015-2016
- INBDE Short Form
  Administer 2016
- INBDE Standard Form
  Administer 2017
- INBDE Scored Exam

NBDE Part II Practice Analysis
- 300-450 items (as finalized)
- Psychometric Analysis Results: 2017
- Qualitative Analysis Results: 2016
- Psychometric Analysis Results: 2018
- Psychometric Analysis Results: 2018
INBDE Field Testing Plan

• Please encourage your students to participate in the INBDE Short Form Field Test that is underway through December.

• Individuals from CODA accredited programs who are eligible to take the NBDE Part II are eligible to participate in this field test.

• Incentives for students
  – Helps students prepare for NBDE Part II
  – Helps future students, the profession, and the public
  – $75 discount on NBDE Part II examination fee
  – Opportunity to win an iPad

• Incentives for programs
  – Summary report indicating overall performance of students
  – Relevant survey data
  • “My educational training has prepared me well to answer these types of questions.”
INBDE Implementation Plan and Recommended Actions
INBDE Implementation Plan

- The Integrated National Board Dental Examination (INBDE) is an examination that is currently in development by the Joint Commission on National Dental Examinations (JCNDE).
- The INBDE is intended to replace National Board Dental Examination (NBDE) Parts I and II. The INBDE is intended for use by state dental boards to help inform decision-making concerning the licensure of entry-level dentists.
- To address concerns from stakeholders and communities of interest regarding the timing of INBDE implementation, the JCNDE indicated it would provide four years’ notice before the INBDE is implemented and the NBDE discontinued.
- The INBDE Implementation Plan was designed to help address concerns regarding timing and provide this advance notification.
- In 2016 the plan was presented at NDEAF and ADEA conferences, and sent to state boards (Executive Director, President, and Legal), dental programs, ADEA, and ASDA.
- The Implementation Plan provides stakeholders and communities of interest with information concerning how INBDE implementation will occur, the information that will be made available to help facilitate the transition, and recommended actions for stakeholders and communities of interest.
- The slide that follows shows key events associated with INBDE implementation, and the sequence of activity associated with the transition.
INBDE Implementation Plan Announcement
March 13, 2016

Notice of INBDE Implementation and National Board Dental Examination (NBDE) Discontinuation
August 1, 2018

First Official INBDE Administration
August 1, 2020

NBDE Part I Discontinued
July 31, 2020

NBDE Part II Discontinued
July 31, 2022

Note: This implementation plan communicates the best case scenario. Dates presented should be interpreted as “no sooner than.” Actual dates will be contingent upon field testing results. INBDE Practice Test Questions are anticipated for release in 2019.
INBDE Implementation Plan

• On August 1, 2018, the Joint Commission intends to provide stakeholders and communities of interest with notice of INBDE implementation and NBDE discontinuation. This notice will include the following:
  – The projected date when the INBDE will be first available for administration, the official name of the new examination, and how results will be reported.*
  – The dates when NBDE Part I and NBDE Part II will be discontinued.
  – Any additional rules needed to facilitate the transition.

• Two years after notification has been provided, NBDE Part I will be discontinued (approx. July 31, 2020). No Part I administrations will occur after this date.

• The first official administration of the INBDE is expected to take place on August 1, 2020.

• Two years after NBDE Part I is discontinued, NBDE Part II will be discontinued (approx. July 31, 2022). No Part II administrations will occur after this date.

• Notification of INBDE implementation and NBDE discontinuation is contingent upon successful completion of the INBDE Field Testing Program (not depicted in the preceding diagram).

* Similar to Part I and Part II, INBDE results will be reported as “Pass/Fail.”
In considering the dates provided, please note the following:

- The plan as presented communicates the “best case scenario.”
- The dates provided may be delayed if difficulties are encountered. However, the dates will not be “moved up” (e.g., NBDE Part I will be discontinued no sooner than August 1, 2020).
- The Joint Commission reserves the right to make changes to the plan at any time and as needed, in keeping with the Joint Commission’s mission and purpose.
- Any significant changes to this plan will be published as soon as information becomes available.
Additional Information from the JCNDE

• Information concerning the INBDE is available via the Joint Commission’s website (www.ada.org/JCNDE/INBDE).

• The following information is currently available and is updated as changes occur:
  – INBDE background
  – INBDE FAQ’s
  – Domain of Dentistry and general validity evidence
  – Preliminary test specifications
  – Preliminary sample questions
  – INBDE retest policy and candidate eligibility (Aug. 2016)
  – INBDE draft item development guide (Sept. 2016)

• The following information will be posted as soon as it becomes available:
  – INBDE practice test questions (anticipated one year in advance of initial INBDE administration)
  – Technical report(s) providing detailed information concerning validity.
INBDE Information from other Sources (not the JCNDE)

- INBDE eligibility rules for students of U.S. dental schools accredited by the Commission on Dental Accreditation (CODA).
  - While the JCNDE sets general eligibility requirements (e.g., through retesting policies), dental schools also provide their own eligibility requirements (e.g., eligibility approval through the dental dean).

- Additional school requirements concerning the INBDE (e.g., linking successful completion of the INBDE to graduation requirements).
  - These rules are determined by each dental school.

- Written examination requirements for each state.
  - These requirements are determined by each state dental board.
INBDE Implementation Plan Considerations

• The requirements of key stakeholders and communities of interest were carefully considered in developing the implementation plan.
  – State Dental Boards
  – Dental Schools
  – US Dental Licensure Candidates

• The following slides indicate specific considerations and recommended actions for dental programs and candidates.

• The considerations indicated should NOT be regarded as comprehensive of all of the INBDE-related interests of these groups.
### Dental Schools

<table>
<thead>
<tr>
<th>Implementation Plan Requirement</th>
<th>How Requirement is Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide sufficient time for U.S. dental schools to adjust curricula and prepare students for the INBDE (also consistent with current CODA requirements).</td>
<td>• Release details of implementation plan in 2016, and provide the following notifications:</td>
</tr>
<tr>
<td>• Provide sufficient time for U.S. dental schools to adjust academic policy for incoming students regarding eligibility to sit for National Board Examinations.</td>
<td>• INBDE first administration possible as soon as 2020.</td>
</tr>
<tr>
<td>• Provide sufficient time for U.S. dental schools to adjust academic policy for incoming students regarding school utilization of NBDE Part I and II results (e.g., as prerequisites for students to continue their studies or as a graduation requirement).</td>
<td>• NBDE Part I final administration possible in 2020.</td>
</tr>
<tr>
<td></td>
<td>• NBDE Part II final administration possible in 2022.</td>
</tr>
<tr>
<td></td>
<td>• Post INBDE preliminary sample questions publicly in 2016.</td>
</tr>
<tr>
<td></td>
<td>• Provide INBDE practice test questions one year before INBDE initial administration.</td>
</tr>
<tr>
<td></td>
<td>• Provide updates on the INBDE annually at the ADEA conference and subsequently post the presentations online.</td>
</tr>
</tbody>
</table>

Note: For US candidates, dental schools now approve the eligibility of Part I and Part II examinees and will determine when their students will transition to the new exam, within the feasible available options. For international candidates, eligibility for Parts I and II involves providing proof of dental school graduation (through ECE). This practice is expected to continue for the INBDE.
Recommended Actions for Dental Schools

• Understand the INBDE and keep apprised of new developments.
  • Review information concerning the INBDE on the Joint Commission’s website (www.ada.org/JCNDE/INBDE), and attend ADEA sessions on the INBDE.
  • Review INBDE validity evidence and field testing results as these studies occur.
  • Monitor the website to understand and prepare for any changes as they occur.
• Prepare your school and students for the INBDE.
  • Review and revise curricula to prepare students for the INBDE and the updated CODA standards.
  • Review academic policy for incoming students and revise as needed concerning:
    • student eligibility to sit for National Board Dental Examinations.
    • school utilization of NBDE Part I and II results.
## U.S. Dental Licensure Candidates

<table>
<thead>
<tr>
<th>Implementation Plan Requirement</th>
<th>How Requirement is Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide U.S. dental licensure candidates with a reasonable opportunity to demonstrate competence with respect to the knowledge and skills required for licensure and measured by a written examination.</td>
<td>• Begin INBDE administrations before NBDE Part II is discontinued.</td>
</tr>
<tr>
<td>• Provide reasonable time and sufficient notice so candidates can plan ahead and take action to avoid being “caught between examination programs” (e.g., preparing for Parts I and II but then finding themselves forced to shift to the INBDE).</td>
<td>• Release details of implementation plan in 2016, and provide the following notifications:</td>
</tr>
<tr>
<td>• Provide sufficient time for candidates to understand retesting policies concerning the INBDE and Parts I and II during the transition period, so candidates can plan and make decisions accordingly.</td>
<td>• INBDE first administration possible as soon as 2020.</td>
</tr>
<tr>
<td>• Provide test specifications and practice materials so candidates can prepare for the INBDE and know what types of questions to expect.</td>
<td>• NBDE Part I final administration possible in 2020.</td>
</tr>
<tr>
<td></td>
<td>• NBDE Part II final administration possible in 2022.</td>
</tr>
<tr>
<td></td>
<td>• Provide practice test questions one year before initial INBDE administration, and post INBDE preliminary sample questions publicly in 2016.</td>
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<tr>
<td></td>
<td>• Provide INBDE retest policy in 2016, coordinating the INBDE retest policy with the NBDE retest policy.</td>
</tr>
</tbody>
</table>
Recommended Actions for U.S. Dental Licensure Candidates

• Understand the INBDE and keep apprised of new developments.
  • Review information concerning the INBDE on the Joint Commission’s website (www.ada.org/JCNDE/INBDE).
  • Review INBDE test specifications and practice questions.
  • Monitor the website to understand and prepare for any changes as they occur.

• Prepare for the National Board Examinations.
  • Determine which examination track to pursue (NBDE Parts I and II or the INBDE) in consultation with the most recent INBDE implementation plan and:
    • key implementation dates (discontinuation of NBDE Parts I and II, first official INBDE administration)
    • your dental school, its requirements, and your progress in meeting those requirements.
    • the dental boards of states where you intend to apply for licensure.
    • Joint Commission policies (e.g., retesting policies under both examination tracks).
  • Study the areas indicated in the test specifications of your intended examination track.
Retest Policy During Transition Period

• In considering the INBDE transition period, the JCNDE examined many factors, including the following:
  – the Five Years/Five Attempts rule
  – the timing of the initial scored INBDE administrations
  – the schedule of final administrations of NBDE Part I and Part II.

• The Joint Commission has expressed the desire to move candidates to the new examination as quickly as possible,

• The Joint Commission recognized the need to provide simple and direct policies that candidates and educators can easily understand and communicate.
Retest Policy During Transition Period

• The JCNDE has adopted the following policies with respect to the INBDE transition period:
  – Candidates who have not successfully completed the NBDE Part I or Part II may choose to take the INBDE.
  – Once a candidate has tested on the INBDE, the candidate may no longer test on the NBDE Part I or Part II.
  – Candidates who have failed to successfully complete the NBDE Part I or Part II prior to the discontinuation of these examinations must successfully test on the INBDE to obtain National Board certification.
  – INBDE attempts are independent of NBDE attempts with respect to the Five Years/Five Attempts Eligibility Rule. This rule will continue to apply to all NBDE Part I and Part II testing attempts, and candidates will also have five years/five attempts on the INBDE.
  – In providing INBDE results, all attempts on the National Board Dental Examinations (i.e., NBDE Part I, NBDE Part II, and the INBDE) will be reported.
INBDE Retesting Policy: Applied Examples

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Candidate Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate passes NBDE Part I and passes NBDE Part II.</td>
<td>Candidate is not eligible to complete the INBDE.</td>
</tr>
<tr>
<td>Candidate passes NBDE Part I and has not attempted NBDE Part II.</td>
<td>Candidate is eligible for up to five attempts on NBDE Part II until any attempts are made on the INBDE. Any such NBDE Part II attempts must occur prior to the NBDE Part II discontinuation date. Candidate is eligible for five attempts on the INBDE.</td>
</tr>
<tr>
<td>Candidate passes NBDE Part I and fails NBDE Part II once.</td>
<td>Candidate is eligible for four additional attempts on NBDE Part II until any attempts are made on the INBDE. Any such NBDE Part I attempts must occur prior to the NBDE Part I discontinuation date. Candidate is eligible for five attempts on the INBDE.</td>
</tr>
</tbody>
</table>
## News and Resources

- **JCNDE Unofficial Actions**
- **Meeting Presentations**
- **Newsletters**
- **Reference Texts**
- **Technical Reports**
- **Test Construction**
- **Case Submission Guidelines**

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### JCNDE Joint Commission on National Dental Examinations

#### Examinations
- NBDE (Dental)
- NBDE Part I and II General Information
- NBDE Part I Application
- NBDE Part II Application
- NBDE Part I and II Results Request

#### INBDE
- NBDHE (Dental Hygiene)
- NBDHE General Information
- NBDHE Application
- NBDHE Results Request

#### News/Resources
- Additional Resources
- NB Guides
- Test Construction
- DENTPIN
- National Board Certificate

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**http://www.ada.org/en/jcnde/examinations/**

**2014 Unofficial Report of Major Actions:**

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Additional Information and Resources

Joint Commission on National Dental Examinations
http://www.ada.org/en/jcnnde

Integrated National Board Dental Examination
http://www.ada.org/en/jcnnde/inbde/

National Boards (Examination Guides, FAQ’s, DENTPIN® Information, Score Report Requests)
  Part I and Part II:
    http://www.ada.org/en/jcnnde/examinations/nbde-general-information
  Dental Hygiene:

Test Construction Committee Information
http://www.ada.org/en/jcnnde/examinations/test-construction/

Technical Reports, ADEA Presentations, Item Development Guides
http://www.ada.org/en/jcnnde/news-resources/technical-reports
http://www.ada.org/en/jcnnde/news-resources/presentations
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Thank You