Items for Restorative Subcommittee Consideration

Anterior Preparation

Sound Marginal Tooth Structure

DEF- Should unsupported enamel be included in some form under the critically deficient category?

Current SUB and DEF:

SUB

A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.

B. The cavosurface margin does not terminate in sound natural tooth structure.

DEF

There is explorer-penetrable decalcification remaining on the cavosurface margin.

Axial Wall

ACC and SUB- Should 1.25 mm be changed to 1.0 mm?

Current ACC and SUB:

ACC

MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends ≤ 1.5 mm in depth from the DEJ.

MAX LATERALS & MAND INCISORS: The depth of the axial wall extends ≤ 1.25 mm in depth from the cavosurface margin.

SUB

MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends > 1.5 mm but ≤ 2.5 mm in depth from the DEJ.

MAX LATERALS & MAND INCISORS: The depth of the axial wall extends > 1.25 mm but ≤ 2.0 mm in depth from the cavosurface margin.

Proposed ACC and SUB:

ACC

MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends ≤ 1.5 mm in depth from the DEJ.

MAX LATERALS & MAND INCISORS: The depth of the axial wall extends ≤ 1.0 mm in depth from the cavosurface margin.

SUB

MAX CENTRALS & MAX/MAND CUSPIDS: The depth of the axial wall extends > 1.5 mm but ≤ 2.5 mm in depth from the DEJ.

MAX LATERALS & MAND INCISORS: The depth of the axial wall extends > 1.0 mm but ≤ 2.0 mm in depth from the cavosurface margin.

Anterior Restoration

Margin Excess/Deficiency

ACC- Move *"There is no evidence of pits and/or voids at the cavosurface margin."* From B. to A.

Current ACC:

A. No marginal deficiency.

B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.

Proposed ACC:

A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.

B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer.

SUB- Eliminate *"which can include pits and/or voids at the cavosurface margin"* from B. Should we change *"There is flash with contamination underneath"* to *"There is flash with or without contamination underneath"*?

Current SUB:

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.

B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. There is flash with contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.

Proposed SUB:

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.

B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.

Adjacent Tooth Structure

DEF- Does gross enameloplasty need to include "exposure of dentin"?

Current DEF:

There is gross enameloplasty resulting in the exposure of dentin.

Proposed DEF:

There is gross enameloplasty.

Posterior Composite Preparation

Proximal Clearance

SUB and DEF- Should 2.5 mm be changed to 2.0 mm?

Current SUB:

Proximal clearance at the height of contour extends > 1.0 mm but ≤ 2.5 mm beyond either one or both proximal walls.

Proposed SUB:

Proximal clearance at the height of contour extends > 1.0 mm but ≤ 2.0 mm beyond either one or both proximal walls.

Current DEF:

Proximal clearance at the height of contour extends > 2.5 mm beyond either one or both proximal walls.

Proposed DEF:

Proximal clearance at the height of contour extends > 2.0 mm beyond either one or both proximal walls.

Outline Shape/Continuity/Extension

DEF- Should 0.5 mm be changed to 1.0 mm? Does bonded composite really strengthen unsupported enamel to that degree?

Current DEF:

A. The outline form is grossly over-extended, compromising and undermining the remaining marginal ridge to the extent that the cavosurface margin is unsupported by dentin.

B. The width of the marginal ridge is ≤ 0.5 mm.

Isthmus

DEF- Does there need to be a minimum width? The ACC implies that would be less than 1.0 mm.

Current ACC:

The isthmus may be between 1.0 mm - 2.0 mm in width but ≤ 1/3 the intercuspal width.

Current DEF:

The isthmus is > 1/2 the intercuspal width.

Proposed DEF:

The isthmus is > 1/2 the intercuspal width or the isthmus is <1.0 mm.

Sound Marginal Tooth Structure

DEF- Should unsupported enamel be included in some form under the critically deficient category?

Current SUB and DEF:

SUB

A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.

B. The cavosurface margin does not terminate in sound natural tooth structure.

DEF

There is explorer-penetrable decalcification remaining on the cavosurface margin.

Posterior Composite Restoration

Margin Excess/Deficiency

ACC- Move *"There is no evidence of pits and/or voids at the cavosurface margin."* From B. to A.

Current ACC:

A. No marginal deficiency.

B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.

Proposed ACC:

A. No marginal deficiency. There is no evidence of pits and/or voids at the cavosurface margin.

B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer.

SUB- Eliminate *"which can include pits and/or voids at the cavosurface margin"* from B. Should we change *"There is flash with contamination underneath"* to *"There is flash with or without contamination underneath"*?

Current SUB:

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.

B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin. There is flash with contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.

Proposed SUB:

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.

B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm. There is flash with or without contamination underneath, but it is not internal to the cavosurface margin and could be removed by polishing or finishing.

Adjacent Tooth Structure

DEF- Does gross enameloplasty need to include “exposure of dentin”?

Current DEF:

There is gross enameloplasty resulting in the exposure of dentin.

Proposed DEF:

There is gross enameloplasty.

Amalgam Preparation

Proximal Clearance

ACC, SUB, DEF- Should the measurements be changed as proposed below?

Current ACC:

Contact is visibly open proximally, and proximal clearance at the height of contour extends ≤ 1.5 mm on either one or both proximal walls.

Proposed ACC:

Contact is visibly open proximally, and proximal clearance at the height of contour extends ≤ 1.0 mm on either one or both proximal walls.

Current SUB:

A. *Proximal clearance at the height of contour is > 1.5 mm but ≤ 3.0 mm on either one or both proximal walls.*

Proposed SUB:

Proximal clearance at the height of contour is > 1.0 mm but ≤ 2.0 mm on either one or both proximal walls.

Current DEF:

A. Proximal clearance at the height of contour is > 3.0 mm on either one or both proximal walls.

B. The walls of the proximal box are not visually open.

Proposed DEF:

A. Proximal clearance at the height of contour is > 2.0 mm on either one or both proximal walls.

B. The walls of the proximal box are not visually open.

Gingival Clearance

ACC, SUB and DEF- Should Amalgam Preparation Gingival Clearance be changed to match Gingival Clearance for Posterior Composite Preparation?

Current ACC:

The gingival clearance is visually open but ≤ 2.0 mm.

Proposed ACC:

The gingival clearance is visually open but ≤ 1.0 mm.

Current SUB:

A. The gingival clearance is > 2.0 mm but ≤ 3.0 mm.

Proposed SUB:

The gingival clearance is > 1.0 mm but ≤ 2.0 mm.

Current DEF:

A. The gingival clearance is > 3.0 mm.

B. Gingival contact is not visually open.

Proposed DEF:

A. The gingival clearance is > 2.0 mm.

B. The gingival contact is not visually open.

Sound Marginal Tooth Structure

DEF- Should unsupported enamel be included in some form under the critically deficient category?

Current SUB and DEF:

SUB

A. There are large or multiple areas of unsupported enamel which are not necessary to preserve facial aesthetics.

B. The cavosurface margin does not terminate in sound natural tooth structure.

DEF

There is explorer-penetrable decalcification remaining on the cavosurface margin.

Amalgam Restoration

Margin Excess/Deficiency

ACC- Move *"There is no evidence of pits and/or voids at the cavosurface margin."* From B. to A.

Current ACC:

A. No marginal deficiency.

B. Marginal excess ≤ 0.5 mm at the restoration-tooth interface, detectable either visually or with the tine of an explorer. There is no evidence of pits and/or voids at the cavosurface margin.

SUB- Eliminate *"which can include pits and/or voids at the cavosurface margin"* from B.

Current SUB:

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.

B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm, which can include pits and/or voids at the cavosurface margin.

Proposed SUB:

A. DEFICIENCY: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal deficiency ≤ 0.5 mm, which can include pits and/or voids at the cavosurface margin.

B. EXCESS: The restoration-tooth interface is detectable visually or with the tine of an explorer, and there is evidence of marginal excess > 0.5 mm but ≤ 1.0 mm.

Adjacent Tooth Structure

DEF- Does gross enameloplasty need to include "exposure of dentin"?

Current DEF:

There is gross enameloplasty resulting in the exposure of dentin.

Proposed DEF:

There is gross enameloplasty.

The Commission on Dental Competency Assessment and the Western Regional Examining Board, the two leading dental competency assessment organizations in the United States, are pleased to announce their intention to combine into one organization to further serve the oral health professions. A Memorandum of Understanding was signed on June 15, 2021, outlining the intent of the merger.

The new entity will be known as CDCA-WREB. Together, the merged entity will administer the ADEX exams which are accepted in 49 states, the District of Columbia, Jamaica, and Puerto Rico as the basis for initial licensure for dentists and dental hygienists. The existing Boards of Directors of CDCA and WREB will combine to provide governance oversight to the combined entity with equal representation from both Boards.

The transition to fully operationalize the merger is expected to be ongoing throughout 2022. During this year, the combined organization will implement best practices from both organizations to create new processes to better serve all key constituencies. The combined organization intends to administer both the ADEX exam and the current WREB exam throughout 2022 and will begin to administer only the ADEX exam at all locations for the Class of 2023. CDCA-WREB will maintain two offices to best serve schools and candidates throughout North America. Exams will be administered in manikin, patient and computer based OSCE formats that satisfy state board requirements.

Dr. Rob Lauf, President of WREB states: “Members of the Boards of Directors of both organizations enthusiastically and unanimously support this plan and recognize the need to administer a single national psychomotor performance exam to simplify the process for obtaining licensure for dental and hygiene candidates and provide maximum portability.”

There is already considerable overlap. Many states by law recognize both the WREB and CDCA-administered examinations as the basis for licensure and many examiners serve both organizations. Combination is a logical next step for both agencies. In reflecting on the merger, Dr. Harvey Weingarten, CDCA Chair, commented that “the pandemic highlighted the complexity of the licensure process for candidates, state boards, and for both our agencies and expedited innovation across the industry, making this collaboration more important than ever before. This is a long-awaited defining moment in the history of the dental profession. We are the only remaining health profession that has not defined a single, national pathway to licensure.”

Together CDCA-WREB will become one of the largest organizations providing initial dental licensure testing and will have the most experienced staff in the industry. Together the two agencies have provided independent third party, mission-driven services to state dental boards for a combined 100 years. The merged entity will be able to further devote its time, effort, and resources to the continued development of the exams it administers. Having a single exam will simplify the licensure process for candidates, for state boards and for dental education programs.

For questions contact Alex Vandiver at avandiver@cdcaexams.org or Beth Cole at bcole@wreb.org.

WHAT IS NEW AT CRDTS?

CRDTS is committed to providing dental and dental hygiene candidates the most efficient, effective, and reliable opportunities for testing towards professional licensure, while ensuring competency and safety for the public.

We are growing and continually enhancing our examination platform to meet the needs of both the state licensing boards and candidates across the nation.

CRDTS LICENSURE EXAMINATIONS

The CRDTS Dental and Dental Hygiene Examination Committees have worked tirelessly over the past 18 months to meet the needs of the state boards, schools, and candidates. In addition to the traditional patient based dental restorative, periodontal and dental hygiene examinations, CRDTS has developed and implemented a total dental and dental hygiene manikin-based exam. The dental candidate can also elect to do the restorative preparations and the prosthodontic preparations on a virtual haptic Simodont machine at an approved CRDTS testing site. Acceptance of all CRDTS dental and dental hygiene manikin and haptic licensure examinations are subject to terms and conditions of the individual state licensing boards.

RETAKES:

While CRDTS has allowed and offered complimentary on-site retakes for dental hygiene candidates the past few years, the CRDTS Steering Committee approved the introduction of this same option for dental candidates. CRDTS understands the opportunity to retest at the same exam site rather than having to wait until the next scheduled full exam is advantageous and important to candidates. Qualifications for specific information regarding onsite retakes are outlined in the CRDTS Candidate Manuals.

Scores for dental examinations are released by 8 p.m. the night of the initial exam, so qualified candidates have the opportunity to register for retakes directly from the CRDTS website, make payments according to the fee schedule, and test the day following completion of the initial examination.

FEES:

The new Dental Examination fee schedule for retakes of CRDTS Dental Examinations is as follows: Complementary on-site retakes for the candidate's initial attempt for the first failure of one part of a dental examination. If a candidate is unsuccessful on more than one part, i.e. (endodontics/ prosthodontics/periodontics /restorative) the fee will be $250.00 per part after the first complimentary retake. Off-site retakes will be $587.50 per part.

The Dental Hygiene Examination offers one complimentary onsite retake for qualified candidates.

EXAM SITES:

CRDTS understands the need to be informed and to remain open to technological changes within the dental and dental hygiene testing industry.

With an independent manikin exam site in Athens, GA and soon in Coldwater MI, and Topeka, KS, CRDTS offers initial exams and retakes for both Dental and Dental Hygiene manikin exams by appointment.

CRDTS also has the ability to provide a virtual haptic Dental Examination as a supplement to the manikin restorative and prosthodontic exam for candidates whose state dental board approves this modality of testing for licensure. The Athens, GA site can now be utilized to do the restorative and prosthodontic preparations.

COMMITMENT TO EXAM EXCELLENCE:

CRDTS has been committed to testing excellence for nearly 50 years. CRDTS continues to work with dental and dental hygiene schools, candidates, and state boards to improve the quality of our examinations. We strive to be, not just an acceptable mode of licensure examinations, but the most efficient, effective, and portable option.

To that end, CRDTS continues to assess and enhance our examinations. For the 2021 examination season an Objective Structured Clinical Examination (OSCE) oral assessment component was added to the simulated patient dental hygiene exam, and for the 2022 examination season an OSCE oral assessment component will be added to the Dental Periodontal Manikin Examination. The dental hygiene and the dental oral assessment OSCE will be taken on site with no additional charge to the candidates.

WE ARE EXCITED TO ANNOUNCE RECENT CHANGES IN OUR LEADERSHIP AND STAFF:

Richael "Sheli" Cobler: Executive Director:

With CRDTS since April 2021, Ms. Cobler is a Topeka native and her office is at the Central Office headquarters. She has a Bachelor of Business degree with a dual major in Strategic Business Communications and Human Resources and a minor in Marketing. As a leader in business administration, Ms. Cobler has provided strategic advice and expertise in the implementation of policies, procedures, and governance standards throughout the course of her career. Ms. Cobler has been instrumental in the facilitation of board governance and implementation of technological advances for the efficiency and effectiveness of executives and directors for more than 20 years.

Dr. Mark Edwards:

Dr. Mark Edwards was recently hired to the position of Director of Dental Examinations at CRDTS. Dr. Edwards has examined for CRDTS for 26 years and has served on the Exam review, dental Calibration and Computer Simulated Exam Committees over this time frame. Dr. Edwards is a Diplomate of the American Board of Periodontology, Assistant Professor in the Department of Graduate Periodontics at the University of Missouri-Kansas City School of Dentistry and is in private practice in Lawrence and Topeka, KS.

CRDTS is also pleased to announce that due to continued growth a new position has been created to help our current Director of Dental Hygiene Examinations, Ms. Kim Laudenslager, with the increasing workload in our hygiene department. We anticipate hiring a new Assistant Director to Dental Hygiene Examinations in mid-July and look forward to introducing you to this person at our CRDTS Annual Meeting

Re-organization of Central Office Staff:

The CRDTS Central Office staff has also had some recent changes that have increased the effectiveness of the nucleus of the organization.

Renee' Gideon is our Office and Accounting Manager. Renee' has been a devoted and essential part of CRDTS for nearly 20 years. With a background in business and bookkeeping Renee' continues to enhance the office processes and improve the effective manner in which the center of CRDTS operates.

Shanee' Askren has recently assumed the new position as Exam Administration and Data Management Coordinator. Shanee' has been with CRDTS full-time for seven years and part-time for several years prior to that. Shanee' provides critical assistance to the exam teams during examinations as well as administration of scoring for dental and dental hygiene exams.

Emma Rupke is the Hotel Coordinator and Administrative Assistant and has been with CRDTS for eight years. Emma provides vital expertise in communication and organization as she is the front line for inquiries and requests to the central office. Emma also handles the distribution of candidate scores and maintenance of the database.

Taya Davis was brought on board in April this year as a part-time permanent employee. Taya has quickly proven her ability and value to the organization through efficient and effective assembly of examination materials and electronics for shipping to the various examination sites where CRDTS is administering an examination.

You can contact any member of the Central Office staff at 785.273.0380 or at info@crdts.org.