



Understanding Licensure

The Dental Examination Process for the New Graduate

A resource to help guide you
through the licensure experience

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Licensure: The Transition

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

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

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

This publication is designed for:

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

The Dental Licensure Process

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

Requirements

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

States vary on the eligibility of an internationally trained dentist. All states, except Minnesota (which has different options) require that graduates of non-accredited ADA dental programs obtain a D.D.S. or D.M.D. degree from an ADA Commission on Dental Accreditation (ADA-CODA) accredited program, or Commission on Dental Accreditation of Canada (CDAC) accredited program, or a

state dental board–approved education program. Some states may accept an alternative to the four-year dental program and some states cite specific variations in their laws.

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

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

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

Future Changes in NBDE Scoring

The National Board Dental Examinations will be moving from a scored exam to a pass/fail. Beginning January 1, 2012, candidate performance on Part I and Part II will be reported to candidates, state boards, and dental schools only as pass or fail. The decision to move to pass/fail was made at the Joint Commission on National Dental Examinations' meeting on March 11–12, 2008 and an extension was approved in 2009. Further, they will continue to report raw score performance information in the disciplines covered on the examinations for failing candidates only. The information on failing candidates will be provided to candidates and dental schools. For more information on the changes in scoring, visit their Web site at www.ada.org/JCNDE.aspx. The concept of a Part III National Boards Dental Examination was discussed at the 2009 ADA House of Delegates. Read more about the Resolution 26-S1 on page 22.

Next Step: Clinical Exam

Once a student meets the educational and National Board Dental Examinations requirements, the next step is to take the appropriate clinical dental licensing examination, if such an exam is required for licensure in your state. Clinical exams are developed and administered by dental clinical testing agencies at dental schools. Most states participate in one or more regional examining boards, and a few administer their own exams. Unlike the written examinations, which are fairly standard, clinical exams may vary. Most candidates who do not achieve licensure on their first attempt fail some aspect of the clinical exam.

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

Only five jurisdictions (California, which also accepts WREB, Delaware, Florida, Nevada and the U.S. Virgin Islands) currently administer their own clinical exams; the remaining boards contract that responsibility to one of the five regional testing agencies.

Clinical Testing Agencies

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

ADEX and ADLEX

In 2005, the American Board of Dental Examiners (ADEX) was established. ADEX consists of state and U.S. territory licensing jurisdictions which are responsible for the ongoing development of the American Dental Licensing Examinations (ADLEX). The ADLEX is available for use by the individual state and regional testing agencies on behalf of their member states. Currently, NERB and the state of Nevada administer the ADLEX, while CITA, SRTA, WREB and CRDTS administer their own examinations. The American Dental Association believes that ultimately all licensing authorities will accept the examination results from all state and regional testing agencies.

Preparing for the Exam—Location and Expense

Preparing for your state clinical licensing exam requires careful planning. Allowing enough time for the application process and patient selection is imperative. Plus, exam fees and liability insurance can be costly, and for those who need to travel to the exam, travel costs for both the candidate and the patients (who may also be paid) need to be considered. Below is an outline of the various clinical licensing examinations with cost and travel implications. As sites and fees can change, be sure to contact each state/region for the most up-to-date information.

The ADA Office of Student Affairs conducted a short survey of testing agencies in April 2010 to obtain the information in the table below. Delaware and U.S. Virgin Islands did not respond to the survey and information was obtained from other sources.

State/Region	Fees	Testing Location	Frequency
CITA www.citaexam.com Tip: Check "updates" page Application: Download online CITA supplies malpractice insurance	\$1,950-2,200	Dental Schools: Alabama (Feb. May, Aug.), Louisiana (March, May), Mississippi (March, May, August), North Carolina (Feb., April, June, Sept.), Puerto Rico (May, Aug.), South Carolina (April)	Contact CITA for the most up-to-date schedule.
CRDTS www.crdts.org Application: Apply online or download CRDTS supplies malpractice insurance	Dental exam \$1,900	Dental Schools: Colorado (Feb., Oct.), Minnesota (Feb., May), Creighton (March, June), Nebraska (Feb., Oct.), Marquette (March, Oct.), Meharry (June), Southern Illinois (April, June), Georgia (March, May, Oct.), South Carolina (March)	Varies by school
NERB www.nerb.org Application: They are mailed to schools or download online NERB supplies malpractice insurance	\$1,870	U.S. Dental Schools: Boston (Feb., Aug., Oct., Dec.), Buffalo (March, Oct.), Case Western (Feb., Oct.), Columbia (Feb., Oct.), Connecticut (Feb., Sept.), Detroit Mercy (March, April, Oct.), Harvard (March, Sept.), Howard (March, April, Sept., Dec.), Illinois-Chicago (March, April, Oct., Dec.), Indiana (March, Oct.), Maryland (March, Oct.), Michigan (March, Oct., Dec.), New Jersey (March, Oct.), New York Univ. (Feb., April, August, Sept., Dec.), Penn (March, Oct.), Pittsburgh (Feb., Sept.), Ohio (Feb., April, Oct., Dec.), Stony Brook (Feb., Sept.), Temple (March, April, Oct., Dec.), Tufts (Feb., April, Aug.), West Virginia (Feb, Oct.) Canada: Dalhousie Univ. Dental Sch. - Halifax, Nova Scotia (March, Sept.)	Varies by school
SRTA www.srta.org Application: Apply online SRTA supplies malpractice insurance during exam time; form required	\$1,850 plus site fees	Dental Schools: West Virginia (Jan., March), South Carolina (Jan., March), Kentucky (Feb., April), Tennessee (Feb., April, June, Dec.), Virginia (Feb., April, June), Louisville (March, April), Meharry (May, Oct.)	Varies by school

<p>WREB www.wreb.org</p> <p>Application: Apply online or download hard copy on Web site</p>	\$1,600-2,300	<p>Dental Schools: Arizona (June), Baylor (April), Boston (March, April), Creighton (April), Colorado (March), Loma Linda (March, June) Iowa (March), Kentucky (March), Nevada (Feb.), New York Univ (March), Nova (March), Oklahoma (April), Oregon (May), Pacific (May, June), San Francisco (June), Southern California (April, June, August, Dec.), Temple (April), Texas-Houston (May, Sept, Texas-San Antonio (May), Tufts (March, June), UCLA (March, UMKC (April), Virginia (March), Washington (May)</p>	Varies by school
<p>California www.dbc.ca.gov</p> <p>Application: Request application by fax: 916.263.2140</p> <p>Requires candidate to obtain malpractice insurance</p>	\$550	Rotates between the California dental schools	Generally in spring, fall with 1-2 exams in June
<p>Delaware www.dpr.delaware.gov</p> <p>Click on "dental"</p> <p>Application: Download online</p> <p>Requires candidate to obtain insurance</p>	Exam Fee: \$-250 License Fee: \$211	Delaware Technical and Community College, Wilmington DE	January, June
<p>Florida www.doh.state.fl.us/mqa/ dentistry</p> <p>Requires candidate to obtain malpractice insurance</p> <p>As of November 2008, the Florida exam is accepted by NERB</p>	Maximum total of \$2,190, with a portion covering Fla. Dept. of Health and NERB	University of Florida (March, June, Nov.) and Nova Southeastern (March, June, Dec.)	Varies by school
<p>U.S. Virgin Islands</p>	\$145	St. Thomas	June, November
<p>Nevada www.nvdentalboard.nv.gov</p> <p>Candidates must have malpractice insurance</p>	\$1,870	University of Nevada – Las Vegas	February, May, October, December
<p>OSCE – Canadian Exam www.ndeb.ca</p> <p>Must apply online https://ndeb.brighttrac.com/</p>	\$2,000 (Canadian)	<p>Boston, Minnesota (March)</p> <p>Note: As of March 2010, Minnesota is the only state that accepts the OSCE exam for U.S. licensure.</p>	Typically the March session

Clinical Testing Agency Membership

The following chart indicates which states are members of which agencies. Note that some states accept results of examinations administered by testing agencies of which they are not a member. Contact the individual state boards of dentistry (found at www.dentalboards.org) for information about which examinations are accepted in the state where licensure is sought.

Tip: The testing agencies indicated that students should e-mail or call with questions, citing e-mail as the first preference.

Council of Interstate Testing Agencies www.citaexam.com

Alabama
Louisiana
Mississippi
North Carolina
Puerto Rico
West Virginia

As of March 2010, the following non-member states accept the results of the CITA exam: Colorado, Kansas, Maine, Massachusetts, Minnesota, Missouri, Montana, New Hampshire, North Dakota, Oregon, Virginia, Washington, Wisconsin.
Note: States change requirements often and candidates should check with the state board for the most current information.

Central Regional Dental Testing Services, Inc. (CRDTS, ADLEX)* www.crdts.org

Colorado
Georgia
Hawaii
Illinois¹
Iowa
Kansas⁹
Minnesota
Missouri⁷
Nebraska
North Dakota
South Carolina⁴
South Dakota
Washington²
West Virginia
Wisconsin
Wyoming³

As of March 2010, the following non-member states accept the results of the CRDTS exam: Arizona, Connecticut, D.C., Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Montana, New Hampshire, New Mexico, Ohio, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Texas, Utah, Virgin Islands, and Vermont.
Note: States change requirements often and candidates should check with the state board for the most current information.

North East Regional Board of Dental Examiners, Inc. (NERB, ADLEX) www.nerb.org

Connecticut
District of Columbia
Hawaii
Illinois¹
Indiana
Maine
Maryland
Massachusetts
Michigan
New Hampshire
New Jersey
New York⁸
Ohio
Pennsylvania
Rhode Island
Vermont
West Virginia⁵

As of March 2010, the following non-member states accept the results of the NERB exam: Iowa, Kansas, Kentucky, Louisiana, Missouri, Nevada, North Dakota, Oregon, Puerto Rico, Texas, Utah, Virginia, Washington, Wisconsin, Wyoming.
Note: States change requirements often and candidates should check with the state board for the most current information. Any state that accepts the ADEX Examination also accepts the NERB examination results.

Southern Regional Testing Agency, Inc. (SRTA) www.srta.org

Arkansas
Kentucky
South Carolina⁴
Tennessee
West Virginia⁵
Virginia

As of March 2010, the following non-member states accept the results of the SRTA exam: Alabama, Colorado, Connecticut, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin, Wyoming.
Note: States change requirements often and candidates should check with the state board for the most current information.

Western Regional Examining Board (WREB) www.wreb.org

Alaska
Arizona
California⁶
Idaho
Kansas
Montana
Missouri⁷
New Mexico
North Dakota
Oklahoma
Oregon
Texas
Utah
Washington²
Wyoming³

As of March 2010, the following non-member states accept the results of the WREB exam: Colorado, Connecticut, Illinois, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Nevada, New Hampshire, Ohio, South Dakota, Tennessee, Vermont, Virginia, Wisconsin, West Virginia.
Note: States change requirements often and candidates should check with the state board for the most current information.

Independent States that Administer Their Own Clinical Licensing Examinations

Delaware
Florida
Nevada⁹
Virgin Islands

The information provided in this chart is subject to change frequently. This information is accurate as of March 2010. For the most up to date information, please contact your state board (contact information included in this guide).

¹Illinois is a member of both CRDTS, NERB and WREB.

²Washington is a member of WREB. Only the dental examination falls under CRDTS.

³Wyoming is a member of both CRDTS and WREB.

⁴South Carolina is a member of both CRDTS and SRTA.

⁵West Virginia is a member of both NERB,SRTA, CRDTS and CITA.

⁶California legislation to join WREB addresses only the dental exam not the dental hygiene exam. Also administers its own examination.

⁷Missouri is a member of both CRDTS and WREB.

⁸New York is a member of NERB and accepts that exam for hygiene only. New York currently does not accept any exam for dental licensure; they require a one-year residency (PGY1).

⁹The Nevada State Board of Dentistry administers the ADLEX exam approved by ADEX along with the NERB. The NSBDE administers the ADLEX in the Curriculum Integrated Format to senior dental students at UNLV and in the Traditional format in May to eligible applicants.

Note: **Kentucky** accepts the results of CITA, WREB, SRTA and CRDTS with the stipulation that every section is passed with a minimum score of 75%.

Curriculum Integrated Format

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

What is the Traditional Format?

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

What is the Curriculum Integrated Format (CIF)?

The format allows dental students to take their examinations in sections, spread out across their last year of dental school, instead of taking all four parts) at the very end of senior year. With the CIF, the simulated examinations are administered early in the senior year and the Restorative and Periodontal examinations early in the second semester of the senior year. Candidate scores are reported

to their dental school administration for the purpose of student remediation. Students are permitted to take the simulated patient examinations three times and the patient-based examinations twice prior to graduation.

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

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

Patient Selection

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

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

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

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

Be cautious

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

Trust your comfort level

Choose patients with conditions you feel comfortable treating. Meeting only the minimum criteria can result in patients being rejected. Also, don't rely on others, even faculty members, to select or qualify your patients. Board examiners will determine the final acceptability of your patient. Having a back-up patient who is readily available is a very good idea.

Remember that your patients are patients (not dentists)

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

Give them the facts

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

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

Be honest and appreciative

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

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

Tip: The ADA developed a Patient's Guide to the Clinical Licensure Exam brochure that you can personalize. Download a free copy at www.ada.org/goto/student.

Application Process

Plan ahead—it takes considerable time and effort to properly complete the application form. If the forms are not completed to the required specifications, they could be returned, which slows down the process. Take your time to avoid making common (and costly) mistakes on your application.

Guidelines for a smooth process:

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

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

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

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

Submit the required supporting documents. You may be asked to provide supporting documents for your exam application, such as photographs, proof of graduation and proof of malpractice

insurance. Failure to submit all of the required documents may delay the processing time needed for your application. If your exam requires separate malpractice insurance, it can take six weeks to issue a proof of insurance.

Call if you have questions. Call or e-mail your examining agency with any questions while you are completing the application. Don't assume anything!

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

Tip: If you move during the application process, it's important to notify the testing agency immediately. They may require the change in writing or ask you to complete a form. It's crucial that your identification is clear on test day so be sure to follow all the directions provided.

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

Handling the Details...in Advance

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

Candidate's Guide

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

- Underline important sections.
- Make notes in the sidebar.
- Make a list of questions to ask the chief examiner at orientations and/or during the exam.
- Keep your manual with you at all times during the exam.

Procedures

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

- Include approximate desired time guidelines.
- Create a list of instruments that your patient must bring to the examining area at each check-in.
- Print a copy for yourself and your assistant (if you choose to use an assistant).

Assistant

Clearly define the role of your assistant. And take time to practice the routine of the exam. He/she can:

- Keep an eye on the flow chart to keep you on time.
- Double check that your patient is sent to the examiners at the right times and with the correct equipment.
- Communicate that details make a difference.

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

Self Testing Technique

Ask yourself questions about cavity preparation and restoration to explore possible situations:

- When do I plan to start?
- How much time should I allow?
- Based on the condition of my patient, what possible scenarios might occur and how would I handle them?
- What paperwork and instruments are required for the check-in procedure? What do I need to submit for the preparation grade?

- Is my patient required to wear a rubber dam?
- What do I need to look for after the grading (such as the examiner's initials)?

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

Schedule

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

Patient Forms

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

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

Supplies and Equipment

Prepare and organize:

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

Lab

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

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

Patient Check

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

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

Don't Forget about the Logistics

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

Your Health and Comfort

- Avoid alcoholic beverages and don't eat anything out of the ordinary the day before. Try to get a good night's sleep.
- Plan to eat a good breakfast the morning of the exam. Although you will be nervous, it is critical that you eat a well-balanced breakfast to maintain your energy throughout the morning.
- Wear comfortable shoes and professional clothing.

Chair-side Assistant

If you are allowed to use a chair-side assistant (and you choose to do so), select a reliable one! Have a back-up plan in case your assistant is unable to attend the exam.

Tour If You Can

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

Plan for the Unexpected

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

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

Positive Attitude

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

Time Management—Before and During the Exam

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

Tips to optimize your time:

- **Create a “to do” list.** First decide what needs to be done between now and the date of your exam. Creating a list with clear, simple tasks helps keep you focused.
- **Determine your priorities.** Identify which items are priorities based on their deadline for completion. Realistically decide how much time you will need to devote to each task, and remember: do first things first.
- **Develop an action plan.** Once you have prioritized your tasks, outline the steps you must take to complete them. This helps you progress from simply thinking about the test to taking action. How will you go about recruiting patients? How should you be spending your time when you are not in class or in the lab? The action plan will serve as your road map. Creating a plan of action is one way to manage your time so that it doesn't manage you.
- **Develop a schedule for exam day.** Detail your schedule as much as possible to avoid unnecessary anxiety on the big day. Find out how much time is allotted for each portion of the exam and use any extra time constructively.
- **If procedures are *assigned* in timed blocks, plan how you will work within that time frame.** Plan for setting up the unit, checking the medical history, anesthetizing the patient, etc. Structure your day so that you arrive at the test site with time to spare.
- **If your exam is an *open block* schedule, you will need to allot time for the different procedures appropriately.** Estimate how long each procedure will take, then plan carefully so you can begin work on another patient as soon as you finish the first. Tell your patient when to arrive based on your planned schedule.
- **Make a check list for each day.** What time do you need to be at the school? What time should your patient arrive? What supplies and equipment must you bring? What supplies do you need to obtain from the school supply window before beginning the procedure? List all the forms and instruments that must be submitted with your patient.
- **Bring a watch.** Even though there may be a clock in the exam room, you'll appreciate having your own watch as time draws to a close. Your cell phone may not be permitted on the clinic exam floor.

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

Board Insurance

Student Professional Liability Insurance

It is important to consider insurance protection against potential liability that may arise when you perform clinical services during dental training and prepare to take your clinical board exams. Most licensing jurisdictions will require evidence of professional liability (dental malpractice) insurance coverage. Several of the testing agencies now provide insurance coverage for candidates.

Council of Interstate Testing Agencies (CITA)

Per www.citaexam.org, candidates will no longer be required to obtain professional liability insurance before being allowed to take a CITA dental or dental hygiene examination. CITA has purchased a blanket Professional Liability Insurance policy that covers all dental and dental hygiene candidates, and their assistants, for all CITA examinations. The cost of that coverage is included in CITA's examination fee.

Central Regional Dental Testing Service (CRDTS)

Per www.crdts.org, liability insurance is furnished for all candidates participating in the Central Regional Dental Testing Service examinations by CNA through the Professional Protector Plan administered by Brown and Brown, Inc., Tampa, Florida. If candidates prefer not to have their name released to Brown and Brown, Inc., they must notify CRDTS and furnish a copy of their own coverage information.

North East Regional Board of Dental Examiners

Insurance in the amount of \$1,000,000 / \$3,000,000 is required for all candidates. CNA, through the Professional Protector Plan, administered by Brown and Brown, Inc., Tampa, Florida will provide complimentary professional liability coverage for all candidates and their dental assistants taking the patient based portions of NERB Clinical Examinations in Dentistry during calendar year 2010.

Western Regional Examining Board (WREB)

Per www.wreb.org, CNA Insurance Company, through the Professional Protector Plan in cooperation with WREB, will extend WREB professional liability coverage with the limit amounts of \$1,000,000/\$3,000,000 for the patient-based portion of the calendar year 2008 dental exam at no charge to you. WREB will forward the names and addresses of all candidates to CNA.

Southern Regional Testing Agency (SRTA)

According to SRTA staff, malpractice insurance is required. Candidates that do not have insurance may complete a form to request coverage under SRTA's provider. The insurance coverage is available at no charge. Visit www.srta.org for more information.

California Examination

California requires insurance for all candidates; \$100,000 for single occurrence and \$300,000 for multiple occurrences.

Delaware Examination

Delaware requires that candidates have proof of one million dollars worth of insurance in order to be admitted to the examination.

Florida Examination

Licensees require \$100,000 - \$300,000. The law states the student must carry sufficient insurance to cover any incident of harm to a patient.

Nevada Examination

The state of Nevada requires insurance in the amount of \$1,000,000 / \$3,000,000.

OSCE - Canadian Examination

Since no patients are used, insurance may not be applicable. Information was not available on insurance requirements for the OSCE examination at the time of publication.

Insurance Options

ADA resources. To assist dental students in purchasing malpractice insurance, the ADA Council on Members Insurance and Retirement Programs provides an online "Directory of Professional Liability Insurers" exclusively for ASDA and ADA members. It lists the insurance companies writing in each state, their agent contacts and website links. For additional details go to www.ADA.org or call the Council staff for assistance at 800.621.8099 ext. 2885.

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

Checklist for Licensure Candidates

Select patients:

- Do patients meet all criteria?
- Make sure patients are familiar with exam process and time commitment.

Tip: Provide patients with the ADA's brochure: [A Patient's Guide to the Clinical Licensure Examination](#), found on [ADA.org](#).

Research where and when you want to take the exam:

- Especially important for students whose state accepts more than one state/regional exam and/or whose school offers a pre-graduation exam.
- What date and location is best for you and your patients?

Make travel and lodging arrangements for you and your patients:

- Confirm your reservation(s) a few days before exam.
- Don't forget about lunch/snacks.

Verify if malpractice/liability insurance is needed.

- If insurance is provided, research that the coverage is appropriate.
- If not provided, obtain insurance several weeks in advance of exam day.

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

Know your candidates' guide

- Don't forget to bring it with you to the exam.

Research programs that will help you prepare and study for your exam:

- Mock boards, lunch & learns are examples
- Your state and local dental society may offer assistance.

Confirm patient and assistant participation:

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

Develop a schedule for exam day.

Prepare supplies and equipment for exam day.

The Moment You've Been Waiting For—The Results

Notification

There is a wide variability in the time it takes for a candidate to receive notification of his or her status from the testing agency. It may take as little as three weeks or as long as eight weeks. The information provided also varies. Candidates who do not pass the exam often indicate that the notice they receive does not give them enough information to understand what they did wrong or to determine if an appeal would be appropriate.

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

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

Appeals

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

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

Impact on the recent graduate

When it comes to licensure, the recent graduate faces a daunting task. Even dentists who plan to practice in the state where they received their dental education find challenges. Faculty may not be knowledgeable about the licensure examination in that state. For the graduates who plan to practice in another state, there is even more uncertainty about whether strong school performance will lead to successful completion of the exam. It is not uncommon for recent graduates to take the licensure examination for multiple states to enhance the likelihood for success.

This uncertainty also can make it difficult to forge professional relationships. For those entering associateships or employment arrangements, all negotiations are contingent upon the successful completion of the exam. New dentists who plan to acquire practices or launch a new practice know that their financing and future career success hinges on licensure.

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

The impact of failure

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

As noted earlier, the cost for taking the exam includes the application and fees, which range from \$150 to nearly \$2,000, plus travel costs for both you and your selected patients. Paying that expense twice can make a deep dent in your bank account—especially if employment options are scarce. It's important to note the frequency at which your region or state offers the exam so you can be prepared physically, psychologically, and financially.

A Candidate's Story: Failing the Clinical Exam *Robert Leland, DMD – Tufts, Class of 2001*

Come spring 2001, I had met all of my requirements for graduation, was working as a dental hygienist and looking forward to moving on to practicing as a GP.

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

The day of the live-patient portion of the exam arrived and thankfully all of my patients showed-up (never a certainty when it comes to these exams). The day went smoothly. I didn't "pulp-out" on the restorations. I had plenty of time to scale and root plane twelve surfaces of clinical/radiographic calculus. I was done with the NERBs once and for all.

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

The NERB results came in while I was working full-time for hygienist compensation in my new office (as Massachusetts law allows, I took the NERB perio section in my 3rd year and was able to obtain a hygiene license). I was meeting the patients of the

My alternate plan was to hang out at the dental school and beg.

practice and learning all the aspects of running a dental office. As interesting as that time was, I was ready to practice as a dentist.

I failed the perio portion of the NERB.

What a blow. Here I was, working as a hygienist for the past two years and I failed the NERB because of incorrect patient selection. It wasn't really spelled out in the results section of the exam, but apparently my periodontal patient didn't have the right amount of calculus. If that's the case, you fail. I had two periodontists and a current NERB examiner look at my patient before the exam. How could this be? Well, it was. Plans were on hold.

Thankfully, my mentor/boss was, though disappointed, pretty understanding about this set-back. He didn't quite understand how someone who finished requirements early, honored both sections of the boards and finished in the top 20% of his class

could fail, but we moved on. Now I had to retake the perio section. The next NERB exam in our area was in August. But, the problem was that once you graduated, you couldn't see patients at the school. There also wasn't a formal program to help to find patients for the exam. I was on my own.

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

My alternate plan was to hang out at the dental school and beg.

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

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

I took the exam and felt pretty good about it. I was amazed to see how many of my peers were there retaking portions of the exam with me....peers who I knew had top skills and never would have expected to see there.

I passed the section the second time around, and have moved on with my career. I guess looking back on that summer; it wasn't the end of the world. It helped to have a supportive situation around me. The toughest part was the temporary blow to my confidence. It just didn't seem right that all other indications in my dental school career signified that I was ready to practice dentistry, but the variability in the live-patient portion got me.

Where is Rob today?

Dr. Leland continues to live and practice in Massachusetts. He bought the practice where he first worked as an associate, which he aptly renamed Leland Dental. In addition, he has gone on to hold numerous leadership roles in organized dentistry, serving as the chair for the council on Membership for the Massachusetts Dental Society in 2006-2007, and as vice chair to the ADA Committee on the New Dentist for 2009-2010, among others. Dr. Leland was the 2007 recipient of the *ADA Golden Apple Award for New Dentist Leadership*.

A Candidate's Story: Failing the Clinical Exam *Anonymous*

I failed the restorative portion of the NERB exam administered in March 2006. I had patients who I had established relationships with as well as back-ups who all showed up. I felt admittedly nervous, but from what I had heard, as long as I did what I was trained to do, I would pass. I chose to prepare and restore the anterior CIII composite first. I performed the procedure as I had been trained, but after submitting my patient for final check, I was told to temporize the tooth and dismiss the patient with a failing grade for that portion. I was able to proceed with the periodontal portion of the exam during the afternoon, but I had to send away all three of my other patients without treatment or compensation for their time. The test was a blow to my esteem, and in my opinion, reflected poorly on the students and the school since what I had been trained to do was apparently "clinically substandard." The testing agency is not required to provide feedback so I will never know what aspect of my performance was inadequate. Conversely, I have since retaken the restorative portion of the exam and scored a 99, but without feedback, and I will never know in what way the Board considered this attempt so drastically different from the first.

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

In the long run, the extra \$700 to retake the one portion of the exam (on top of the original \$1,600) wasn't an unbearable burden, but it certainly created some difficulty. It was \$700 that my family couldn't use to move to our new practice location, spend on pre-natal medical care for our coming baby, or subsist on while starting my new job as an associate. The stress of making life decisions (if or where to move, how to recover if I failed a second time, and how to adjust my expectations of new employment) could not have had a price attached. The biggest impact was that my state license was held up while I awaited the results of the retake. I was unemployable for all the months between graduation and licensure.

On the day of the retake, I felt even less prepared than on my first attempt. The only restorative procedures I had done in the previous two months were on the typodont in practice for this event. My clinical time had been spent completing crown and bridge cases and looking for new board patients. I found suitable patients from junior students who still had restorative patients in their pool.

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

For these students in our class, retaking the exam and passing had become a necessity for matriculation into the post-graduate orthodontic, oral surgery, and pediatric residencies that had accepted them. The sheer volume of students retaking the exam also shocked me; nearly one in four students who took the NERB at our school had to retake at least one section over.

My future employer was sympathetic to my cause and made tremendous adjustments to the office and patient schedule during this interim unemployment phase of my career. This was a great consolation to my family and me. I have been encouraged to see that support in private practice; most dentists want to see their young colleagues succeed, which was contrary to the feeling I had after failing the NERB regional exam.

A Candidate's Story: The PGY-1 Option

Chris Salierno, DDS - SUNY Stony Brook, Class 2005

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

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

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

I knew I wanted to stay in New York, so this was an easy choice for me.

However, if I ever want to move to another state, I may have to take a licensing exam.

Portability is a tricky issue. There is no clinical licensure examination that is truly "national." As it currently stands, any exam you take will not license you in certain states. So my advice is to consider the states in which you are likely to practice and research which pathways to licensure they accept.

Where is Chris today? Dr. Salierno completed his PGY-1 training at Stony Brook Hospital's General Practice Residency program. Shortly after graduating from Stony Brook, he returned as an Assistant Clinical Professor and continues to lecture on various topics across the country. In 2010, Dr. Salierno opened a private practice in Melville, NY and serves as the New York State representative for the ADA Committee on the New Dentist and the Treasurer for the Suffolk County Dental Society.

If It Happens To You

Failing your licensing exam may seem like the end of the world, but noting the failure rates shows you that you are not alone. Depending upon your licensing jurisdiction, you may have a wait period to retake the exam, plus if you need to reapply, it will take time to process and schedule your examination—perhaps several months. In the interim, you will probably have two concerns: first, achieving licensure and second, making a living now that your entry to dental practice has been delayed.

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Your first task in achieving licensure is to review the information provided by the testing agency regarding your areas of failure. Reflect on your experience during the exam. If you had a problem with a patient, or were aware that the section did not go well, your score probably did not surprise you. Decide if you need further work in that aspect of clinical care. If so, you may wish to consult with a clinical instructor. Or, if your dental school offers a remediation program (see page 19), it could be wise to take advantage of it.

For new graduates who planned to relocate to practice, or for those whose dental school does not offer a remediation program, it may be possible to participate in a remediation program at an appropriate dental school. Many remediation programs are open to non-alumni. See the Dental Schools with Remediation Programs listing.

You must also make a decision regarding the appeal. In many cases, you can request that your test be re-scored to make sure that there was no error. However, you should be aware that the testing agencies are not likely to over-ride the evaluation of the examiners.

Occasionally, new graduates report that the testing process was not according to the approved procedure. This may be an effective ground for appeal. For more information regarding the appeals process, please contact the testing agency or your state dental board.

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

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

The state or local dental society can also be helpful regarding your options for employment during the interim. Volunteers or staff may know of dentists in your area who may be willing to have you assist them in their office. Although you can't practice dentistry, you could still learn much from the practice environment. The state Dental Practice Act may allow you to serve in a hygienist, dental assistant or dental lab capacity. Your state dental society should have more information. In addition, the ADA offers a nonpracticing membership category for people with a dental degree but who do not have a license. Your Association can be a great resource during this time and membership options are available to you. See page 30 for details.

Remediation

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

The ADA Office of Student Affairs conducted a short survey in March 2010 regarding the availability of remediation at the 58 U.S. dental schools. Forty-seven schools responded and 26 indicated that some form of remediation is offered through the dental school. The responses are on the next page.

Availability of remediation programs is not widely publicized, even faculty may not be aware of them. ADA's survey asked schools to provide contact information for staff or faculty that will assist students with remediation. The responses varied—some schools suggested that students should contact their academic affairs area, while others said the clinical dean or another specific faculty member. Interested students may contact the Office of Student Affairs for specific contact information at studentaffairs@ada.org.

Dental Schools with Remediation Programs

Dental School	Clinical Exam	Part I	Part II	Alumni	Non-alumni	Re-enroll in Clinical Classes	Take Board Prep Classes	Other
Arizona School of Dentistry	Y	Y	Y	Y	N	Y	N	N
Baylor College of Dentistry	Y	N	N	N	N	Y	Y	N
Boston University	Y	N	N	N	N	N	N	Y
Creighton University†	Y	Y	Y	Y	N	Y	Y	N
Howard University	Y	Y	Y	N	N	Y	Y	N
Loma Linda University	N	Y	Y	N	N	N	N	Y
Louisiana State University	Y	N	N	Y	N	Y	Y	N
Nova Southeastern University	N	N	N	Y	Y	N	Y	N
Southern Illinois University	Y	Y	Y	Y	N	Y	N	Y
SUNY- Buffalo*	Y	Y	Y	Y	Y	Y	Y	N/A
University of Alabama	Y	Y	Y	N	N	N	N	Y
University of CA-Los Angeles†	Y	N	N	Y	Y	N	Y	N
University of Detroit Mercy †	Y	Y	Y	Y	N	Y	Y	N
University of Illinois-Chicago	Y	Y	Y	Y	N	N	Y	N
University of Iowa	Y	Y	Y	N	N	Y	N	Y
University of Louisville	Y	Y	Y	N	N	N	N	Y
University of Minnesota	Y	Y	Y	Y	Y	N	N	Y
University of Missouri-Kansas	Y	Y	Y	Y	N	Y	Y	N
University of Nebraska	Y	N	N	Y	N	Y	N	N
University of North Carolina	Y	Y	N	N	N	N	N	N
University of Pennsylvania	N	Y	Y	N	N	N	N	N
University of Pittsburgh†	Y	Y	N	N	N	Y	Y	Y
University of Puerto Rico†	N	Y	N	N	N	Y	Y	Y
University of Texas Houston	Y	Y	Y	Y	N	Y	N	N
University of Texas San Antonio	Y	N/A	N/A	N	N	N	N	N
University of the Pacific	Y	Y	Y	Y	N	Y	N	N

Source: 2010 Remediation Programs in Dental Schools Update * Information based on 2008 Survey. No response to 2010 survey. †See Additional Information below.

Additional Information from the 2010 Survey:

- Creighton University offers Part I NBDE remediation to students from other schools at the cost of tuition. All other remediation programs are for Creighton University students or alumni only.
- While Ohio State University does not offer a formal remediation program, informally, students may be able to complete additional bench work and/or enroll in a CE course specifically designed for them in order to gain additional experience.
- The UCLA Restorative faculty offer remediation programs to current students on an individual basis. Graduate dentists are eligible to enroll in a WREB prep course offered through UCLA's CE program.
- The University of Detroit-Mercy's individualized remediation programs are also offered to students from other dental schools.
- The University of Pittsburgh offers the NERB licensure exam throughout the year via the Curriculum Integrated Format. Remediation is tailored to specific needs.
- In order for a student at The University of Puerto Rico to be promoted to senior year, he/she must pass Part I of the National Boards. Students who do not pass Part I may seek remediation through a special curriculum. If a student fails a clinical course, he/she must repeat the course and repeat the year.

Please note that the following schools indicated that they did not offer a remediation program: Case Western, California-San Francisco, Columbia, Georgia, Harvard, Kentucky, Marquette, Maryland, Meharry, Michigan, Midwestern, Mississippi, New York University, Ohio, Oklahoma, Southern California, South Carolina, Tufts, Western University, Temple, West Virginia and Washington

The following schools did not respond: Colorado, Connecticut, Florida, Indiana, New Jersey, Nevada, Oregon, Stony-Brook, Tennessee, Virginia.

Keep In Touch During Your Transition to Dental Practice

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

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

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

ADA Reduced Dues Program for recent graduates:

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

We have a membership option for everyone.

Tripartite Membership[^]

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

Provisional Membership[^]

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

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

Federal Dental Services Membership[^]

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

Graduate Student Membership

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

Tip: If you join as a graduate member, you put the reduced dues program on hold for another year. That means after graduation, in most cases, you can still be a member for \$0, and go through the 25-50-75-100% dues progression—for multiple years of low dues rates.

Nonpracticing Dentist Membership

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

Learn more about your membership options at www.ada.org (click on Join/Renew at the top) or contact the ADA at 800.621.8099.

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

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

[^]Eligible for ADA's Reduced Dues Program

Advocating for Change

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

A brief history

In the 1990's, failure reports were "shocking"

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

In 1996, discussion and collaboration begins

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

In 1997, the Agenda for Change was born

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

The Agenda for Change set the tone for further action on the clinical licensure front. The regional testing agencies and AADE have addressed examination calibration and have established guidelines for common content in the clinical examination process. At the same time, the ADA and ASDA continue to encourage state dental boards to accept more than one clinical exam, recognizing that if every state accepted every test, it would give new graduates more flexibility. The majority of states accept the results of more than one testing agency.

In 2003, the post-graduate residency emerged as an alternative

An alternative pathway to initial licensure was established by the state of New York in 2003: completion of a residency. The New York State Dental Association actively supported legislation to of-

fer completion of a residency program at least one year in length (PGY-1) in an accredited postdoctoral program in lieu of the clinical licensure examination as a pathway to licensure in the state. The 2003 ADA House of Delegates amended its Policy on Dental Licensure and Guidelines on Dental Licensure to reflect this option. In 2007, the completion of a postgraduate residency program in New York was mandated. The state of New York no longer accepts clinical examination as a pathway to licensure. California (advanced general dentistry only), Connecticut, Minnesota and Washington offer the option of a PGY-1 as an alternative pathway to licensure. Washington has a PGY-1, but it is unique in that the residency must be completed in a low-income clinic. PGY-1 may be a suitable pathway to licensure for eligible dentists, unless he or she foresees the possibility of moving to another state. In that case, the dentist must seek licensure from the new home state to be eligible to practice there. For this reason, the PGY-1 may not work for everyone. ASDA policy supports the option of PGY-1 as a sufficient alternative to licensure; however the organization does not believe that a residency program option should be mandated.

Tip: Learn more about ASDA's Licensure Policies at www.asdanet.org.

In 2004, CDEL supports the concept that dental students can take a single clinical examination that would have national acceptance.

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

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

The American Board of Dental Examiners (ADEX) was formed as the independent agency responsible for the development of a clinical licensure examination. c. When ADEX began to develop the exam, the majority of state dental boards and regional testing agencies participated in the process. However, some

state and regional testing agencies eventually withdrew from the process. Instead of just one examination, now there were multiple examinations in use. Not all state dental boards joined ADEX.

The intention was for all existing regional testing agencies to administer ADEX's exam, but by August 2005, only two agencies agreed to do so—CRDTS and NERB. SRTA, WREB and CITA did not participate in ADEX and continue to administer their existing examinations today. Eventually, CRDTS also withdrew and as of March 2010, NERB and Nevada are the only agencies that administer the ADEX exam.

Keeping the lines of communication open

To date, there is still a strong desire for one common exam, making mobility easier for dentists and their families seeking new opportunities in different states. The ADA continues to monitor

the ever-changing licensure environment and has hosted several informal inter-agency meetings in the past five years. In addition, the ADA has sent letters to the state boards of dentistry regarding the licensure process, including asking the Boards to consider the impact of CRDTS withdrawal from ADEX and to encourage them to accept results from multiple examinations. ADA's licensure policies continue to encourage states to accept results of any state or regional examination.

The 2009 ADA House discusses the development of a Part III NBDE

The 2009 ADA House of Delegates considered a resolution (26S-1) to study the development of a Part III National Boards Dental Examination that will evaluate clinical competency, ethics and professionalism. The House referred the activity to an ADA Board of Trustees workgroup.

Dental Licensure Change – A Recent Timeline

1994	JADA: Many new graduates were having difficulty making a successful transition to dental practice because of high level of failure of the licensure exams. "Failures ranging from 50% to more than 80% were noted at certain exam sites."
1995	JADA: "more than 1,000 of 1995 dental graduates failed their initial licensing test."
1996-2000	ADA hosted a series of meetings on the subject of dental clinical licensure examinations.
March 1997	12-point Agenda for Change which was developed and accepted by the ADA, ADEA, AADE and ASDA
2003	New York PGY-1. The state of New York adopts law to allow the option of completing a residency program of at least one year in length (PGY-1) in an accredited postdoctoral program in lieu of the clinical licensure examination as a pathway to licensure in the state.
2003	ADA HOD amended its Policy on Dental licensure and Guidelines on Dental Licensure to state that the clinical examination requirement for initial licensure could be met by successful completion of a postdoctoral program in general dentistry or in an ADA recognized, at least one year in length.
April 2004	ADA Council on Dental Education and Licensure endorsed the concept that a dental student who has graduated from an accredited program should be able to take a single clinical examination that would have national acceptance.
June 2004	American Association of Dental Examiners passed a resolution calling for the development of a national uniform dental clinical examination administered by state and regional testing agencies.
October 2004	ADA HOD approved Res. 23H-2004, directing the appointment of a National Clinical Licensing Examination Consensus Committee to advance the development of a common national examination.
2005	American Board of Dental Examiners (ADEX) established which is responsible for the ongoing development of the American Dental Licensing Examinations (ADLEX), a national exam that is available for use by individual state and regional testing agencies on behalf of their member states.
July 2005	the Council of Interstate Testing Agencies (CITA) was formed – making it the first testing agency to be formed since the original four regional dental examination agencies were founded between 1969-1976.
2007	Completion of residency program mandated in NY. The state of New York no longer requires clinical examinations as a pathway to licensure.
2007	California (advanced general dentistry only), Connecticut, Minnesota and also offer the option of PGY-1.
2008	Washington offers a PGY-1 option.
2009	CRDTS withdraws from ADEX in June; begins to administer its own examination
2009	The ADA House of Delegates refers Resolution 26S-1, to study a potential NBDE Part III exam to the Board of Trustees work group
2009	In June, Minnesota announced that it will administer the Canadian Objective Structured Clinical Examination (OSCE) to graduates of the University of Minnesota and accept the results for licensure. California is in the process of investigating the use of a hybrid portfolio examination.

An Agenda for Change in the Clinical Licensure Examination Process

Objectives developed at the invitational conference for dental clinical testing agencies, March 4, 1997

The American Dental Association should work in cooperation with the clinical testing agencies, the licensing jurisdictions, the American Association of Dental Examiners, the American Association of Dental Schools and the American Student Dental Association to facilitate improvements in the clinical licensure process. It is recognized that testing agencies or their constituencies may have statutory limitations that preclude their adoption of some changes, but all agencies are urged to address these objectives to the extent possible within such limitations. In pursuing these objectives, the Association should ensure that each testing agency retains its independent right to make changes to its examination to meet the needs of its constituents. These communities should address the following objectives:

1. Promote the interaction of all testing agencies and boards of examiners to explore the concept of more uniform content and methodology in licensure examinations.
2. Develop and promote the acceptance of guidelines for administration of a common content clinical examination and standardized examiner calibration.
3. Encourage testing agencies to work with dental school faculties to help and participate in calibration activities.
4. Minimize the use of patients in clinical licensure examinations, but where patients are used ensure that the safety and protection of the patient is of paramount importance and that patients are selected in an ethical manner. The use of a curriculum integrated format (CIF) in clinical licensing examinations provides an appropriate use of patients as it allows students to use patients of record within the patient's prescribed treatment plan.
5. Develop and promote policies and procedures to make clinical licensure examinations more candidate-friendly.
6. Encourage the development of publications, orientation sessions and other methods to better communicate to candidates information regarding clinical examination logistics.
7. Minimize the time needed to notify candidates of examination results.
8. Improve and standardize to the extent possible the testing agencies' appeals process.
9. Urge the American Association of Dental Schools (now known as the American Dental Education Association) to encourage all dental schools to offer remediation programs for candidates who fail the clinical licensure examinations.
10. Promote further study of the pre-graduation examinations by the clinical testing agencies and encourage the testing agencies and dental schools to work together to offer the pre-graduation examinations to the extent possible.
11. Promote the acceptance by all licensing jurisdictions of the National Board Dental Examination in lieu of a separate written examination on oral diagnosis and treatment planning.
12. Address the profession's concerns regarding the failure rates on clinical examinations, by collecting statistical data on examination results within the limits imposed by the need to protect confidentiality.

Licensure by Credentials (also known as Licensure by Recognition)

Dental boards in 46 states plus the District of Columbia and Puerto Rico grant licenses to dentists to practice in any setting, who are currently licensed and in active, continuous practice for a specified period of time (typically 5 years) in another jurisdiction, without further theoretical and clinical examination.¹ The license recognition system, often referred to as licensure by credentials, may also be referred to as licensure by reciprocity, endorsement, or criteria.

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

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

Alabama, Alaska, Arkansas, Arizona, California, Colorado, Connecticut, DC*, Georgia⁶, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine⁵, Maryland, Massachusetts*, Michigan, Minnesota³, Mississippi*, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina⁶, North Dakota, Ohio, Oregon, Oklahoma, Pennsylvania*, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

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

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

¹ This licensure by credentials requirement of active, continuous practice for a specified period of time, should not be confused with the authority that state dental boards possess in granting initial licensure. For initial licensure, state law permits boards to accept the examination results of a regional dental clinical testing agency for a period of time (again generally five years) whether or not the applicant is licensed or has practiced in another state. The only requirement is that the state will accept the results of that regional exam.

² **Hawaii** in 2004 passed a community service license law which allows dentists with proper credentials to come to Hawaii to work in federally qualified health centers, native Hawaiian health centers and post-secondary dental training programs ONLY.

³ **Minnesota** in addition to the traditional licensure by credential law, a "guest licensure" law was enacted in 2002 that allows the dental board to expedite the issuance of a limited license to dentists from adjoining states to facilitate access to care.

⁴ **Maryland** requires applicants for licensure by credentials to successfully complete the Northeast Regional Examining Board's Dental Simulated Clinical Exercise (DSCE).

⁵ **Maine** has authority to license Canadian Dentists by Credentials as of 2004.

⁶ **Georgia and North Carolina** require credentialed dentists to establish active practices within a certain time period.

⁷ **Nevada** passed a licensure by credential law in 2001 that sunset June 2006. Nevada currently accepts results of the WREB examination; and no longer administers their own exam. As noted before, NV also accepts CRDTS and NERB.

The ADA supports licensure by credentials

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

Alternative Models to the Clinical Licensure Exam

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

Post-Graduate Year Residency

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

As of March 2010, the PGY-1 is offered by New York (mandated), Washington, Minnesota, California and Connecticut.

Canadian Examination – Non-Patient Based OSCE

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

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

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

Hybrid Portfolio

California is in the process of investigating the use of a hybrid portfolio examination. The hybrid portfolio model is designed to use the structure for student evaluation that currently exists within the schools to assess minimum competence. The model is considered a performance examination that assesses skills in commonly encountered situations, which includes components of the clinical examination administered by the traditional testing agency. Performance is measured during competency evaluations conducted in the schools by calibrated examiners who are members of the dental school faculty. Thus, the hybrid portfolio examination involves hands-on performance evaluations of clinical skills as evaluated within the candidates' program of dental education. According to the Dental Board of California, legislation has been introduced in the California State Assembly to establish by law the Hybrid Portfolio as an alternative pathway to licensure in California.

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

National Board Part III

An ADA Board of Trustees' workgroup is studying the current licensure issue, including the potential development of a Part III National Boards Dental Examination. The 2009 ADA House of Delegates considered a resolution (26S-1) to study the development of NBDE Part III that will evaluate clinical competency, ethics and professionalism. The House referred the activity to an ADA Board of Trustees workgroup.

ASDA Support

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

Council on Licensure

The mission of the Council on Licensure is to provide leadership in the area of dental licensure by educating members about the licensure process. The Council also maintains collaborative relationships with licensure-communities of interest and actively pursues opportunities to move ASDA's licensure agenda forward. Members can access updates on the Council's on www.ASDAnet.org under the "Leadership" tab, as well as find their Council representatives.

Chapter Licensure Representative (LR)

ASDA developed this new chapter-level position to help members stay informed on the licensure information and resources, specifically those at the state level. The LR will be current on ASDA,

local and statewide licensure policies and relay this information to the local members. The LR will also communicate these local issues to the Council Chair of Licensure and direct members to ASDA resources regarding licensure requirements. The second delegate, alternate delegate, or other interested member at each ASDA chapter could serve as its LR.

Licensure Policies on asdanet.org

Turn to www.asdanet.org under the "Issues" tab for information on licensure, including ASDA's policies and efforts to impact legislation. You can also access links to the state dental boards, among other resources.

Dental School and Dental Society Support

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

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

Additional Resources

ADA.org

Dental Student Resources – Exam and Licensure Information
www.ada.org/goto/student

Advocacy – Licensure

(found under Advocacy, Federal & State Issues)
www.ada.org/goto/advocacy (search for licensure in A–Z topics)

Joint Commission on National Dental Examinations
<http://www.ada.org/JCNDE.aspx>

ADA Council on Dental Education and Licensure (CDEL)

800.621.8099, ext. 2698

ADA Office of Student Affairs

studentaffairs@ada.org
www.ada.org/goto/student

ADA Committee on the New Dentist (CND)

800.621.8099, ext. 2779
newdentist@ada.org
www.ada.org/goto/newdent

American Student Dental Association (ASDA)

800.621.8099, ext. 2795
asda@asdanet.org
www.asdanet.org

American Association of Dental Boards

www.dentalboards.org
info@dentalboards.org
312.440.7464

Tip: This site includes links to the State Dental Boards. Add as a favorite!

Clinical Testing Agencies

Central Regional Dental Testing Agency (CRDTS)

1725 SW Gage Boulevard
Topeka, KS 66604-3333
785.273.0380
Fax: 785.273.5015

Council of Interstate Testing Agencies (CITA)

1003 High House Road, Suite 101
Cary, NC 27513
919.460.7750
Fax: 919.460.7715
info@citaexam.com
www.citaexam.com

Northeast Regional Board of Dental Examiners (NERB)

8484 Georgia Avenue, Suite 900
Silver Spring, MD 20910
301.563.3300
Fax: 301.563.3307
ehall@nerb.org
www.nerb.org

Southern Regional Testing Agency (SRTA)

4698 Honeygrove Road, Suite #2
Virginia Beach, VA 23455-5934
757.318.9082
Fax: 757.318.9085
help@srta.org or exam@srta.org
www.srta.org

Western Regional Examining Board (WREB)

23460 North 19th Avenue, Suite 210
Phoenix, AZ 85027
602.944.3315
Fax: 602.371.8131
generalinfo@wreb.org or dentalinfo@wreb.org
www.wreb.org

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

Dental Board of California

2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
916.263.2300
dentalboard@dca.ca.gov

Delaware Division of Professional Regulation

Cannon Bldg., Ste. 203, 861 Silver Lake Blvd.
Dover, DE 19904
302.744.4500
WWW.DPR.DE.LAWARE.GOV
customerservice.dpr@state.de.us.

Florida

4052 Bald Cypress Way, Bin C08
Tallahassee, FLA 32399
850.245.4474
mqa_dentistry@doh.state.fl.us
www.doh.state.fl.us/mqa/dentistry

Nevada

6010 S. Rainbow Blvd, A-1
Las Vegas, NV 89118
702.486.7044
nsbde@nsbde.nv.gov
www.nvdentalboard.nv.gov

Virgin Islands Board of Dental Examiners

#48 Sugar Estate
St. Thomas, VI 00802
340.774.0117
lydia.scott@usvi-doh.org

State Dental Boards

Alabama

State Board of Dental Examiners of
Alabama
205.985.7267
Fax: 205.985.0674
bdeal@dentalboard.org
<http://www.dentalboard.org/>

Alaska

State of Alaska Board of Dental
Examiners
907.465.2542
Fax: 907.465.2974
brenda.donohue@alaska.gov
www.commerce.state.ak.us/

Arizona

Board Arizona State Board of Dental
Examiners
602.242.1492
Fax: 602.242.1445
Information@AZDentalBoard.us
www.azdentalboard.us/

Arkansas

Arkansas State Board of Dental
Examiners
501.682.2085
Fax: 501.682.3543
asbde@arkansas.gov
<http://www.asbde.org/>

California

The Dental Bureau of California
916.263.2300
Fax: 916.263.2140
dentalboard@dca.ca.gov
www.dbc.ca.gov

Colorado

Colorado State Board of Dental
Examiners
303.894.7800
Fax: 303.894.7764
dental@dora.state.co.us
www.dora.state.co.us/DENTAL/

Connecticut

Connecticut State Dental Commission
860.509.7648
Fax: 860.509.7553
oplc.dph@ct.gov
www.ct.gov/dph

Delaware

Delaware State Board of Dental
Examiners
302.744.4500
Fax: 302.739.2711
customerservice.dpr@state.de.us
www.dpr.delaware.gov/boards/dental/

District of Columbia

District of Columbia Board of Dentistry
202.724.8872
877.258.9217
thomasine.pointer@dc.gov
<http://hpla.doh.dc.gov>

Florida

Florida Board of Dentistry
850.245.4474
Fax: 850.921.6184
www.doh.state.fl.us/mqa/dentistry/

Georgia

Georgia Board of Dentistry
478.207.2440
Fax: 478.207.1699
<http://sos.georgia.gov/plb/dentistry/>

Hawaii

Hawaii State Board of Dental Examiners
808.586.2702
Fax: 808.586.2689
dental@dcca.hawaii.gov
<http://hawaii.gov/dcca/areas/pvl>

Idaho

Idaho State Board of Dentistry
208.334.2369
Fax: 208.334.3247
sbinfo@isbd.idaho.gov
www2.state.id.us/isbd

Illinois

Illinois State Board of Dentistry
217.782.8556
Fax: 217.782.7645
www.dpr.state.il.us

Indiana

Indiana State Board of Dentistry
317.234.2057
Fax: 317.233.4236
pla8@pla.IN.gov
stinfo@sic.IN.gov
<http://www.in.gov/pla/dental.htm>

Iowa

Iowa Board of Dental Examiners
515.281.5157
Fax: 515.281.7969
ibde@bon.state.ia.us
www.dentalboard.iowa.gov/

Kansas

Kansas Dental Board
785.296.6400
Fax: 785.296.3116
info@dental.state.ks.us
www.accesskansas.org/kdb

Kentucky

Kentucky Board of Dentistry
502.429.7280
Fax: 502.429.7282
www.dentistry.ky.gov

Louisiana

Louisiana State Board of Dentistry
504.568.8574
504.568.8598 FAX
www.lsbdb.org

Maine

Maine Board of Dental Examiners
207.287.3333
Fax: 207.287.8140
dental.board@maine.gov
www.mainedental.org

Maryland

Maryland State Board of Dental
Examiners
410.402.8501
410.402.8505 FAX
www.dhmd.state.md.us/dental

Massachusetts

Massachusetts Board of Dentistry
617.973.0971
617.973.0982 FAX
dentistry.admin@state.ma.us
www.mass.gov/dph/boards/dn

Michigan

Michigan Board of Dentistry
517.335.0918
Fax: 517.373.2179
bhphelp@michigan.gov
<http://www.michigan.gov/healthlicense>

State Dental Boards *continued*

Minnesota

Minnesota Board of Dentistry
612.617.2250
Fax: 612.617.2260
dental.board@state.mn.us
612.617.2250

Mississippi

Mississippi State Board of Dental
Examiners
601.944.9622
Fax: 601.944.9624
dental@dentalboard.ms.gov

Missouri

Missouri Dental Board
573.751.0040
Fax: 573.751.8216
dental@pr.mo.gov
<http://pr.mo.gov/dental.asp>

Montana

Montana Board of Dentistry
406.841.2331
Fax: 406.841.2305
dlibsdden@mt.gov
www.dentistry.mt.gov

Nebraska

Board Administrator
Nebraska Board of Dentistry
402.471.2115
Fax: 402.471.3577
lannelle.eastburn@nebraska.gov
www.hhs.state.ne.us/crl/crlindex.htm

Nevada

Nevada Board of Dental Examiners
702.486.7044
Fax: 702.486.7046
nsbde@nsbde.nv.gov
<http://www.nvdentalboard.nv.gov/>

New Hampshire

New Hampshire Board of Dental
Examiners
603.271.4561
Fax: 603.271.6702
Dental.Board@nh.gov
www.state.nh.us/dental

New Jersey

New Jersey State Board of Dentistry
973.504.6405
Fax: 973.273.8075
www.njconsumeraffairs.gov/dentistry

New Mexico

New Mexico Board of Dental
Health Care
505.476.4680
Fax: 505.476.4545
E-Mail: DentalBoard@state.nm.us.
www.rld.state.nm.us/Dental

New York

New York State Board of Dentistry
518.474.3817
Fax: 518.473.6995
dentbd@mail.nysed.gov
www.op.nysed.gov/prof/dent/

North Carolina

North Carolina State Board of Dental
Examiners
919.678.8223 ext. 1782
Fax: 919.678.8472
info@ncdentalboard.org or
mmccullough@ncdentalboard.org
www.ncdentalboard.org

North Dakota

North Dakota Board of Dentistry
701.258.8600
Fax: 701.224.9824
ndsbde@aptn.d.gov
www.nddentalboard.org

Ohio

Ohio State Dental Board
614.466.2580
Fax: 614.752.8995
dental.board@den.state.oh.us
<http://www.dental.ohio.gov/>

Oklahoma

Oklahoma Board of Dentistry
405.524.9037
Fax: 405.524.2223
dentist@oklaosf.state.ok.us
<http://www.dentist.state.ok.us/>

Oregon

Oregon Board of Dentistry
971.673.3200
Fax: 971.673.3202
information@oregondentistry.org
Teresa.Haynes@state.or.us
www.oregon.gov/dentistry

Pennsylvania

Pennsylvania State Board of Dentistry
717.783.7162
Fax: 717.787.7769
st_dentistry@state.pa.us
www.dos.state.pa.us/dent

Puerto Rico

Puerto Rico Board of Dental Examiners
787.725.7904 or 8161
Fax: 787.725.7903
E-mail: mbouet@salud.gov.pr
<http://www.salud.gov.pr/>

Rhode Island

Rhode Island State Board
401.222.2828
401.222.1272 FAX
Gail.Giuliano@health.ri.gov
[www.health.ri.gov/hsr/professions/
dental.php](http://www.health.ri.gov/hsr/professions/dental.php)

South Carolina

South Carolina State Board of Dentistry
803.896.4773
Fax: 803.896.4719
reynoldsv@llr.sc.gov
www.llr.state.sc.us

South Dakota

South Dakota State Board of Dentistry
605.224.1282
Fax 888.425.3032
contactus@sdbboardofdentistry.com
<http://www.sdboardofdentistry.com/>

Tennessee

Tennessee Board of Dentistry
615.532.5073
Fax: 615./532.5369
tn.health@tn.gov
[http://health.state.tn.us/boards/
dentistry](http://health.state.tn.us/boards/dentistry)

State Dental Boards *continued*

Texas

Texas State Board of Dental Examiners
512.463.6400
Fax: 512.463.7452
E-Mail: information@tsbde.state.tx.us
www.tsbde.state.tx.us

Utah

Utah Board of Dentists and Dental Hygienists
801.530.6628
Fax: 801.530.6511
doplweb@utah.gov
www.dopl.utah.gov/licensing/dentistry.html

Vermont

Vermont Board of Dental Examiners
802.828.1505 ext. 2390
Fax: 802.828.2465
renewal_clerk@sec.state.vt.us
<http://vtprofessionals.org/>

Virginia

Virginia Board of Dentistry
804.367.4538
Fax: 804.527.4428
denbd@dhp.virginia.gov
www.dhp.virginia.gov/dentistry

Virgin Islands

Virgin Islands Board of Dental Examiners
340.774.0117
Fax: 340.777.4001
lydia.scott@usvi-doh.org
They do not have a Web site, but some information can be found at
www.aadexam.org

Washington

Dental Health Care Quality Assurance
360.236.4700
Fax: 360.664.9077
hsqa.csc@doh.wa.gov
<http://www.doh.wa.gov/>

West Virginia

West Virginia Board of Dental Examiners
304.252.8266
Fax: 304.253.9454
wvbde@suddenlinkmail.com
<http://www.wvdentalboard.org/>

Wisconsin

Wisconsin Dentistry Examining Board
608.266.2112
Fax: 608.261.7083
DRL@wisconsin.gov
<http://drl.wi.gov/>

Wyoming

Wyoming Board of Dental Examiners
307.777.6529
Fax: 307.777.3508
dbridg@wyo.gov
<http://plboards.state.wy.us/dental/>

Contact information may change. Please visit the state board Web site's for the most up-to-date information.

State Dental Societies

Alabama Dental Association

334.265.1684
800.489.2532*
www.aldaonline.org

Alaska Dental Society

907.563.3003
800.478.4675*
www.akdental.org

Arizona Dental Association

480.344.5777
800.866.2732*
www.azda.org

Arkansas State Dental Association

501.771.7650
800.501.2732*
www.dental-asda.org

California Dental Association

916.443.3382
800.736.8702*
www.cda.org

Colorado Dental Association

303.740.6900
800.3433010*
www.cdaonline.org

Connecticut State Dental Association

806.278.5550
www.csda.com

Delaware State Dental Society

302.368.7634
www.delawarestatedentalsociety.org

District of Columbia Dental Society

202.547.7613
www.dcdental.org

Florida Dental Association

850.681.3629
800.877.9922*
www.floridadental.org

Georgia Dental Association

404.636.7553
800.432.4357*
www.gadental.org

Hawaii Dental Association

808.593.7956
800.359.6725*
www.hawaiidentalassociation.net

Idaho State Dental Association

208.343.7543
800.932.8153*
www.isdaweb.com

Illinois State Dental Society

217.525.1406
800.475.4737*
www.isds.org

Indiana Dental Association

317.634.2610
800.562.5646*
www.indental.org

Iowa Dental Association

515.986.5605
800.828.2181*
www.iowadental.org

Kansas Dental Association

785.272.7360
800.432.3583*
www.ksdental.org

Kentucky Dental Association

502.459.5373
800.292.1855*
www.kyda.org

Louisiana Dental Association

225.926.1986
800.388.6642*
www.ladental.org

Maine Dental Association

207.622.7900
800.369.8217*
www.medental.org

Maryland State Dental Association

410.964.2880
800.766.2880*
www.msda.com

Massachusetts Dental Society

508.480.9797
800.342.8747*
www.massdental.org

Michigan Dental Association

517.372.9070
800.589.2632*
www.smilemichigan.com

Minnesota Dental Association

651.646.7454
800.950.3368*
www.mndental.org

Mississippi Dental Association

601.982.0442
www.ms dental.org

Missouri Dental Association

573.634.3436
800.688.1907*
www.modental.org

Montana Dental Association

406.443.2061
800.257.4988*
www.mtdental.com

Nebraska Dental Association

402.476.1704
800).234.3120*
www.nedental.org

Nevada Dental Association

702.255.4211
800.962.6710*
www.nvda.org

New Hampshire Dental Society

603.225.5961
800.244.5961*
www.nhds.org

New Jersey Dental Association

732.821.9400
800.831.6532*
www.njda.org

New Mexico Dental Association

505.294.1368
888.589.6632*
www.newmexicodental.org

New York State Dental Association

518.465.0044
800.255.2100*
www.nysdental.org

North Carolina Dental Society

919.677.1396
800.662.8754*
www.ncdental.org

North Dakota Dental Association

701.223.8870
701.795.8870*
www.nadental.com

State Dental Societies continued

Ohio Dental Association

614.486.2700
800.282.1526*
www.oda.org

Oklahoma Dental Association

405.848.8873
800.876.8890*
www.okda.org

Oregon Dental Association

503.620.3230
800.452.5628*
www.oregondental.org

Pennsylvania Dental Association

717.234.5914
800.223.0016*
www.padental.org

Colegio de Cirujanos Dentistas de Puerto Rico

787.764.1969
www.ccdpr.org

Rhode Island Dental Association

401.732.6833
www.ridental.com

South Carolina Dental Association

803.750.2277
800.327.2598*
www.sdda.org

South Dakota Dental Association

605.224.9133
www.sddental.org

Tennessee Dental Association

615.383.8962
800.824.9722*
www.tennedental.org

Texas Dental Association

512.443.3675
www.tda.org

Utah Dental Association

801.261.5315
800.662.6500*
www.uda.org

Vermont State Dental Society

802.864.0115
800.640.5099*
www.vstds.org

Virgin Islands Dental Association

340.777.5950

Virginia Dental Association

804.261.1610
800.552.3886*
www.vadental.org

Washington State Dental Association

206.448.1914
800.448.3368*
www.wsda.org

West Virginia Dental Association

304.344.5246
www.wvdental.org

Wisconsin Dental Association

414.276.4520
800.364.7646*
www.wda.org

Wyoming Dental Association

307.237.1186
800.244.0779*
www.wyda.org

American Dental Association

Office of Student Affairs
312.440.7470
800.621.8099, ext. 7470
studentaffairs@ada.org
www.ada.org

American Student Dental Association

312.440.2795
800.621.8099, ext. 2795
www.asdanet.org

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American Student Dental Association

American Student Dental Association
211 East Chicago Ave.
Suite 700
Chicago, IL 60611
800.621.8099, ext. 2795
www.asdanet.org

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