



**WREB**

A National Dental and Dental Hygiene Testing Agency

2012

**Anesthesia Examination  
Candidate Guide**



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**The mission of WREB is to be a leading developer and administrator of consistently valid, reliable, state-of-the-art competency assessments, administered with honesty, integrity, and appropriate technology via a collaborative effort of its administrative staff, educators, consultants, and examiners for Dental Health Care Providers and State Agencies that license dental professionals.**

Visit us online at [www.wreb.org](http://www.wreb.org) to find the following:

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## **GENERAL INFORMATION**

This guide is designed to familiarize you with the WREB procedures for taking the local anesthesia examination. You may bring this guide to the clinical examination and refer to it as needed.

Understanding the content of the Candidate Guide is crucial to your performance. You are expected to be familiar with the information in the guides and prepared for the examination prior to orientation.

Candidate Orientation is designed to review the examination process and procedures but does not replace studying the Candidate and Policy Guides.

The purpose of the examination is to evaluate your ability to utilize professional judgment and knowledge to safely and competently administer local anesthesia on a patient.

## **LOCAL ANESTHESIA WRITTEN EXAMINATION**

You must successfully pass the written exam before taking the clinical exam. If you have received a passing score on the written exam within the past twelve (12) months, you are not required to retake the written examination.

There are fifty-five (55) multiple-choice questions. Items are both discipline-based and case-based and address knowledge, application, and problem-solving skills. Five of these questions are included as “field test” questions and will not be counted in your final score.

You are allowed sixty (60) minutes to complete all fifty-five (55) questions. The questions are multiple choice and will only have one correct answer.

Multiple tests are used to ensure the integrity and security of the exam.

75% is the minimum score required to pass the written examination. Subject matter includes:

1. anatomy (head and neck) and physiology.
2. pharmacology of anesthetic agents and vasoconstrictors, including the clinical actions and maximum recommended doses of specific agents, method of delivery of local anesthesia, including armamentarium, selection of injection type, and administration technique.
3. medical history interpretation; prevention, recognition and management of possible complications, and life support.

If you do not pass the written exam you forfeit your exam fees and you are not eligible to take the clinical exam. You will receive a Performance Evaluation from the WREB office listing your percentage of incorrect responses and you must reapply via the WREB website.

To successfully pass the WREB Local Anesthesia examination you must pass both the written exam and clinical exam.

## **SCHEDULING AND TAKING THE WRITTEN EXAM AT PEARSON VUE CENTERS**

Please note that by taking the computerized exam, you agree to the following non-disclosure agreement:

**I will not, at any time, directly or indirectly, use or disclose to any person or entity, except WREB and WREB's duly authorized officers and employees, any of the information regarding this exam and agree to keep all such information confidential.**

## **SCHEDULING YOUR WRITTEN EXAMINATION**

You must enroll via the WREB website and wait until you receive an eligibility number from WREB to register with Pearson VUE for the written exam. Once you have registered with WREB you will receive an enrollment letter. Please review the information carefully. Your eligibility number is the 10 digit number that appears on your enrollment letter. Do not misplace this information as it will be required to schedule your exam.

## **SCHEDULING AN APPOINTMENT AT PEARSON VUE**

It is strongly recommended that you contact Pearson VUE to schedule your exam immediately upon receiving your eligibility number. Delay in scheduling the exam may result in limited time slot availability or unavailability to take the exam.

## **BY PHONE**

Please use the toll free number listed on your enrollment letter to contact Pearson VUE and schedule your examination by phone. The Pearson VUE representative will confirm your name, address, phone number, and email address. Be sure to confirm your eligibility number with the Pearson VUE representative.

## **VIA THE INTERNET**

You may also register on the internet. You will need to create a Pearson VUE web account and then set an appointment for the exam. Your eligibility number will be required.

## **PAYMENT - VISA, MASTERCARD, AMEX, AND DEBIT CARD**

Payment for the exam via credit card or debit card is required at the time you schedule your appointment.

## **CONFIRMATION OF APPOINTMENT**

You will receive a confirmation email of your appointment after you complete the scheduling process. The confirmation will include payment approval, testing center location, and other pertinent information. Please print this confirmation and keep with your other exam materials.

## **THE DAY OF THE EXAMINATION**

### **Be On Time**

Arrive at the Pearson VUE center a minimum of 30 minutes prior to your scheduled appointment to accommodate the check-in procedure. If you are unfamiliar with the testing center location or area, please allow adequate time to arrive on time. If you arrive after your scheduled start time, you will not be allowed to test and will forfeit your examination fee.

## **Bring Your Identification**

You will be required to provide two (2) valid, current forms of identification. One is considered your primary ID. The primary ID must have your photo and signature, and the name on the ID must match the exact name as provided to WREB and Pearson VUE. Acceptable primary ID's are: government issued U.S. driver's license, passport, military ID, alien registration card, government issued ID, school ID, or employee ID. Any ID must fit the requirements above, no exceptions.

A secondary ID must also be provided and must have your name and signature. Acceptable forms of secondary ID are: social security card, bank credit card, bank ATM card, library card or any form of primary ID that was not used as the primary ID upon check-in. Secondary ID's must be current and must match the exact name as provided to WREB and Pearson VUE.

There are no exceptions for improper identifications. They must be current and the names must match exactly, including initials. If you fail to provide identification as required, you will not be allowed to test and you will forfeit your examination fee.

## **TAKING THE EXAM**

### **Check In**

Upon arrival at the Pearson VUE testing center, the Pearson VUE administrator will document your identification by performing a palm scan and/or taking your fingerprint, ask for your signature, and photograph you. You will be asked to leave all personal items outside of the testing room, including all electronic devices, watches, wallets, hats, purses, bags, coats, notes, and books. Lockers are available at the Pearson VUE testing center, if needed. People accompanying you will not be permitted to contact you during the test and are not allowed to wait in the waiting area while you take the examination.

### **Testing**

A Pearson VUE administrator will assign you a workstation and help you log on to the computer to begin the examination. An administrator continuously monitors the testing area. If you experience any computer related issues during the exam, raise

your hand and an administrator will help you resolve the issue. The Pearson VUE administrator will help you with computer related issues but will not answer questions related to examination content.

## **EXAM COMPLETION**

Once you complete the examination and before you leave the workstation, an administrator will confirm that you have correctly ended the examination. You will then receive a confirmation report from Pearson VUE that confirms you have completed the exam. Please keep this confirmation report for your records.

Your **written** examination results will be posted on the WREB website and can be accessed via your candidate login (username and password) approximately 15 to 30 days after the completion of your written exam. It is very important that you save your login information so that you may access your results. You will receive an email notification once your results are available online. If a passing score is received you are eligible to take the Clinical Examination.

### **Helpful Links:**

WREB – [www.wreb.org](http://www.wreb.org)

Pearson VUE: [www.pearsonvue.com](http://www.pearsonvue.com)

# **LOCAL ANESTHESIA CLINICAL EXAMINATION**

## **EQUIPMENT AND MATERIALS**

You must be prepared to furnish all armamentarium for administering anesthesia.

1. Aspirating syringes (disposable, self-capping, and self-aspirating syringes are not allowed).
2. Needles (self-recapping needles are not allowed).
3. Anesthetic.
4. Hemostat or locking forceps (must be present on tray).
5. Blood pressure measuring device.
6. Candidate and patient protective eyewear (Refer to the WREB Policy Guide; page 5, item 3).
7. Patient napkin holder (chain, clips, or disposable).

The school is requested to provide the following expendable materials: surface disinfectant, paper towels, soap, face masks, gloves, patient napkins, headrest covers, tray covers, chair covers, cotton swabs, air/water syringe tips, standard saliva ejectors, 2x2 gauze squares, mouthwash, and plastic wraps.

Schools have the option of providing local anesthetic, needles, and topical anesthetic. Refer to the WREB website (school information packet) for availability.

If you wish to use a specific brand or armamentarium, you must provide your own.

## **CLINIC TOUR**

Prior to the Candidate Clinical Orientation a tour is provided by a site representative to familiarize you with clinic procedures, equipment, infection control and emergency protocol, disposal of biohazardous waste and sharps, and any school policies.

## FORMS

**Medical History/Patient Consent** form (recorded pulse and blood pressure are taken not more than one hour before your assigned clinic time). The information on the medical history should reflect current conditions on the day of the exam. The patient consent form must be completed by your patient before the examination.

**Candidate Limitation of Liability Agreement form must be read and completed prior to attending the Candidate Clinical Orientation.**

At the **Clinical** Candidate Orientation, you will receive the following:

- ID badge
- candidate critique
- two clinical grade sheets

Instructions will be given on how to complete the two (2) clinical grade sheets. All information must be recorded using a #2 lead pencil.

There is an opportunity to ask questions at the end of Candidate Orientation. Individual concerns or questions should be addressed with the Chief Examiner.

## PATIENT CRITERIA

Patients cannot be shared for this examination. In order to be accepted as a patient, the following patient criteria must be met:

1. Be at least 18 years old.
2. Have maxillary second molars, and at least one premolar in each mandibular quadrant.
3. Have a blood pressure reading of 159/99 or below. A patient with blood pressure readings between 160/100 and 180/110 will only be accepted with written consent of patient's physician. WREB does not allow a patient with a blood pressure reading

greater than 180/110. Preoperative blood pressure and pulse must be taken on patient not more than one hour prior to beginning any procedure and recorded on the Medical History/ Patient Consent form.

4. **Not** be a dental hygiene educator.
5. **Not** have any oral facial herpes at the prodromal, vesicle or ulcerated vesicle stages, intraoral sores or recent puncture marks at the four potential penetration sites.
6. **Not** have a known latex allergy or a sensitivity to latex.
7. **Not** have had a heart attack, stroke, or cardiac surgery within the past six months.
8. **Not** have active tuberculosis. Clinical symptoms would include: a bad cough that has lasted longer than two weeks, pain in the chest, coughing up blood or sputum. A patient who has tested positive for TB, or is being treated for TB but does not have the clinical symptoms, is acceptable.
9. **Not** have any condition or medication/drug history that might be adversely aggravated by the length or nature of the examination procedures.
10. If a patient is pregnant, written medical clearance must be obtained from a health care provider for the examination day.

You may submit one back-up patient without a penalty if your original submission is rejected for intraoral sores, orofacial herpes, or high blood pressure. Patient rejection for any other reason, or any second patient rejection, constitutes failure of the examination.

*Note: According to the American Heart Association, antibiotic prophylaxis is not required for the administration of local anesthesia.*

# EXAMINATION PROCEDURES

## EXAMINATION SCHEDULE

Refer to your issued candidate schedule for clinical exam times. You will receive your exam schedule at a later date.

## CLINICAL PREPARATION

You are directed into the clinic prior to your assigned time to prepare for the examination and to seat your patient. *(To facilitate a smooth exam, be prepared to be available up to an hour before your assigned time).*

Before seating your patient, the following forms should be completed:

***Medical History/Patient Consent*** form,  
**Two Clinical grade sheets.**

The top portion of each completed grade sheet must contain:

- your ID number
- patient's first name
- type of anesthetic selection (including epinephrine content)
- the needle gauge and length (*i.e., short, long*) for both the **IA** and the **PSA** injections
- anesthetic expiration date

You must have a syringe(s) loaded with the chosen anesthetic. The cap(s) should be easily removable but still covering the needle(s) on the syringe(s). It is your option to have additional syringes loaded and available.

If you are not ready at your scheduled time, the examiners proceed to the next candidate. In such cases you incur no penalty, but must perform the examination at the examiners' convenience.

## CLINICAL EXAMINATION

The Clinical examination consists of the evaluation of the candidate's technique while administering two block injections:

1. The Inferior Alveolar Nerve Block (**IA**) (The lingual and long buccal injections are not included in the IA section of the examination).
2. The Posterior Superior Alveolar Nerve Block (**PSA**).

You will be instructed to perform the IA injection first. The IA and PSA injections may be performed on the same side or on either side of the mouth.

Two examiners observe your technique. In order to pass the examination, **both** injections must be performed to exam specifications.

The examiners may interrupt and stop any procedure that may jeopardize the health and safety of the patient. The examiner who sees the error will say "**stop and hold**" and state the error. The other examiner will be given the opportunity to view the error and if the needle has penetrated the tissue, the candidate will be instructed to withdraw.

## ANESTHESIA ADMINISTRATION

One examiner will check the four potential penetration sites for sores and puncture marks. Another examiner will check the **Medical History/Patient Consent** form and the **Clinical grade sheets**.

**Both** injection sites should be prepared with topical anesthetic. Topical is not mandatory, but is recommended for patient comfort.

If the cartridge has red markings, this should be pointed out to the examiners to avoid confusion with a positive aspiration. The bar code on the cartridge should be rotated (toward the small window) and should not obstruct the candidate's or examiner's ability to see a positive aspiration.

Because this is a demonstration of clinical skill only, it is not necessary for you to describe the technique while performing it. **However, you are required to inform the examiners upon reaching each of the three critical phases of the injection.**

- A. **Initial Penetration:** After the needle penetrates the tissue, stop and hold the needle position for both examiners to observe. The examiners indicate when to proceed.
- B. **Angle and Depth:** Proceed to the **optimum** deposition site and stop. The examiners observe the angulation and depth.
- C. **Aspiration:** When you have reached your optimum depth and angle, you must aspirate. WREB requires you to aspirate on one plane, however there is no penalty for two-plane aspiration.

Both examiners must be able to observe each critical phase.

Aspirate and announce whether the aspiration is positive or negative. If the aspiration is negative, proceed to deposit after being instructed to “proceed.”

On completion of the IA injection, proceed immediately to the PSA injection or make the needle safe. You have the option of using the same syringe and needle or using a different syringe or needle for each injection. **The needle(s) must be safely recapped and the cap(s) must be secured.**

The rate of deposition is observed only long enough for grading purposes; it should not be necessary for all the solution to be administered because patients are not being anesthetized for clinical procedures. You will be told when to stop administering the anesthetic solution.

## **POSITIVE ASPIRATION**

Should a positive aspiration occur, reposition the needle and aspirate again. However, you must be able to determine that the aspiration is negative before depositing solution. If unsure, replace

the cartridge and perform the injection again. In the event of another positive aspiration (using a new cartridge at the same injection site) you will be asked to withdraw and the injection will be graded as performed.

Obtaining a positive aspiration on two attempts does not automatically result in a failure. All other aspects of the injection technique will be considered in the evaluation.

## END OF EXAMINATION

After the completion of both injections, the examiners will leave the unit to confer. Upon their return, they will instruct you to dismiss your patient or repeat an injection on the opposite side of the mouth.

If instructed to dismiss your patient:

1. Properly dispose of contaminated needles and carpules according to school policy. Improper sharps disposal is a critical error and will result in failure of both injections.
2. Promptly break down and disinfect your unit and exit the clinic.
3. Turn in your candidate packet with the **ID badge** and **Candidate Critique** to the area designated by the examiners.

If you are taking a Dental Hygiene and/or Restorative examination(s) at the same site, **retain** your **ID badge** and candidate packet. The badge and packet **must** be turned in at the completion of your last exam at this site.

Exam results will be withheld if these items are not returned to the WREB office.

It is WREB Policy to notify you of exam results as soon as possible. Generally, within thirty (30) days after the last scheduled exam day. Results will be posted on the WREB website and can be accessed via your candidate login (username and password). It is very important that you save your login information so that you may access your results. You will receive an email notification once your results are available online.

## PERFORMANCE EXPECTATIONS

Each aspect of the injection is classified as “**critical**” or “**less critical.**”

### CRITICAL ASPECTS OF INJECTION

The following critical aspects **must** be performed to exam specifications in order to pass the Clinical section of the examination:

1. ***Proper utilization of medical history and proper anesthetic selection.***

- A. There are no contraindications to anesthetic selected.
- B. Expiration date is current.

2. ***Syringe Selection and Preparation***

Manual aspirating syringes are selected.

3. ***Penetration***

- A. The needle must not touch an extra oral surface or facial anatomy prior to the injection.
- B. The needle must not touch any intra oral object (gauze, glove) prior to penetration. If the needle makes such contact and you proceed with the injection, the result is a failure of that injection.
- C. You are allowed three separate penetrations to reach your optimum angle and depth. However, if your third attempt results in a first positive aspiration, you will be allowed to handle the positive aspiration and repenetrate if necessary.
- D. The injection is initiated at the appropriate penetration site:
  - 1) ***IA Penetration Site:*** The area bordered medially by the pterygomandibular raphe, laterally by the internal oblique ridge, and at the height of the coronoid notch.

- 2) **PSA Penetration Site:** At the height of the vestibule in the mucobuccal fold posterior to the zygomatic process of the maxilla (visually, this approximates the distal facial root of the 2nd molar).

#### 4. **Angle and Depth**

##### A. **IA:**

- 1) At the point when optimum depth is achieved, the barrel of the syringe is over the premolars on the contralateral side and the needle is parallel to the occlusal plane of the mandibular teeth.
- 2) The depth of insertion is 20 to 25 mm (**approximately 2/3 the length of a long needle or 4/5 the length of a short needle**).

##### B. **PSA:**

- 1) The needle is advanced **upward** 45° to the occlusal plane, **inward** at a 45° angle toward the midline, and **backward** at a 45° angle to the long axis of the second molar.
- 2) The depth of insertion is approximately 16 mm (**about 1/2 the length of a long needle or 3/4 the length of a short needle**).

#### 5. **Aspiration**

Prior to aspirating, the large window must be toward the operator. Any sign of a positive aspiration must be observed and handled appropriately.

#### 6. **Amount and Rate**

- A. Depositing a few drops of local anesthetic while advancing the needle toward the target site is optional. However, no more than 1/4 of the cartridge solution can be deposited before reaching the deposition site.
- B. The rate of administration is not excessively rapid.

## 7. ***Handling of Sharps***

For your safety, the single handed method is required to recap the needle. Once the needle is protected within the cap, it must be secured. Needles and cartridges are to be properly disposed.

## 8. ***Excessive Trauma***

If one or both examiners observe excessive trauma at any time during the injection, they will stop the procedure. Excessive trauma is defined as “excessive bending/bowing of the needle or laceration of the tissue.”

If both examiners validate that excessive trauma has occurred, it will result in a failure of the injection.

## **LESS CRITICAL ASPECTS OF INJECTION**

Three (3) less critical aspects rated as inadequate result in failure of the injection. The less critical aspects are:

### 1. ***Armamentarium:***

- A. Protective eyewear is not worn by the clinician.
- B. Protective eyewear is not worn by the patient.
- C. A hemostat or locking forceps is not on the tray.
- D. Anesthetic is expired.

### 2. ***Syringe preparation and handling:***

- A. Harpoon is not securely engaged.
- B. Bubbles are not expelled from the cartridge.
- C. Expelled solution is more than the width of a stopper.

### 3. ***Syringe is in patient's line of sight.***

## NOTIFICATION OF RESULTS

After completion of your Clinical examination your results will be placed in an envelope identified by your Candidate number. If you pass, you will receive a **Success Memo** stating you passed the Anesthesia Clinical examination at this exam site.

If you are also taking the Dental Hygiene examination at the same site and plan to administer anesthesia to your patient, **you must post the purple Success Memo in your operatory** as proof of anesthesia qualification. **(The policy concerning administration of anesthesia during the hygiene examination is listed in the Dental Hygiene Candidate Guide).**

If you do not pass, you will receive a copy of the **Anesthesia Candidate Evaluation** form listing the reason(s) for failure and, a **Retake** application (if applicable). **Discussion with the examiners or WREB staff regarding the reason(s) for failure is prohibited.**

## RETAKE EXAMINATION ON SITE

If you do not pass the Clinical examination and are eligible, you may retake the Clinical examination. The retake examination is a separate examination attempt and is included in the total number of examination attempts. If you elect to retake the examination at the same examination site, you will be required to repeat only the failed injection(s). If you elect to retake the examination at another site, you will be required to perform both the IA and PSA injections.

In order to retake the Clinical examination at this site you must:

1. Complete a **Retake** application form.
2. **Attach a cashier's check or money order**, payable to WREB. **The retake examination fee is \$120.** Cash and personal checks cannot be accepted. To be prepared for this contingency, you should obtain the check or money order **prior** to the examination.
3. Give the completed **Retake** application to one of the examiners (**or WREB personnel**) within the time frame announced during orientation. You are assigned a time for the retake examination and will receive a new **Medical History/ Patient Consent** form and two new **Clinical grade sheets**.
4. Bring the pink **Anesthesia Candidate Evaluation** form to your retake examination. Examiners will verify the repeat injection.
5. Provide a different patient. If failure occurred before entering the patient's mouth (i.e. contaminated needle), the same patient may be resubmitted.

The retake examination is conducted, evaluated, and exam results distributed in the same manner as the initial examination.

If your examination attempt is successful, you will receive a **Success Memo**. If your examination attempt is unsuccessful You will receive another **Anesthesia Candidate Evaluation** form stating the reason(s) for failure and you will be required to retake the clinical anesthesia examination at another site.

## REFERENCES

Bassett, K., DiMarco, A., Naughton, D. Local Anesthesia for Dental Professionals, 2010.

Malamed, Stanley F. Handbook of Local Anesthesia (5th ed.), 2004.

Malamed, Stanley F. Medical Emergencies in the Dental Office (6th ed.), 2007.

## CANDIDATE EXAMINATION SCHEDULE

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### *Clinic Tour Time*

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### *Orientation Time*

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### *Assigned Clinical Examination Time*

Prepare to enter the clinic approximately one hour (60 minutes) prior to this time in order to prepare for the examination.

- ◆ Confirm completion of the **Medical History/Consent** form, including patient's blood pressure and pulse.
- ◆ The top portions of both **Clinical grade sheets** are correct and completed in pencil.
- ◆ Set up operatory.
- ◆ Prepare syringe(s) with chosen anesthetic and needle(s).
- ◆ Seat the patient.

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### *Clinical Examination*

- ◆ Prepare the injection site(s) after an examiner has checked the patient for acceptability.
- ◆ Proceed with the injection(s) when instructed.

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### *Post Examination*

After instructed by examiners to excuse the patient:

- ◆ Properly dispose of contaminated needles and waste products.
- ◆ Quickly clean and disinfect the operatory and clean the surrounding area.
- ◆ Complete the **Candidate Critique**.
- ◆ Return the **ID** badge with Candidate Critique at the designated collection area (unless another exam is being taken at this site).

## NOTES