

ANESTHESIA REMEDIATION POLICY

WREB – A National Dental and Dental Hygiene Testing Agency has established the following remediation policy.

Candidates who fail the examination three (**3**) times are required to obtain remediation in areas of failure prior to being allowed to take the examination a fourth (**4**) time. A review of exam results has shown that after failing three (**3**) times, candidates will continue to fail the exam unless they receive additional training to improve their skills. While WREB requires remediation after three (**3**) failures, state boards may have more stringent requirements. Individual state boards should be contacted for specific state requirements.

Candidates must receive the required remediation at an accredited U.S. or Canadian dental hygiene school. It should include "hands-on" performance. Upon completion of the remediation, the appropriate school official must complete a form verifying the completion of the anesthesia course. Schools may complete the enclosed form or create a similar one containing the same information. The school seal must be affixed to the document. Candidates do not receive permission to take the examination until this document is received in the WREB office and approved. Proof of remediation must be received in the WREB office by three weeks (21 days) prior to the first day of the exam. WREB will send a letter to the candidate if permission to take the examination is denied. The letter will specify what requirements have not been met satisfactorily.

Three (**3**) failures of the anesthesia exam (**written or clinical**) will require completion of an accredited anesthesia course.

If a candidate fails the examination a fourth (**4**) time, following the required remediation, the Board will require completion of an additional accredited anesthesia course.



A National Dental and Dental Hygiene Testing Agency

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**ANESTHESIA REMEDIAL EDUCATION REQUIREMENTS
CERTIFICATION OF SUCCESSFUL COMPLETION**

To be completed by applicant: (Print legibly or type)

Applicant's Name: _____

Address: _____

Phone #: _____ Social Security #: _____

To be completed by school:

School Name: _____

Address: _____

Phone #: _____

COURSE TITLE: clinical course must include hands-on experience on patients	DATE OF COURSE



I hereby certify that the individual named above has successfully completed the above course(s) for remedial education.

Signature of Instructor

Date