

DENTAL HYGIENE PROCESS OF CARE REMEDICATION POLICY

WREB – A National Dental and Dental Hygiene Testing Agency Board of Directors' 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 instruction. 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. Remediation should include didactic review and study in the area of dental hygiene until adequate knowledge is attained. Based on your performance score for the Process of Care Examination, study is required in the following area(s): General Health and Risk Assessment, Periodontal Assessment, Dental Hygiene Care Plan, Disease Classification, Outcomes of Care, and Extra Intra Oral Assessment. Upon completion of the remediation, the appropriate school official must complete a form verifying the successful completion. 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. 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.

Should a candidate fail the examination a fourth (**4**) time, following the required remediation, the Board will require specific hours of remediation.



WREB

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DENTAL HYGIENE PROCESS OF CARE 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:	HOURS COMPLETED	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