



Why WREB?

WREB is responsible to state licensing agencies, patients, candidates and dental and dental hygiene schools. The examinations we provide represent our best efforts to economically meet the needs of these various entities while delivering a standardized, reliable evaluation of competence throughout the diverse geographic regions of the country. We have incorporated features that compensate for human error on the part of both candidates and examiners. We require that patients meet certain criteria that disallow unnecessary treatment and provide an equal opportunity for all candidates to demonstrate their competence. The examinations are under constant scrutiny by examiners, educators and testing specialists so that they can be updated to incorporate the most current practices and technologies in testing and in patient treatment. Those who would like to understand our views and the reasons that we feel patients are currently essential in evaluating competence in dental and dental hygiene practice are invited to read the various articles on the WREB website at www.wreb.org.

Our goal is to verify the competency of our candidates by testing the most appropriate procedures for entry level candidates to demonstrate their competency, while supporting the validity of states' licensing decisions. We carefully and thoroughly calibrate our examiners and train them to grade according to the examining criteria established by WREB, which is published in the Candidate Guide. Educators from dental schools within the WREB states, as well as our examiners, help to develop the examinations and establish these criteria.

Results from post-exam analysis show that WREB examiners are grading by the established criteria. Adherence to psychometrically sound principles of clinical evaluation also include candidate anonymity, comprehensive assessment procedures, standardized sampling of performance, control or equalization of patient variables, appellate procedures and comprehensive statistical analysis of all aspects of the exam. All of these factors create a reliable and fair exam.

WREB also has developed a protocol in response to our ongoing concerns for patient comfort and safety. "Follow-up Care Agreements" verify that all patients will have a licensed practitioner available should any further care be needed. WREB monitors the latest treatment methodologies to keep exam content current with patient needs. We also survey patients after every exam so that we continuously monitor the exam experience for the patient.

For more information about the WREB exams, please visit <http://www.wreb.org/Information/Articles.aspx>.

Looking Back... Looking Forward

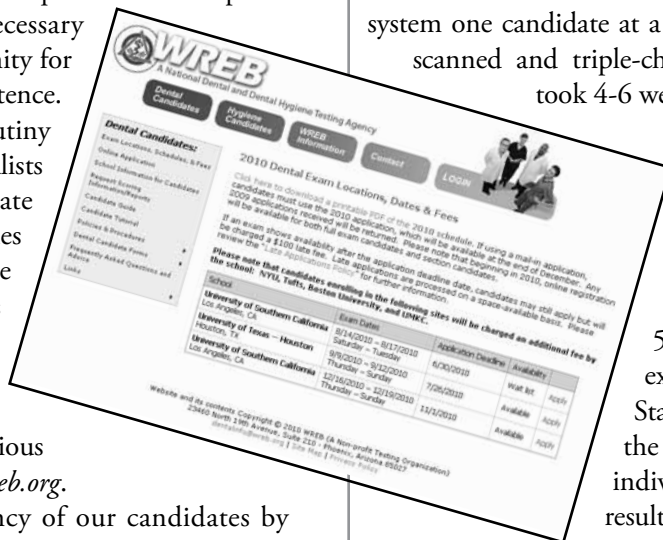
Less than 5 years ago... individual candidate applications were mailed in with photos and cashier's check or money order. Processing all the paperwork was time consuming and cumbersome. All information had to be hand-entered into a computer system one candidate at a time. Grade sheets were scanned and triple-checked, and exam results took 4-6 weeks to mail out.

WREB's Dental and Dental Hygiene departments mailed out thousands of reports each year. Mailings included 4,000-5,000 candidate schedules, exam results to member State Boards, results to the Deans of each school, individual candidate score results, and thousands of post exam duplicate score requests

for licensing requirements.

Online candidate enrollment was first introduced in 2006; and continued to progress to include "section only" exam retake enrollments in 2010. WREB's proprietary computer system was designed to communicate individual candidate's exam requirements to the www.wreb.org website. The system "knows", and therefore lists what section/s the candidate must retake in order to achieve a successful performance result.

2010 also began a new era of online exam results reporting; as well as the ability for candidates to view their individual endodontic group assignment and clinical schedules. At the appropriate time, an email is generated to the candidate to log in to the WREB website with their user name and password to view a master schedule or their results. This is just another example of the many advancements WREB continues to make towards more efficient exam processes.



Looking Forward continued from page 1

State Licensing Boards and Deans of Dental Schools have recently been polled about receiving confidential electronic exam results. The response was positive! All welcomed the opportunity to receive their reports on the same day that candidates' results were posted. Efficiency in transporting results also assists candidates in processing their licensing

applications expeditiously.

In 2011, WREB will take another stride forward when grading examiners will transition from paper grade sheets to recording the candidate scores on individual laptops. Electronic data transfer not only adds another level of exam integrity; but enhances timely processing of scores.

Tip #1 for a Successful Exam

BE SURE TO REVIEW THE DENTAL CANDIDATE TUTORIAL ONLINE!

This important 48 slide presentation provides invaluable information about the various components of the Dental Exam. You are advised to first read through the Candidate Guide and then view the "Tutorial". You will also find information about the Computer exams given at Pearson VUE in this informative tool.



Ask the Examiner: Actual questions submitted by Candidates

Q. Regarding Endo submission --"If the incisal edge has evidence of attrition (minimal but evident) would it be rejected? I understand and have read the Candidate Guide and it states any tooth with occlusal or incisal reduction will be rejected. Did that mean manually reduced by an operator or will the reduction due to attrition also disqualify the tooth? Secondly, would a tooth that has a dental anomaly such as dens in dente be disqualified? Or should I place a note to examiners regarding the anomaly and the outline form of the access prep may be less than ideal?"

A. Incisal attrition which will not involve the access prep will not be rejected for treatment. A tooth with the anomaly described will not be rejected by criteria but the candidate would be wise to not choose a tooth with unpredictable anatomy.

Q. I was wondering if there is a difference between an ODU 11/12 explorer and EXD 11/12 explorers? Both of my explorers that I received during dental school were EXD's and I was wondering if it is necessary to purchase an ODU one. Online both of the instruments look the same except for the handle.

A. The instrument will be acceptable if the terminal shanks are similar to ODU. The handle is of no consequence

Q. I am doing the Perio portion of the exam on the 3rd molar of patient. The molar has no disease. I am wondering if a Panorex is required to see the entire roots or is just an FMX enough?

A. Only the FMX may be submitted. Supplemental films are not allowed. If you can not get complete image, a note to examiners may be used. The case may be technically rejected, or you may be required to take an adequate radiograph prior to acceptance

Q. I have a patient that fits all the criteria for a Class II DO Amalgam, however, they already have an occlusal amalgam on that tooth. My question is would this patient be acceptable even if they already have a restoration on a separate part of the tooth?

A. If the proximal caries meets the criteria, the occlusal restoration makes no difference at acceptance unless the base violates the pulp.



Q. A potential Class II amalgam patient has a radiographic lesion on the mesial of an upper premolar. The tooth has an existing DO amalgam. Will the mesial lesion qualify for the exam if I remove the existing DO and restore as an MOD? If so, how will the distal preparation that already exists be graded? The candidate guide says there must be caries on an unrestored proximal surface, it doesn't say an existing restoration disqualifies the tooth.

A. If the mesial lesion described meets the acceptance criteria for treatment the case will be accepted. Examiner will note in computer the DO existing restoration may alter the preparation. The procedure would be submitted as MOD.

2011 DENTAL EXAM LOCATIONS, DATES AND FEES

Assuming space is available, candidates may apply between the application and final deadline dates but will be charged a \$100 late fee.

*Candidates enrolling in sites marked by an asterisk will be charged an additional fee by the host site.

Exam Location	Exam Dates	Application Deadline	Final Deadline	Exam Fee
Tufts University #1 • Boston, MA	March 4-7 Friday-Monday	January 18	February 11	\$1760*
University of Missouri-Kansas City (UMKC) • Kansas City, MO	March 12-15 Saturday-Tuesday	January 26	February 21	\$1760*
VA Commonwealth University • Richmond, VA	March 12-15 Saturday-Tuesday	January 26	February 21	\$2160
University of Nevada, Las Vegas (UNLV) • Las Vegas, NV	March 12-15 Saturday-Tuesday	January 26	February 21	\$2185
New York University (NYU) • New York, NY	March 17-20 Thursday-Sunday	January 31	February 24	\$2060*
University of Iowa • Iowa City, IA	March 18-21 Friday-Monday	February 1	February 25	\$2110
Loma Linda University #1 (LLU) • Loma Linda, CA	March 18-22 Friday-Tuesday	February 1	February 25	\$2060
University of California, Los Angeles (UCLA) • Los Angeles, CA	March 24-27 Thursday-Sunday	February 7	March 3	\$2360
University of Colorado • Aurora, CO	March 24-27 Thursday-Sunday	February 7	March 3	\$2360
Case Western Reserve University • Cleveland, OH	March 24-27 Thursday-Sunday	February 7	March 3	\$1910
University at Buffalo State University of New York • Buffalo, NY	March 31-April 3 Thursday-Sunday	February 14	March 10	\$1760*
Nova Southeastern University • Ft. Lauderdale, FL	April 1-4 Friday-Monday	February 15	March 11	\$2045
Temple University • Philadelphia, PA	April 6-9 Wednesday-Saturday	February 21	March 16	\$2185
Boston University • Boston, MA	April 7-10 Thursday-Sunday	February 21	March 17	\$1760*
Creighton University • Omaha, NE	April 7-10 Thursday-Sunday	February 21	March 17	\$2110
University of Louisville • Louisville, KY	April 14-17 Thursday-Sunday	February 28	March 24	\$2085
Baylor College of Dentistry • Dallas, TX	April 15-18 Friday-Monday	March 1	March 25	\$2110
University of Southern California #1 (USC) • Los Angeles, CA	April 29-May 2 Friday-Monday	March 15	April 8	\$2360
University of Texas at San Antonio #1 • San Antonio, TX	April 29-May 2 Friday-Monday	March 15	April 8	\$2110
University of Oklahoma • Oklahoma City, OK	April 29-May 2 Friday-Monday	March 15	April 8	\$2260
University of Texas at Houston • Houston, TX	May 12-15 Thursday-Sunday	March 28	April 21	\$2110
University of the Pacific #1 (UOP) • San Francisco, CA	May 20-23 Friday-Monday	April 5	April 29	\$2215
University of California, San Francisco (UCSF) • San Francisco, CA	May 20-23 Friday-Monday	April 5	April 29	\$2293
Oregon Health & Science University • Portland, OR	May 27-30 Friday-Monday	April 12	May 6	\$2160
A.T. Still Arizona School of Dentistry • Mesa, AZ	June 2-5 Thursday-Sunday	April 18	May 12	\$2010
University of Southern California #2 (USC) • Los Angeles, CA	June 3-6 Friday-Monday	April 19	May 13	\$2360
University of the Pacific #2 (UOP) • San Francisco, CA	June 3-6 Friday-Monday	April 19	May 13	\$2215
Tufts University #2 • Boston, MA	June 10-13 Friday-Monday	April 26	May 20	\$1760*
Loma Linda University #2 (LLU) • Loma Linda, CA	June 10-14 Friday-Tuesday	April 26	May 20	\$2060
University of Washington • Seattle, WA	June 15-18 Wednesday-Saturday	May 2	May 25	\$2135
Midwestern University • Glendale, AZ	August 25-28 Thursday-Sunday	July 11	August 4	\$2110
University of Texas at San Antonio #2 • San Antonio, TX	September 9-12 Friday-Monday	July 26	August 19	\$2110
University of Southern California #3 (USC) • Los Angeles, CA	December 16-19 Friday-Monday	November 1	November 28	\$2360

Frequently Asked Questions about Score Requests

by Jennifer Dahl, Office Manager

“What happens after I take my exam and how do I get my scores?” is a question that many candidates have after taking the WREB. Once the exam is finished and exam materials are shipped back to the WREB office, the WREB Coordinators are busy processing computer scoring, reviewing information and cross checking all scores. They take various measures to ensure that scores are thoroughly checked and accurately reported.

Beginning in 2010, score information is posted to the Candidate login section of the WREB website (www.wreb.org). It is therefore very important that candidates save their candidate login and password as they will be needed to access your results after the exam. Results will be posted within two to four weeks after the exam and are no longer mailed. Once logged in online, each candidate will have access to a results report indicating pass or fail for each section; candidates who fail the exam will also get a report with a breakdown of their scores for each section. These reports will be in a printable format, directly from their computer.

How do I get my scores after the exam?

Candidates are sent an email from WREB to the email address that they used when applying for the exam. The email will give them directions to log into the website using their user name and password to review their results. This is why it is important to notify WREB of any email address change.

What if I do not remember my user name and password?

Please contact the WREB office and ask for the Dental department.

What does my state board want me to send them?

This is a question for the state board where you plan to obtain licensure. Since every state board has their own set of criteria, it is best for you to check with them before ordering scores from WREB.

How do I request my scores be sent to a state board?

There are a variety of different types of score reports available for you to order for state boards. Descriptions of the reports can be found on our website at www.wreb.org. When you have determined which score report you need, simply follow the directions on the website for ordering.

How much does it cost to get a copy of my scores?

Each report that WREB offers has a different price. These prices can be found on our website at www.wreb.org.

What forms of payment do you accept for score requests?

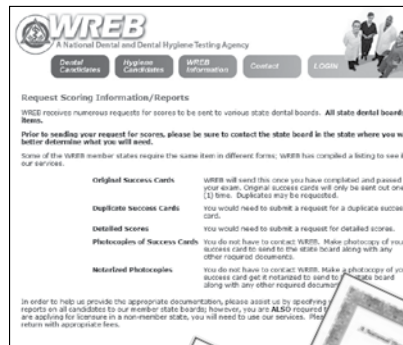
WREB is in the process of revising the website so that credit cards can be used for score requests. Until this process is complete, and thereafter, we will continue to accept cashier's checks, money orders and certified checks. WREB does not accept personal checks.

What is the difference between a Detailed Score and an Individual Performance Report?

A detailed score report is a letter providing the breakdown of scores received in each section of your Dental exams. Since 2009, with the change to conjunctive scoring, only pass/fail results are reported. An Individual Performance Report is available for exams starting in 2004. This document breaks down the score received for each procedure, in each section of the exam. Unsuccessful candidates automatically receive this review with their result email. Both reports have a WREB raised seal.

How long does it take to process my request for scores?

Once our office receives your request, it is date stamped and processed in the order it was received. The turn-around time for requests can be up to two weeks, depending on the volume of the requests that have come in. Unfortunately, there is no way to expedite your request or to move it in front of others. Once your request has been processed, it is sent to your requested destination by First Class Mail.



Ask Examiner continued from page 2

Q. A potential Class III composite patient has a radiographic lesion on #10. Clinically there is contact, but the radiograph I took 'opened' the contact so it appears there is none and it is impossible to tell if the lesion is located at the contact. How does this affect the approval of the lesion?

A. Submit with an x-ray which shows both the lesion and interproximal contact with the adjacent tooth. It will be judged according to the published criteria.

Q. My patient has a very shallow palate causing the angle of the radiograph to be very steep. There is decay present on the distal of #8 that minimally qualifies the lesion for WREB (questionable if it reaches the DEJ). When looking in the mouth clinically, it is obvious that the #8 distal has decay and needs a restoration. My question is this: While the candidate guide states it must clearly reach the DEJ, will the examiners look clinically in the mouth if it is close to the DEJ on the x-ray to see the the decay is present visually?

A. "The Candidate Guide states the caries must be radiographically to the DEJ. Transillumination and direct vision are not the criteria for acceptance, even though the examiners are trained to look. If the caries does not show radiographically, the submission will not be accepted."

Q. I planned on using an assistant who works at a private dental office. I recently found out that the assistant has EFDA qualifications. Would this eliminate her from being eligible to assist me on the exam?

A. EFDA stands for expanded functions dental assistant. Depending on the state, they can do expanded functions, such as packing and carving amalgams. You can use an EFDA assistant, but they are not allowed to perform any graded procedures. For example, they could not place and carve the amalgam, because that is a graded procedure. The candidate must do that. And the EFDA can't polish the teeth in perio. But the EFDA can assist the candidate in the same way a non

EFDA assistant can.

Q. For rubber dam isolation, can we use floss or widges instead of a clamp? Also, my patient has hypertension and I have used articaine (4%) for anesthetic on him for treatment previously. Will I be docked points for using this on a patient with controlled hypertension?

A. Rubber dam clamps are optional if isolation can be obtained with other devices. The type of local anesthetic is candidate's choice and no, the candidate would not be penalized as described.

Q. There is a difference in the radiolucency in two apex putty materials One by Acadental and one by Columbia. Students using Acadental are concerned that their cases will be rejected.

A. The opaque areas will be present on the pre-operative film, so as long as you can see the apical area clearly it will be alright. If you cannot see 2mm of the apical area clearly enough to show if sealer or gutta percha is short of/long of the apex, it is not alright. If you need to remount the tooth, call the company where you purchased the Modupro and request more fixer gel.

Q. I have a Cl III patient who has braces on the top teeth. I was wondering if I must submit an xray of the lesion with the bracket removed or if it is acceptable if you can clearly see the lesion with the bracket in place. Will I be able to remove the bracket the morning of the exam or day before and must the adjacent brackets be removed as well?

A. The radiograph must show the current condition of the tooth to be treated, therefore I would advise the bracket on the tooth to be treated be removed and the radiograph made prior to submission for treatment.

Q. I have an operative patient that has type II diabetes that is diet and exercise controlled. She is not on any medications and does not take insulin injections. Under the "Patient Medical History" form, the candidate is to indicate the

significance and any steps taken for any alteration for the patient. Am I required to take the patient's glucose level or should I have the patient provide a current HgA1C to demonstrate she is able to receive elective treatment?

A. The patient does not need any medical clearance to sit for the examination. As long as the patient has taken their prescribed medication, has eaten, and feels well, they can sit for the examination.

Q. I have a patient who is on I.M. insulin and in very good, stable health. Can I use this patient for the exam?

A. A diabetic on insulin is not acceptable for the WREB examination

Q. My patient has a pacemaker and after research I have concluded that using the cavitron has no complications to the pacemaker. I wanted the opinion of the WREB

A. A pacemaker is not a contraindication for the use of cavitron.

Q. I have a patient who has a digital FMX taken approximately 6 months ago and has since had root planning and scaling on the opposite quadrant (the one not being used on the exam). Does he need to take another FMX?

A. A new FMX is not needed. The examiners are calibrated to not look at the FMX for calculus and/or bone loss, but to look at the overall condition of the patient's oral structure. Your choice is what we would have recommended. You are at some risk if the examiners feel there is not sufficient calculus present, since the other three quadrants have been treated.

Q. For the operative procedure, can we submit two digital bitewings and one PA printed on high gloss paper? In the manual, it says we need to open both contacts of the tooth, so what if one bitewing does not open both contacts?

A. The contacts of the tooth submitted must be open on the two images you submit. This does not mean they must be open on both images. You may only submit two images.

Get to Know the Dental Department at WREB

It's always helpful to put a face to a name...when you receive correspondence from WREB, there's a real person behind that correspondence. Each one of the 33 upcoming 2011 exams will be assigned to one of the Dental Coordinators. Denise Ramos

oversees all Dental exam operations and Kathy Reiff assists with preparation to send exam materials to the Sites. Evonne, Cheri and Joani expertly prepare all exam materials and correspond with schools, examiners and candidates.



Left to right...

Denise Ramos - Dental Manager; Evonne LaVigne - Dental Coordinator, Cheri Watson - Dental Coordinator, Joani Feathers - Dental Coordinator; Kathy Reiff, Assistant Coordinator

New states accepting WREB results:

California recently added Dental Hygiene acceptance - Kentucky for Dental and Dental Hygiene - Illinois for Dental and Dental Hygiene - Pennsylvania for Dental and Dental Hygiene



WREB

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