

HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

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SUBCHAPTER 1

GENERAL PROVISIONS

§16-79-1 Objective. This chapter adopted by the board of dental examiners, hereafter referred to as "board", is intended to clarify and implement chapters 447 and 448, Hawaii Revised Statutes ("HRS"), to the end that the provisions thereunder may be best effectuated. [Eff 7/2/64; am and ren §16-79-1, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-6)

§16-79-2 Supervision. "Supervision" means prescribing objectives and procedures and assigning work, provided that the person supervising shall be a dentist licensed in Hawaii. The levels of supervision are defined as follows:

- (1) "Direct supervision" means that the licensed supervising dentist examines and diagnoses the condition to be treated, personally authorizes each procedure, remains in the dentist's office or in any facility defined in section 447-3, HRS, while the procedures are being performed, and before dismissal of the patient, evaluates the performance of the dental auxiliary; and
- (2) "General supervision" means that the licensed supervising dentist examines and diagnoses the condition to be treated, is familiar with the patient's medical and dental history, and personally authorizes each procedure to be carried out in accordance with the dentist's diagnosis and treatment plan in the dentist's office. The presence of the supervising dentist is not required; provided the dentist shall be available for consultation. In the case of programs under the supervision and control by the department of health or in any facility defined in section 447-3, HRS, the foregoing shall not apply except that a dentist shall be available for consultation, and the procedures used shall have been prescribed by a dentist and otherwise be authorized by law. [Eff 7/2/64; am and ren §16-79-2, 2/13/81; am 1/27/86; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-12)

§16-79-3 Renewal of license. (a) Each licensee shall be responsible for timely renewing of the licensee's license, completing the continuing education requirement, and satisfying the renewal requirements provided by law.

(b) At the time of license renewal, each licensee shall submit a completed renewal application and all applicable fees, and shall comply with any other requirement provided by law. A completed renewal application sent by United States mail shall be considered timely filed if the envelope bears a postmark of the required renewal date.

(c) The failure to timely renew a license, the failure to pay all applicable fees, the failure to complete the continuing education requirement, the dishonoring of any check upon first deposit, or the failure to comply with any other requirement provided by law, shall cause the license to be automatically forfeited. [Eff 7/2/64; am and ren

§16-79-2

§16-79-3, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; am and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-7)

§16-79-3.1 Restoration of forfeited license. A license which has been forfeited may be restored within two years after the date of forfeiture upon compliance with the licensing renewal requirements provided by law and upon written application and payment of all applicable renewal fees, penalty fees, and compliance resolution fund fees. Any person who fails to have the person's license restored within two years from the date of forfeiture shall be required to reapply for licensure as a new applicant and retake the licensure examination. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-4 Place of business. No person, other than a licensee, shall own, maintain, operate, manage, or conduct as a manager, proprietor, conductor, or otherwise a place where dental operations are performed, except as provided in sections 448-3 and 448-15, HRS. [Eff 7/2/64; am and ren §16-79-4, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-1, 448-3, 448-15)

§16-79-5 Prosthetic appliances. A licensed dentist shall provide a written work order authorizing the making or repair of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, traction, fracture, injury to the jaws, teeth, lips, gum, cheeks, palate, or associated head and neck tissues or parts, from casts, models, or impressions and shall keep a file copy of written work orders for a period of at least one year. The work order shall be dated and signed by the dentist and include the dentist's registration number and the name and address of the dental laboratory. [Eff 7/2/64; am 2/24/67; am and ren §16-79-5, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§448-1, 448-3)

§16-79-6 Repealed. [R 2/9/01]

§16-79-7 Approved apron. An apron, preferably with cervical collar, with .25 mm lead equivalent shall be the minimum shielding for dental radiographic procedures. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-1.5(b))

§16-79-8 Approved infection control practices. Dentists and dental hygienists shall practice levels of infection control consistent with the guidelines and recommendations of the U.S. Public Health Service Centers for Disease Control and Prevention (CDC) and the American Dental Association. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

SUBCHAPTER 2

APPLICATIONS

§16-79-9 Who may apply. A person applying for licensure to practice dentistry shall comply with the following requirements:

- (1) Be eighteen years of age or more;
- (2) Submit a written application to take the Hawaii dental licensure examination or the nonaccredited school examination, supported by appropriate documentation and credentials, to the executive secretary of the board not later than sixty days prior to the date of the scheduled examination;
- (3) Remit application and examination fees;
- (4) Furnish evidence of having successfully completed parts I and II of the National Board Dental Examination and receive a National Board Certificate. The applicant must have passed part II within the past five years prior to taking the Hawaii dental licensure examination or the nonaccredited school examination;
- (5) Submit proof that the applicant is a United States citizen, United States national, permanent resident of the United States, or alien authorized to work in the United States; and either
- (6) Be a graduate from a dental college accredited by the Council of Dental Education of the American Dental Association, recognized and approved by the board; or

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- (7) Be a graduate from a foreign dental school not accredited by the American Dental Association and a permanent resident of the United States or alien authorized to work in the United States. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§448-9, 448-10)

§16-79-10 Application forms. (a) All applications shall be made on the forms as prescribed by the board. No application shall be deemed complete which does not set forth all the information relative to the applicant required by said forms and this chapter. The responsibility for submitting a complete application is solely that of the applicant.

- (b) The following forms are currently in use by the board:
 - (1) Application for license-dentist;
 - (2) Application for temporary license-dental examiners;
 - (3) Application for re-exam or subsequent exam;
 - (4) Application for permit to administer general anesthesia or intravenous conscious sedation;
 - (5) Application for exam and license-dental hygienist;
 - (6) Dental hygienist–application for certification in the administration of intra-oral infiltration local anesthesia;
 - (7) Renewal application; and
 - (8) Dental hygienist–application for certification in the administration of intra-oral block anesthesia.

The aforementioned forms may be modified from time to time as required. [Eff 7/2/64; am and ren §16-79-10, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§448-9, 448-10)

§16-79-11 Documentation and credentials. (a) All dental licensure applicants shall arrange to have sent directly to the board an official verification of having successfully completed and passed parts I and II of the National Board Dental Examination within the time frame as specified in section 16-79-9(4) prior to taking the Hawaii dental licensure examination or the nonaccredited school examination.

(b) Graduates of accredited dental schools, who are not licensed in another state, shall also submit as evidence for the completion of the courses of dental instruction required for graduation, a certified copy of a dental diploma or dental degree, a certificate of graduation bearing the signature and seal of the dean or registrar

of the dental school, or an official transcript. Applicants licensed in another state shall submit a certificate attesting to licensure bearing the signature and seal of the executive secretary of the board of dental examiners of that state.

(c) Graduates from a foreign dental school not accredited by the American Dental Association shall also submit the following documentation and credentials:

- (1) An official transcript of the academic and clinical dental school record of the applicant, authenticated by either the president, secretary, dean, or registrar of the educational institution sent directly to the board or hand carried with seal;
- (2) A legible, true copy of the dental diploma or dental degree conferred upon the applicant as evidence of the completion of the courses of dental instruction required for graduation, authenticated by either the president, secretary, dean, or registrar of the educational institution; and
- (3) Official certification by the licensing authority of the governmental jurisdiction, wherein is located the foreign institution from which the applicant was graduated that the applicant has been admitted or licensed to practice dentistry in that foreign state, country, or political subdivision.

(d) An applicant for a dental hygiene license shall provide the board with a certified copy of a dental hygiene school diploma or certificate of graduation or a certified transcript of completion from a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation. [Eff 7/2/64; am and ren §16-79-11, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§448-9, 448-10)

§16-79-12 Applications for temporary license. An application for the Hawaii dental licensure or dental hygiene licensure temporary license may be filed at the same time as an application for examination. The applicant must meet the qualification requirements for the Hawaii dental licensure or dental hygiene licensure examination. [Eff 7/2/64; am and ren §16-79-12, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-2, 448-12)

§16-79-13 Application for permit to practice dentistry. The executive secretary of the board shall issue a permit to any qualified applicant desiring to practice

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dentistry at meetings of the Hawaii Dental Association, Hawaii Dental Hygienists Association, or component parts thereof, alumni meetings of dental colleges, or any other dental organizations while appearing as clinicians. [Eff 7/2/64; am and ren §16-79-13, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-1)

§16-79-14 Denial of application. In the event an application for the issuance or renewal of a license or permit or for the reinstatement thereof is denied, the board shall notify the applicant or licensee by letter of the board's action which shall include a concise statement of the reasons therefor and a statement informing the applicant or licensee of the right to a contested case hearing pursuant to chapter 91, HRS. Any applicant, who has been denied licensure as a result of the board's determination that the applicant has failed the dental licensure examination, may also seek an informal review of the applicant's examination performances pursuant to section 16-79-110. [Eff 7/2/64; am and ren §16-79-14, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-7, 448-1, 448-17, 448-18)

§16-79-15 Contested case hearing. Any person whose application for a license or permit or whose application for the renewal or reinstatement of a license or permit has been denied by the board shall be entitled to a contested case hearing after notice of the denial provided that the request for a contested case hearing shall be conducted pursuant to chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs, and is filed with the board within sixty days of the date of the board's notice of the refusal or denial. [Eff 7/2/64; am and ren §16-79-15, 2/13/81; am and comp 2/9/89; am and comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-7, 448-1, 448-17, 448-18)

§16-79-16 Repealed. [R 2/9/89]

SUBCHAPTER 3

§16-79-20 Repealed. [R 2/9/89]

§16-79-21 Repealed. [R 8/20/90]

§16-79-22 Repealed. [R 8/20/90]

§16-79-23 Repealed. [R 2/9/89]

§16-79-24 Repealed. [R 8/20/90]

SUBCHAPTER 4

§16-79-28 Repealed. [R 8/20/90]

§16-79-29 Repealed. [R 8/20/90]

§16-79-30 Repealed. [R 8/20/90]

§16-79-31 Repealed. [R 8/20/90]

§16-79-32 Repealed. [R 2/9/89]

§16-79-33 Repealed. [R 8/20/90]

SUBCHAPTER 5

DENTAL HYGIENE SCHOOLS

§16-79-40 Approved dental hygiene schools. It is the policy of this board to approve only those schools for dental hygiene which have been accredited by the

§16-79-28

American Dental Association Commission on Dental Accreditation. [Eff 7/2/64; am and ren §16-79-40, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-5)

§16-79-41 School for dental hygiene defined. The board defines a school for dental hygienists as a nonprofit organization, affiliated with or conducted by an approved dental school or other responsible educational agency established on a nonprofit basis, which conducts a course for the training of dental hygienists covering a minimum of two academic years and leading to a certificate of graduation. [Eff 7/2/64; am and ren §16-79-41, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-1, 447-5)

§16-79-42 Repealed. [R 2/9/89]

§16-79-43 Repealed. [R 2/9/89]

§16-79-44 Repealed. [R 2/9/89]

§16-79-45 Repealed. [R 2/9/89]

§16-79-46 Repealed. [R 2/9/89]

§16-79-47 Repealed. [R 2/9/89]

§16-79-48 Repealed. [R 2/9/89]

§16-79-49 Repealed. [R 2/9/89]

§16-79-50 Repealed. [R 2/9/89]

SUBCHAPTER 6

§16-79-54 Repealed. [R 2/9/01]

§16-79-55 Repealed. [R 2/9/01]

§16-79-56 Repealed. [R 2/9/01]

§16-79-57 Repealed. [R 2/9/01]

§16-79-58 Repealed. [R 2/9/01]

§16-79-59 Repealed. [R 2/9/89]

§16-79-60 Repealed. [R 2/9/01]

§16-79-61 Repealed. [R 2/9/89]

§16-79-62 Repealed. [R 2/9/01]

§16-79-63 Repealed. [R 2/9/01]

SUBCHAPTER 7

DENTAL AUXILIARIES

§16-79-58

§16-79-67 Definitions. The categories of dental auxiliaries and some of the functions involved with direct service to patients are as follows:

"Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cup or brush and pumice or similar polishing agent.

"Dental assistant (DA)" means a nonlicensed person, who may perform dental supportive procedures authorized by the provisions of this chapter under the direct supervision of a licensed dentist.

"Dental hygienist (DH)" or "registered dental hygienist (RDH)" means one who is qualified and licensed to practice dental hygiene in the State of Hawaii.

"Oral prophylaxis" means the preventive dental procedure of scaling and polishing, which includes complete removal of calculus, soft deposits, plaque, stains, and the smoothing of tooth surfaces. The objective of this treatment shall be the creation of an environment in which hard or soft tissues can be maintained in good health by the patient.

"Periodontal soft tissue curettage" means the closed removal of diseased or necrotic tissue lining the periodontal pocket, not involving the reflection of a flap.

"Preliminary oral screening" means a study of all the structures of the oral cavity to make a determination if dental services may be necessary.

"Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and other irregularities.

[Eff 11/21/74; am and ren §16-79-67, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §§447-3, 448-3)

§16-79-68 Repealed. [R 2/9/89]

§16-79-69 Repealed. [R 2/9/89]

§16-79-69.1 Allowable duties for a dental assistant. A dental assistant may perform the following supportive dental procedures under the direct supervision of a licensed dentist:

- (1) Retract a patient's cheek, tongue, or other parts of tissues during a dental procedure;
- (2) Place and remove a rubber dam;

- (3) Conduct a mouth-mirror oral inspection, reporting observations to the supervising dentist;
- (4) Remove debris as is normally created and accumulated during or after operative procedures by the dentist by the use of vacuum devices, compressed air, mouth washes, and water;
- (5) Provide any assistance, including the placement of material in a patient's oral cavity in response to the specific direction of a licensed dentist who is actually performing a dental procedure on the patient;
- (6) Removal of post-extraction dressings;
- (7) Removal of sutures;
- (8) Placement of matrix retainers for alloy and composite restorations after a dentist has prepared the cavity;
- (9) Take impressions for study casts;
- (10) Removal of excess cement after a dentist has placed a permanent or temporary inlay, crown, bridge, appliance, or orthodontic bands with hand instruments only;
- (11) Place non-aerosol and non-caustic topical anesthetics;
- (12) Place and remove orthodontic separators;
- (13) Take intra-oral measurements for orthodontic procedures;
- (14) Check for loose bands and bonded brackets;
- (15) Placement and removal of ligature ties;
- (16) Removal of arch wires;
- (17) Fitting and removal of head appliances;
- (18) Placement and removal of inter-arch elastics (i.e., chain elastics and rubber bands);
- (19) Preliminary selecting and sizing of bands;
- (20) Patient education in oral hygiene;
- (21) Take, expose, and develop radiographs;
- (22) Take intra-oral and extra-oral photographs;
- (23) Take and record blood pressure and vital signs;
- (24) Relate pre- and post-operative instructions; and
- (25) Monitoring of nitrous oxide/oxygen unit. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-3)

§16-79-69.5 Prohibited duties of dental assistants. A dental assistant shall not perform the following functions or any other activity which represents the practice of

§16-79-69.1

dentistry or requires the knowledge, skill, and training of a licensed dentist or dental hygienist:

- (1) Diagnosis and treatment planning;
- (2) Surgical or cutting procedures on hard or soft tissues, or extraction of teeth;
- (3) Placement, condensation, carving, finishing, or adjustment of final restorations; placement of pulp capping materials and cement bases; or any cementation procedure;
- (4) Prescription or injection of drugs;
- (5) Administration of injectable or general anesthesia and acupuncture;
- (6) Any intra-oral procedure which would lead to the fabrication of any appliance or prosthesis which, when worn by the patient, would come in direct contact with hard or soft tissues;
- (7) Adjust or attempt to adjust any prosthodontic or correctional appliance to be worn in the mouth;
- (8) Placing of retractions, cords, or other devices for tissue displacement for crown and bridge impressions;
- (9) Cementation or bonding of any fixed prosthetic or orthodontic appliance;
- (10) Use of ultrasonic equipment to remove cement or calculus;
- (11) Prophylaxis or removal of stains, accretions, or deposits from the teeth;
- (12) Coronal polishing with a rubber cup or brush;
- (13) Polishing of restorations;
- (14) Irrigation, medication, or drying of canals; reaming, filing, trying in cones, or filling of root canals; or establish length of tooth;
- (15) Test pulp vitality;
- (16) Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of human teeth or jaws or adjacent structure;
- (17) Intra-orally adjust occlusion of inlays, crowns, bridges, or any restoration;
- (18) Intra-orally finish margins of inlays, crowns, or bridges;
- (19) Cement or recement permanently any cast restoration or stainless steel crown;
- (20) Elevate soft-tissue flaps;
- (21) Establish occlusal vertical dimension for dentures;
- (22) Try-in of dentures set in wax;
- (23) Curette to sever epithelial attachment;

- (24) Insertion and post-insertion adjustments of dentures;
- (25) Suture; and
- (26) Write a prescription for authorization to fabricate restorative prosthodontic or orthodontic appliances. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-3)

§16-79-69.10 Allowable duties of dental hygienists. A duly licensed dental hygienist may perform clinical dental hygiene as delineated under section 447-3, HRS, and all duties of a dental assistant. Unless allowed under section 447-3(c), HRS, the following shall be performed only under the direct supervision of a licensed dentist:

- (1) Remove overhangs;
- (2) Periodontal soft tissue curettage;
- (3) Root planing;
- (4) Applying pit and fissure sealants;
- (5) Ultrasonic instrumentation;
- (6) Place or remove periodontal dressing;
- (7) Administer prescriptive treatments as prescribed by the licensed dentist; and
- (8) Coronal polishing. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-3)

§16-79-69.15 Prohibited duties of dental hygienists. No dentist shall allow a dental hygienist who is in the dentist's employ or is acting under the dentist's supervision or direction to perform any of the procedures disallowed for dental assistants except for those duties specifically allowed for dental hygienists in section 447-3, HRS, and in this chapter. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-3)

§16-79-70 Repealed. [R 2/9/89]

§16-79-71 Penalty. Any person or association practicing dentistry in the State who fails to comply with or makes false statements to provisions of this chapter shall be

guilty of a failure to comply with chapter 448, HRS, and shall be punished as provided in this chapter. [Eff 11/21/74; am and ren §16-79-71, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-3)

SUBCHAPTER 8

ANESTHESIA

§16-79-75 Definitions. For purposes of this subchapter, the following definitions are applicable:

"Analgesia" means the diminution or elimination of pain in a conscious patient.

"Block anesthesia" means local anesthetic solution deposited close to a main nerve trunk usually located at a distance from the site of treatment.

"General anesthesia" means the elimination of all sensations, accompanied by a state of unconsciousness.

"Infiltration anesthesia" means local anesthetic solution deposited near the terminal nerve endings in the area of prospective dental treatment.

"Licensed dentist" means a person who is licensed to practice dentistry in the State of Hawaii.

"Local anesthesia" means the elimination of sensations, especially pain, in one part of the body by topical application or regional injection of a drug.

"Sedation" means the calming of an apprehensive individual by use of systemic drugs, without inducing loss of consciousness. [Eff 10/7/76; am and ren §16-79-75, 2/13/81; comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-1)

§16-79-76 Administration of local anesthesia. (a) Any licensed dentist may administer local anesthesia. Any licensed dental hygienist, so certified in accordance with these rules, may administer intra-oral infiltration, block anesthesia, or both.

(b) A dental hygienist may administer intra-oral infiltration anesthesia upon providing documentation of having been certified in the administration of intra-oral infiltration anesthesia by an accredited dental hygiene school or by a certification program previously approved by the board.

(c) In addition, a dental hygienist may apply for certification to administer intra-oral block anesthesia under the direct supervision of a dentist licensed in the State of Hawaii.

(d) A dental hygienist's competence to administer intra-oral block anesthesia shall be demonstrated to the board by successful completion of a course of study in a formal certification program in the administration of block anesthesia, sponsored by an institutional program accredited by the Commission of Dental Accreditation of the American Dental Association.

(1) Intra-oral infiltration and block anesthesia categories include but are not limited to:

- (A) Maxillary and mandibular infiltration anesthesia;
- (B) Long buccal nerve block anesthesia;
- (C) Mental nerve block;
- (D) Inferior alveolar/lingual nerve block;
- (E) Incisive nerve block;
- (F) Posterior superior alveolar nerve block;
- (G) Middle superior alveolar nerve block;
- (H) Anterior superior alveolar nerve block;
- (I) Nasopalatine (incisive canal) nerve block; and
- (J) Greater (anterior) palatine nerve block.

(2) The course of study shall include didactic studies and clinical experience:

- (A) For intra-oral block anesthesia categories (1)(A) through (1)(J) at least thirty-nine hours and a minimum of fifty successful injections of which ten shall be in block category (1)(D) and five in block category (1)(F) and clinical proficiency in all block categories;
- (B) Curriculum determined equivalent in content, scope and length of:
 - (i) Cardiopulmonary resuscitation certification;
 - (ii) Medical history evaluation procedures;
 - (iii) Physical evaluation procedures;
 - (iv) Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;
 - (v) Understand pharmacology of local anesthetics and vasoconstrictors;
 - (vi) Indications and contraindications for administration of local anesthetics;

- (vii) Medical emergency, prevention, diagnosis, and management;
- (viii) Recognition and management of post-injection complications and management of reactions to injections;
- (ix) Medical and legal management complications;
- (x) Selection and preparation of the armamentaria and record keeping for administering various local anesthetics;
- (xi) Methods of administering local anesthetics with emphasis on technique, which includes aspiration and slow injection, in addition to minimum effective dosage; and
- (xii) Proper infection control techniques with regard to local anesthesia and the proper disposal of sharps; and

(D) Passage of an examination.

- (3) The proof of successful completion of a course of study shall include a certificate or other program documentation listing the intra-oral block anesthesia categories the dental hygienist has acquired knowledge and proficiency in. This proof of successful course completion shall be required for approval of certification by the board. The applicant shall also submit documentation of the course content, which is to be consistent with paragraph (2), when submitting the certificate.

(e) A licensed dental hygienist who has demonstrated competence to the satisfaction of the board shall be certified to administer intra-oral block anesthesia procedures for those categories listed on the certificate as described in subsection (d)(1), and under the direct supervision of a licensed dentist. Consistent with the definition for direct supervision in section 16-79-2(1), and the applicability to intra-oral block anesthesia procedures by dental hygienists, the licensed supervising dentist shall examine and diagnose the condition to be treated with intra-oral block anesthesia procedures, personally authorize administration of intra-oral block anesthesia procedures based on the proof of successful completion of a course of study as specified in subsection (d)(2), evaluate the performance of the dental hygienist in the administration of intra-oral block anesthesia, remain in the dentist's office or in any facility defined in section 447-3, HRS, while the intra-oral block anesthesia procedures are being performed, and before dismissal of the patient, evaluate the status of the patient.

(f) The board certification to administer intra-oral block anesthesia procedures shall automatically expire upon the revocation or suspension of the license to practice dental hygiene. [Eff 10/7/76; am and ren §16-79-76, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-1)

§16-79-77 Drugs for sedation and analgesia. A licensed dentist may administer drugs for nitrous oxide analgesia sedation by itself or in conjunction with local anesthesia.

In lieu of graduation from an approved institution, or certificate of completion, the board may accept in its discretion, other evidence of completed study or learning, based upon the criteria established by the American Dental Association (hereinafter referred to as "A.D.A.") Council of Dental Education. [Eff 10/7/76; am and ren §16-79-77, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-1)

§16-79-78 General anesthesia and intravenous-conscious sedation. (a) No dentist shall administer or employ another person to administer general anesthesia and intravenous-conscious sedation on an outpatient basis for dental patients, unless the dentist possesses written authorization from the board.

(b) In order to receive written authorization, the licensed dentist shall apply to the board, pay an application fee, and submit documentary evidence showing that the following requirements are met:

- (1) Educational training requirements.
 - (A) General anesthesia: Applicant has completed a minimum of two years of advanced academic study (or its equivalent) beyond the undergraduate dental school level in a training program as described in part 2 of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry adopted by the A.D.A. Council of Dental Education;
 - (B) Intravenous-conscious sedation: Applicant has completed a minimum of one year of advanced academic study (or its equivalent) beyond the undergraduate dental school level in a training program as described in part 2 of the Guidelines for

Teaching the Comprehensive Control of Pain and Anxiety in Dentistry adopted by the A.D.A. Council of Dental Education;

(C) Applicant is a Diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery, or is a member of the American Association of Oral and Maxillofacial Surgeons; or

(D) Applicant is a Fellow of the Dental Society of Anesthesiology; or

(2) In lieu of the requirements in subparagraphs (1)(A), (B), (C), or (D) a licensed dentist may receive written authorization to have general anesthesia used at the dentist's place of practice, if the licensed dentist employs or works in conjunction with a physician licensed pursuant to chapter 453 or 460, HRS, who is a member of the anesthesiology staff of an accredited hospital, provided that the anesthesiologist shall remain on the premises of the dental facility until any patient given a general anesthetic regains consciousness; and

(3) Facilities and staff requirements. Applicant has a properly equipped facility for the administration of general anesthesia staffed with a supervised team of auxiliary personnel capable of reasonably handling anesthesia procedures, problems, and emergencies incident thereto. Adequacy of the facility and competence of the anesthesia team may be determined by the consultants appointed by the board as outlined below in this chapter.

(c) Prior to the issuance of the written authorization, the board may, at its discretion, require an on-site inspection of the facility, equipment, and personnel to determine whether the facilities and staff requirements have been met. This evaluation to determine whether the facility is adequate and properly equipped, may be carried out in a manner and generally following the guidelines, standards, requirements, and basic principles as described in the American Society of Oral Surgeons Office Anesthesia Emergency Self Evaluation Manual. The inspection and evaluation shall be carried out by a team of consultants appointed by the board.

(d) The board shall appoint a team of advisory consultants to conduct the on-site inspection and evaluation of the facilities, equipment, and personnel of a licensed dentist applying for written authorization to administer or to employ another person to administer general anesthesia; thereafter, re-inspections may be conducted. The advisory consultants shall also aid the board in the adoption of criteria and standards relative to the regulation and control of general anesthesia.

(e) A licensed dentist who has received written authorization to administer or to employ another to administer general anesthesia shall renew the authorization biennially and pay a biennial fee.

(f) The board may, at any time, reevaluate the credentials, facilities, equipment, personnel, and procedures of a licensed dentist who has previously received written authorization from the board to determine if the dentist is still qualified to have written authorization. If the board determines that the licensed dentist is no longer qualified to have written authorization, it may revoke or refuse to renew the authorization, after an opportunity for a hearing is given to the licensed dentist.

(g) A licensed dentist, who has received written authorization to administer general anesthesia and who has qualified for written authorization pursuant to subsection (b)(1)(A) through (D) may have a practicing certified nurse anesthetist administer general anesthesia to a patient for the licensed dentist, provided the licensed dentist is present at all times and supervises the procedures. [Eff 10/7/76; am and ren §16-79-78, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-1)

§16-79-79 Reporting of adverse occurrences. (a) All licensed dentists in the practice of dentistry in this State shall submit a report within a period of thirty days to the board of any mortality or other incident occurring in the outpatient facilities of the dentist which results in temporary or permanent physical or mental injury requiring hospitalization of a patient during, or as a direct result of anesthesia related thereto. The report shall include at the minimum responses to the following:

- (1) Description of dental procedure;
- (2) Description of physical condition of patient unless Class I (as adopted by the American Society of Anesthesiologists);
- (3) List of drugs and dosage administered;
- (4) Detailed description of techniques utilized in administering the drugs utilized;
- (5) Description of adverse occurrence:
 - (A) Symptoms of any complications, to include but not limited to onset, and type of symptoms of the patient;
 - (B) Treatment instituted on the patient;
 - (C) Response of the patient to the treatment;
- (6) Description of the patient's condition on termination of any procedure undertaken.

§16-79-79

(b) Failure to comply with subsection (a) when the occurrence is related to the use of general anesthesia shall result in the loss of the written authorization of the licensed dentist to administer or to employ another person to administer general anesthesia. [Eff 10/7/76; am and ren §16-79-79, 2/13/81; am and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §448-7) (Imp: HRS §448-1)

SUBCHAPTER 9

FEES

§16-79-83 Fees. The license and examination fees for dentists and dental hygienists shall be as provided in chapter 16-53, relating to fees for boards and commissions. [Eff 11/7/64; am 8/3/70; am 10/26/70; am and ren §16-79-83, 2/13/81; am and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §92-28) (Imp: HRS §92-28)

SUBCHAPTER 10

PRACTICE AND PROCEDURE

§16-79-84 Administrative practice and procedure. The rules of practice and procedure for dentists and dental hygienists shall be as provided in chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs which are incorporated by reference and made a part of this chapter. [Eff and comp 2/9/89; comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §§91-2, 448-6) (Imp: HRS §§91-2, 448-18)

SUBCHAPTER 11

ORAL TESTIMONY

§16-79-85 Oral testimony. (a) The board shall accept oral testimony on any item which is on the agenda, provided that the testimony shall be subject to the following conditions:

- (1) Each person seeking to present oral testimony shall so notify the board not later than forty-eight hours prior to the meeting, and at that time shall state the item on which testimony is to be presented;
- (2) The board may request that any person providing oral testimony submit the remarks, or a summary of the remarks, in writing to the board;
- (3) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;
- (4) Persons presenting oral testimony shall identify themselves and the organization, if any, that they represent at the beginning of the testimony;
- (5) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed prior to the commencement of the testimony of the time constraints to be imposed; and
- (6) The board may refuse to hear any testimony which is irrelevant, immaterial, or unduly repetitious to the agenda item on which it is presented.

(b) Nothing in this section shall require the board to hear or receive any oral or documentary evidence from a person on any matter which is the subject of another proceeding pending subject to the hearings relief, declaratory relief or rule relief provisions of chapter 16-201.

(c) Nothing in this section shall prevent the board from soliciting oral remarks from persons present at the meeting or from inviting persons to make presentations to the board on any particular matter on the board's agenda. [Eff and comp 2/9/89; comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§92-3, 448-6) (Imp: HRS §§92-3, 448-6)

SUBCHAPTER 12

DENTAL LICENSURE EXAMINATION

§16-79-85

Historical Note: Subchapter 12 is based substantially upon Subchapter 4, §§16-79-28, 16-79-29, 16-79-30, 16-79-31, and 16-79-33. [Eff 7/2/64; am 11/21/74; am and ren §16-79-33, 2/13/81; am and comp 2/9/89; R 8/20/90]

§16-79-90 Hawaii dental licensure examination requirements. (a) Every eligible applicant for a dental license shall take and pass a differentiation and practical examination on dentistry upon providing a National Board Certificate evidencing successful completion of the National Board Dental Examination part II within the past five years prior to the date of the Hawaii dental licensure examination.

(b) The differentiation examination will include assessment of a number of dental cases by the applicant within a specified time period.

(c) The practical (clinical and simulation) examination shall include the following parts:

(1) Clinical

(A) Amalgam (preparation and restoration); and

(B) Composite (preparation and restoration).

(2) Simulation

(A) Crown and bridge on a mannequin:

(i) The board will elect and advise applicants on the day of the simulation examination to perform either a porcelain fused to metal preparation; or, a three-fourth crown preparation; or, an onlay preparation;

(ii) Full crown preparation; and

(iii) Full crown wax-up.

(B) Endodontics (anterior and posterior) on extracted teeth. [Eff and comp 8/20/90; am and comp 2/9/01; am and comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-91 Nonaccredited school examination for graduates of nonaccredited foreign dental schools. (a) A graduate of a foreign dental school not accredited by the American Dental Association shall apply to take a nonaccredited school examination upon providing a National Board Certificate evidencing successful completion of the National Board Dental Examination, of which part II must have been passed within the past five years prior to the date of the nonaccredited school examination.

(b) The nonaccredited school examination shall include cavity preparations and restorations for amalgam and composite procedures that will be performed on a mannequin. The examination shall also include a differentiation examination which will test the applicant's knowledge of basic prosthodontics.

(c) Following the successful completion of the nonaccredited school examination, a graduate of a foreign dental college is then eligible to take the Hawaii dental licensure examination.

(d) An applicant who fails the nonaccredited school examination shall obtain a diploma or certificate of graduation from a dental college accredited by the Council of Dental Education of the American Dental Association. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-92 Departmental examination personnel. (a) The department shall provide and supervise the following persons to assist in the administration of the Hawaii dental licensure examination and the nonaccredited school examination:

- (1) Clinical check-in monitor;
- (2) Simulation check-in monitor;
- (3) Clinical area monitor;
- (4) Messengers (clinical and grading area);
- (5) Simulation area monitor;
- (6) Laboratory technician;
- (7) Repair technician;
- (8) Entry/exit monitor;
- (9) Grading area monitor;
- (10) Recorders;
- (11) Security technician; and
- (12) Examination monitor.

(b) All persons assisting in the administration of the examinations shall be under the direct supervision of the examination monitor; except that the grading area monitor, recorders, and the grading area messengers shall be under the direct supervision of the person designated as the supervisor of graders during the examination and while in the grading area.

(c) The examination monitor shall ensure that each person involved in the administration and grading of the examinations shall comply with the job descriptions detailing that person's responsibilities and duties. The detailed job descriptions for all persons involved in the administration and grading of the examinations shall be

established and provided to each such person prior to the examination. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-93 Administration of the examination; duties of board; duties of department; disqualification. (a) Unless otherwise provided by law or by this chapter, the board shall be responsible for determining the content and requirements for the examinations, the proper management of patients, and all matters related to grading of dental performances by examination applicants. The board shall designate a board member who is a dentist, or any other qualified dentist familiar with the anonymous testing procedures provided by this chapter, to perform the following responsibilities:

- (1) Clinical floor coordinator. This coordinator shall be a nongrading board member or designate by the board who shall ensure that the anonymous testing procedures and the specific examination instructions for the entire examination are followed. The clinical floor coordinator (hereinafter referred to as "CFC") is primarily responsible for the supervision of all matters relating to patient management and the actual dental performances by an examination applicant during the examination. The CFC shall also consider and note on the applicant's examination worksheet any request from the applicant for a deviation from the ideal cavity preparation, the placement of a cement base, or for an extension of time to complete a dental procedure. The recognition of a possible pathological exposure by the applicant or the failure to complete a required procedure within the allotted time shall also be noted by the CFC on the worksheet. The CFC shall monitor or observe the entire clinical and simulation areas of the clinic but shall be prohibited from entering the grading area. Whenever a situation arises that may require direct communication with the graders, the CFC shall confer with the supervisor of graders in the presence of the entry/exit monitor and in such a manner that the principles of anonymity are not compromised. The CFC may also disqualify an applicant whenever the applicant has failed to abide by the examination instructions and this chapter.
- (2) Simulation floor coordinator. This coordinator shall be a nongrading board member or designate by the board who shall assist the clinical floor coordinator to ensure that the anonymous testing procedures and

the specific examination instructions related to the simulation sections of the examination are followed. The simulation floor coordinator (SFC) shall state the required crown and bridge assignments to the applicants at the beginning of the simulation examination and shall also clearly post the assignments on the wall. The SFC shall be prohibited from entering the grading area and communicating with the graders during the grading of the entire examination. The SFC may also disqualify an applicant for failing to abide by the examination instructions and this chapter. The SFC has the authority to determine whether the assigned equipment or work station is physically not satisfactory to the applicant, and the SFC shall make any necessary adjustments to the equipment or work station so that the applicant's performance will not be adversely affected.

- (3) Supervisor of graders. This supervisor shall be a nongrading member or designate by the board who shall be primarily responsible for the grading process and provide supervision over the graders. The supervisor of graders (supervisor) shall also attend and satisfactorily complete the standardization session required by section 16-79-100. The supervisor of graders shall have complete knowledge of the dental licensure examination procedures and the principles of anonymity. The supervisor shall also supervise the recorders and the grading area messengers. The supervisor shall ensure that there is no conversation between graders, patients, and any other person related to any matter that may breach the principles of anonymity. The supervisor and graders shall be prohibited from entering the clinical or simulation areas of the clinic during the examination. The supervisor shall ensure that all persons abide by the anonymous testing procedures provided by this chapter. Three graders are required to evaluate each procedure of the amalgam and composite restorations and complete the appropriate grading sheet. If a situation arises during the examination that requires direct communication with the clinical area, the supervisor and the clinical floor coordinator shall meet in the presence of the entry/exit monitor and in such a manner that the principles of anonymity are not compromised.

- (b) Unless otherwise provided by law or by this chapter, the department of commerce and consumer affairs, hereinafter referred to as "department," by and through its director and examination branch, shall be responsible for the administration of the Hawaii dental licensure examination and non-accredited school examination and that the examinations shall be administered in all respects in accordance with the requirements

for anonymity and this chapter. In administering the examinations, the department shall provide qualified and trained personnel, including but not limited to the following:

- (1) Examination monitor. This monitor shall be primarily responsible for administering the examination and shall supervise all monitors or other persons who assist the department to administer the examination. The examination monitor (monitor) shall ensure that the various documents related to the examination and the applicant's dental performances during the examination have been maintained pursuant to the anonymous testing procedures provided by this chapter. The monitor shall also have complete knowledge of the dental examination procedures, the principles of anonymity, and the job descriptions of all persons involved in the administration and grading of the licensure examination. Job descriptions for the various examination monitors, graders, or other persons involved in administering or grading the examination shall be prepared and maintained by the examination monitor. The examination monitor is prohibited from entering the grading area and shall ensure that the anonymous testing procedures provided by this chapter are implemented.
- (2) Clinical check-in monitor. This monitor shall ensure that the applicant has properly checked in at the clinic to perform the clinical part of the examination. Upon presenting proper identification, the clinical check-in monitor shall verify that the applicant correctly recorded next to the applicant's name, the randomly selected badge number on the clinical check-in log. The clinical check-in log shall not be revealed to any grader and shall be secured at all times to prevent the unauthorized disclosure of the applicant's personal identification.
- (3) Simulation check-in monitor. This monitor shall ensure that the applicant has properly checked in at the clinic to perform the simulation part of the examination. Upon presenting proper identification, the simulation check-in monitor shall verify that the applicant correctly recorded next to the applicant's name, the randomly selected badge number on the simulation check-in log. The simulation check-in log shall not be revealed to any grader and shall be secured at all times to prevent the unauthorized disclosure of the applicant's personal identification.
- (4) Clinical area monitor. This monitor shall assign the examination applicants to the clinical operatory rooms and monitor the flow of

patients between the assigned operatories and the grading area. The clinical area monitor shall record on the clinical area monitor log the applicant's badge number, the assigned operatory room, the randomly selected clinical packet number, and the various times a patient would check out and in from the operatory room for the checking or grading of a required dental procedure.

- (5) Simulation area monitor. This monitor shall assign the examination applicants to a work bench or operatory room in the simulation area and monitors the time an applicant begins and completes the simulation part of the examination. The simulation area monitor shall record on the simulation area monitor log the applicant's badge number, the assigned work bench number, the randomly selected clinical simulation packet number, and the times when the examination applicant started and completed the required simulation dental procedures.
- (6) Entry/exit monitor. This monitor controls and monitors the flow of all persons traveling between the grading area and the clinical areas of the clinic so as to ensure complete anonymity. The entry/exit monitor shall not permit into the grading area any examination applicant, clinical area messengers, clinical and simulation floor coordinators, examination monitor, or any other person who can identify or relate an applicant's dental performances to the applicant. The entry/exit monitor shall also log the exact time whenever a patient enters and leaves the grading area on the entry/exit monitor log. Any conferences between the supervisor of graders and the clinical or simulation floor coordinator or examination monitor shall be conducted in the presence of the entry/exit monitor in such a manner that the principles of anonymity are not compromised.

(c) Any person involved in the administration or grading of the examinations shall be disqualified from participating in the examination in which the person is a close personal friend or relative related within the third degree by blood or marriage, or has any business, financial, or other pecuniary interest, with any applicant taking that examination. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: §§448-9, 448-9.5, 448-10, 448-17)

§16-79-94 Examination instructions to applicant. The Hawaii dental licensure examination schedule and the specific examination procedures required to complete the examination shall be further described in a document entitled "Instructions and

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Information for the Hawaii Dental Licensure Examination and Attachments (date)." The instructions, information, and procedures provided in the document shall be consistent with this chapter and shall be available to applicants no later than three weeks prior to the examination. An applicant shall be allowed to bring that document and this chapter into the examination site for further reference. All applicants shall strictly comply with the specific instructions and procedures stated in the document and in this chapter. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-95 Anonymity of the licensure examination. The department and the board shall ensure that the licensure examination is anonymous in all respects and that said examination shall exclude the possibility of any consideration of factors unrelated to the competency of the applicant. [Eff and comp 8/20/90; comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-96 Anonymous testing procedure; physical separation. (a) The anonymous testing procedures for the Hawaii dental licensure examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of an applicant, or relate or connect the patient or work-product graded or to be graded to a particular applicant. The procedures shall include the following double blind system:

- (1) Differentiation examination.
 - (A) Applicant shall be notified at least three weeks prior to the scheduled examination of the date, time, and location for the examination;
 - (B) To be admitted into the differentiation examination room, all applicants shall present appropriate personal identification with a photograph and signature to an examination proctor;
 - (C) The applicant shall randomly select a badge number and the examination proctor shall verify that the applicant correctly recorded the number on the examination check-in log which shall also record the candidate's name, signature, and social security number; and
 - (D) The applicant's badge number shall be written on the examination answer sheet. No personal identification marks shall appear on the examination answer sheet.

- (2) Clinical examination.
- (A) Applicants shall bring their own armamentarium necessary to perform the required dental procedures, including their own high speed turbine handpiece and slow speed handpiece;
 - (B) Applicants shall be admitted into the designated examination location on a first-come, first-served basis and shall present appropriate personal identification with a photograph and signature to the clinical check-in monitor who will verify that the applicant correctly recorded the applicant's randomly selected badge number on the clinical check-in log;
 - (C) Patients and dental assistants shall present appropriate personal identification with a photograph and signature to the clinical check-in monitor who will record the patients' and dental assistants' names on the clinical check-in log. The log shall be secured by the clinical check-in monitor at all times to prevent the unauthorized disclosure of the applicant's name to any person during the examination;
 - (D) The applicant shall be escorted or directed to the clinical area monitor's desk where the applicant will be assigned an operatory room. The clinical area monitor will record the operatory room number assigned to the applicant on the clinical area monitor log which shall also record the applicant's badge number and the randomly selected clinical packet number (large manila envelope). The packet shall contain the following:
 - (i) Two patient badges (one for the amalgam patient and one for the composite patient);
 - (ii) Two small envelopes (one labeled "CAST" and the other envelope will be used to contain the applicant and patient badges at the end of the examination);
 - (iii) One large envelope;
 - (iv) One amalgam and one composite worksheet;
 - (v) Resealable bag with amalgam badge number; and
 - (vi) Two health history forms.
 - (E) The applicant shall proceed to the assigned operatory room and prepare the patient;
 - (F) The applicant shall write only the date, patient's badge number, and tooth and surface selection on the amalgam and composite worksheets. No personal identifying marks shall appear on the

worksheets. The patient must wear the patient badge throughout the examination until dismissed by the clinical floor coordinator;

- (G) Upon completion of a required dental procedure, a clinical area messenger shall escort the patient to the grading area messenger who shall escort the patient to the entry/exit monitor's desk. The clinical area monitor shall log the time a patient leaves and returns to the operatory room on the clinical area monitor log;
- (H) At the entry/exit monitor's desk, the monitor shall record on an entry/exit monitor log the patient badge number and the time the patient checked into and checked out of the grading area;
- (I) The patient is escorted from the entry/exit monitor's desk into the grading area by a recorder;
- (J) The clinical and simulation areas shall be physically separated from the grading area. During the entire practical examination, the graders shall be located in the grading area and are required to remain physically isolated from the clinical and simulation areas while the practical procedures are being performed by applicants;
- (K) The graders shall record on the grading sheet the point score for the dental procedure being graded. The department shall use paper that will provide a duplicate copy of the grading sheets during the examination;
- (L) When the grader has completed grading the dental procedure, the grade sheet shall be reviewed by the supervisor of graders for completeness. The grading area monitor shall separate each grading sheet. The grading area monitor shall retain the front (face) sheet and shall record the grades. The back copy of the grading sheet shall be put into a separate secured container maintained by the supervisor of graders;
- (M) When the graders have completed grading the dental procedure, the patient shall be escorted back to the operatory room;
- (N) Applicants shall turn in the clinical examination materials to the clinical area monitor under the following procedures:
 - (i) The applicant shall place the applicant's badge and the two patients' badges into the small envelope and shall write in ink the applicant's name and social security

number on the envelope. This small envelope shall be placed into the large envelope and the operatory room number shall be written in ink on the large envelope;

- (ii) The applicant shall place the amalgam cavity preparation poured cast into the envelope which has been labeled "CAST" and write in ink the amalgam patient badge number on the envelope;
 - (iii) The radiographs and examination worksheets (amalgam and composite) shall be placed in the large manila envelope; and
 - (iv) After a security technician has inspected the operatory room area, the following envelopes shall be given to the clinical area monitor at the end of the examination: the large envelope containing the three badges; the envelope labeled "CAST" and the large manila envelope.
- (3) Simulation examination.
- (A) Applicants shall bring their own armamentarium necessary to perform the required dental procedures, including their own high speed turbine handpiece, slow speed handpiece, and their own alcohol or gas burner;
 - (B) Applicants shall be admitted into the designated examination location on a first-come, first-served basis and shall present appropriate personal identification with a photograph and signature to the simulation check-in monitor who will verify that the applicant correctly recorded the applicant's randomly selected badge number on the simulation check-in log. The simulation check-in log shall be secured by the monitor at all times to prevent the unauthorized disclosure of the applicant's name to any person during the examination;
 - (C) The applicant shall be escorted or directed to the simulation area monitor's desk where the applicant shall be assigned a previously numbered work bench or operatory room in the simulation area. The simulation area monitor shall record the assigned operatory room or work bench number, applicant's badge number, and the randomly selected simulation packet

number on the simulation area monitor log. The simulation packet shall contain the following:

- (i) One simulation badge;
 - (ii) Two small envelopes, one labeled "DIE" and the other envelope will be used to contain the applicant's and the simulation badges at the end of the examination;
 - (iii) One small manila envelope labeled "ENDO";
 - (iv) One large envelope; and
 - (v) Six adhesive tags.
- (D) Applicants should proceed to their assigned work bench or operatory room and prepare to begin the examination;
- (E) The mannequin with mask, dentoform, articulator, and mount shall be in place at each assigned work area. Under no circumstances shall the dentoform or rubber mask be removed or displaced from within the head or buccal plates or off the mannequin rod;
- (F) On the day of the examination, the tooth, tooth surfaces, and the required preparation will be announced by the simulation floor coordinator. The work shall only be performed on the tooth specified. Applicants may start with any of the required dental procedures; and
- (G) The applicant shall turn in the required simulation performances under the following procedures:
- (i) The applicant shall write the simulation badge number on each of the adhesive tags enclosed in the simulation packet. For the crown and bridge preparations, the applicant shall place one of the numbered tags on the upper half of the dentoform, another tag on the lower half of the dentoform, and another tag on the small envelope labeled "DIE." The die shall be enclosed in the small envelope with the numbered tag on it. For the endodontics procedure, the applicant shall place one of the numbered tags on the endo block, one to the radiograph, and one on the envelope marked "ENDO" that shall be used to enclose the plaster block;
 - (ii) The applicant's crown and bridge work in the mannequin, the endodontic block, radiographs and envelope marked "ENDO" shall be left at the assigned

work bench or in the operatory room. The envelope containing the applicant's die shall also be left at the applicant's assigned work bench or in the operatory room;

- (iii) The applicant's badge and simulation badge shall be placed in another small envelope and the applicant's name and social security number shall be written in ink on the envelope; and
- (iv) The applicant shall place the small envelope containing the badges into the large envelope. The applicant's assigned work bench or operatory room number shall be written in ink on the large envelope. After a laboratory technician has inspected the work bench or operatory room area, the large envelope and manila envelope shall be given to the simulation area monitor.

(b) During the entire practical examination, the graders shall be located in a separate grading area and are required to remain physically isolated from the simulation and clinical areas where the practical procedures are being performed by applicants. The movement of patients from the clinical area to the grading area shall be controlled by the use of messengers and recorders. The applicant, board, and department shall eliminate all means of personal identification which could directly or indirectly associate a patient with the applicant or applicant's performance. The applicant is ultimately responsible for the removal of all means of personal identification which could directly or indirectly associate the applicant's performance to the applicant during the entire practical examination until the final grades have been recorded. [Eff and comp 8/20/90; am and comp 2/9/01; am and comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-97 Breach of anonymity by applicant, patient, or other person. No applicant, patient, or other person shall reveal the identity of any applicant to a grader. The disclosure of an applicant's identity to a grader may be cause to disqualify that applicant. Unless the board or examination personnel caused or contributed to the breach of anonymity, a breach of anonymity shall be grounds to disqualify the applicant. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

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§16-79-98 Duty to report breach of anonymity. Any applicant, patient, grader, board member, or any other person who observes or obtains information regarding any breach of anonymity shall immediately report such breach either to a board member, an examination monitor, the licensing administrator for the professional and vocational licensing division in the department of commerce and consumer affairs, or to the state attorney general for appropriate action. Upon the receipt of any information regarding a breach of anonymity, the information shall be immediately recorded and reported to the board and department, investigated, and recorded in the report on the dental licensure examination required under section 16-79-115 with a statement of the investigation's findings and any action taken to remedy any adverse effects of the breach of anonymity. The investigation shall be to the extent allowed by circumstances, and the sufficiency of such investigation shall be determined by the board or examination personnel. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-99 Appointment of examination graders. (a) The board shall appoint examination graders from a pool of eligible graders to grade the practical sections of the licensure examination.

(b) Each grader shall comply with the rules, procedures, and instructions for the dental licensure examination, including the anonymous testing procedure and the established comprehensive written criteria that shall be the sole and exclusive standard by which to measure and grade the dental skills of an applicant. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-100 Selection of eligible graders; standardization session. (a) In order to be eligible for selection as an examination grader, a Hawaii licensed dentist must meet the following minimum qualifications:

- (1) Has been actively engaged in the practice of dentistry in Hawaii for five years immediately preceding selection;
- (2) Has demonstrated interest in continuing dental education; and
- (3) Is not a close personal friend or relative related within the third degree by blood or marriage, or does not have any business, financial, or other pecuniary interest, with any applicant taking the examination in which the grader will be grading.

(b) Prior to each examination, the department shall determine the number of graders that will be needed to grade the examination. Upon such determination, the department shall establish a pool of qualified dentists from which the examination graders will be selected.

(c) Those dentists forming the pool from which the graders will be selected shall attend the pre-examination standardization session provided by the department. The qualified dentists shall be standardized by a dentist appointed to the faculty of a college of dentistry who has demonstrated knowledge and has experience in dental examination testing; or, a grader or dental examiner from another state or a regional dental board. At the conclusion of the standardization session, each dentist shall be tested by the department on the dentist's ability to adhere to and apply the examination grading criteria. A dentist shall be disqualified by the department if the dentist exceeds a critical difference of thirteen per cent in grader variance on the standardization test. Any board member who will also be an examination grader shall attend the standardization session and perform to the standards as provided in this section.

(d) Subsequent to the licensure examination, the department shall compile post-examination variance statistics for each examination grader. The statistics shall be utilized in determining whether a particular grader will be requested to participate in any future pools of prospective graders. Any examination grader who exceeds a critical difference of thirteen per cent in grader variance on two consecutive licensure examinations shall be disqualified from grading any subsequent examination until the grader has attended two consecutive standardization sessions and has not exceeded a critical difference of thirteen per cent in grader variance on each of the two standardization tests. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-101 Patients; rejection. (a) Applicants are responsible for providing their own patients for the clinical part of the examination. A patient shall have a suitable carious lesion and a minimum age of eighteen years; otherwise, the patient shall be rejected by the board.

- (b) A patient may also be rejected for the following reasons:
- (1) The patient has a condition, which may interfere with the evaluation of the patient, including but not limited to active oral or systemic infections or both;
 - (2) The treatment proposed by the applicant demonstrates improper patient management, including contraindicating medical status of the patient,

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grossly poor oral conditions, other pathology related to the tooth to be treated, or selection of a restoration that is not suited to the patient's biological or cosmetic requirements;

- (3) The patient is a dentist or dental student; or
- (4) A patient has a health condition (e.g., heart murmur, rheumatic fever, heart condition) that indicates a need to consult the patient's physician; unless, the applicant has obtained the necessary clearance from the patient's physician.

(c) In the event that a patient has been rejected on the day of the examination, it shall be the applicant's responsibility to have an alternate patient available. Applicants who fail to have any patient approved on the day of the examination shall receive a grade of zero for the section of the examination in which a patient was required. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-102 Patient pool. (a) The department shall make reasonable efforts to offer a pool of potential patients for screening by the applicants at a designated time and place prior to the practical examination.

(b) The department shall publish advertisements in a newspaper of general circulation that will request volunteer patients with the minimum age of eighteen years, who have suitable dental carious lesions that will be restored without cost to the patient.

(c) Applicants may select as many patients as necessary and may also select alternates if there are sufficient eligible patients. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-103 Examination grading system; criterion referenced. (a) In the licensure examination, the board shall utilize a criterion referenced grading system, which shall require that the grade for each procedure of the examination be determined by utilizing a 0-5 point system as follows:

- 0 - Highly unsatisfactory (critical errors) (failing grade)
- 1 - Unsatisfactory (gross errors) (failing grade)
- 2 - Minimally unsatisfactory (marked errors) (failing grade)
- 3 - Minimally satisfactory (moderate errors) (passing grade)
- 4 - Satisfactory (slight errors) (passing grade)
- 5 - Ideal (passing grade).

(b) The licensure examination shall be graded by using the following weighed values for each procedure:

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|-----|--|--------------|
| (1) | Class II amalgam procedure on a patient: | 25 per cent |
| | (A) Preparation | 60 per cent |
| | (B) Restoration | 40 per cent |
| (2) | Class III or IV composite procedure on a patient: | 25 per cent |
| | (A) Preparation | 40 per cent |
| | (B) Restoration | 60 per cent |
| (3) | Endodontic procedure on an extracted molar and an anterior tooth mounted in plaster: | 8 per cent |
| (4) | Crown and bridge - porcelain fused to metal or an onlay preparation or a three-fourth crown preparation: | 15 per cent |
| (5) | Crown and bridge: | 15 per cent |
| | (A) Full crown preparation | 70 per cent |
| | (B) Construction of a die and wax pattern from a full crown preparation | 30 per cent |
| (6) | Differentiation examination: | 12 per cent. |

(c) The board utilizes a criterion reference grading methodology and results are not graded on a curve. The grade for each procedure is determined by the use of a grading system utilizing a 0-5 point system. In this system, a 3.00 is designated as a pass, a 5.00 is ideal, and a 0 is a critical failure. Each grade point shall be referenced to a specific grading criterion pursuant to the examination grading criteria provided in section 16-79-105. Three graders shall evaluate each procedure.

- (1) When all three graders agree on the grading of a procedure, an average of all three grades will be the final grade; or
- (2) In cases where two graders evaluate a procedure as passing (3.00 and above) and one grader evaluates a procedure as failing (less than 3.00), the failing grade will be deleted. Conversely, if two graders evaluate a procedure as failing and one grader evaluates it as passing, the passing grade will be deleted. When one grade is deleted, the final grade will be the average of the two remaining grades.
- (d) Failure of an applicant in any practical procedure shall be documented on the grading sheet used by the grader. Documentation may be supplemented through the use of "comments" contained on the grade sheet. The "comments" section shall contain any technical terms or charts that define, illustrate, or otherwise explain the criteria utilized in grading a particular procedure. [Eff and comp 8/20/90; am and comp

2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-104 Passing score. To qualify for licensure, an applicant must achieve an overall passing score of 3.00 that incorporates the calculations and the assigned weights for the grades obtained in each procedure of the licensure examination under the criterion referenced grading system. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-105 Examination grading criteria. (a) The grading of the practical procedures of the dental licensure examination shall be based solely on the written grading criteria provided in Appendix A, entitled Grading Criteria for the Practical Sections of the Hawaii Dental Licensure Examination, dated December 2000, located at the end of this chapter and is made a part of this section and this chapter. The grading criteria stated in Appendix A shall not be repealed or amended without a prior determination by the board that the change or modification shall maintain anonymity and the reliability and validity of the licensure examination. There shall be established a grading criteria for the following procedures of the practical examination:

- (1) Cavity preparation for amalgam;
- (2) Amalgam restoration;
- (3) Cavity preparation for composite;
- (4) Composite restoration;
- (5) Endodontic access preparation;
- (6) Cast restoration preparation; and
- (7) Wax pattern.

(b) The examination shall also include differentiation evaluations that will require an assessment of a number of dental cases by the applicant within a specified time period.

(c) The written criteria provided in this section and in Appendix A shall be the sole and exclusive standard by which to measure and grade the dental skills of an applicant. Each grader shall grade each applicant independently according to the written criteria and without consultation with any person or comparison with any other grader during the entire examination. [Eff and comp 8/20/90; am and comp 2/9/01;

comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-106 Practical examination time periods; extensions. (a) Unless an applicant has been authorized an extension of time by the CFC, only the following time periods shall be allowed an applicant to complete the various parts of the practical examination:

- (1) Clinical: Four-and-a-half hours; and
- (2) Simulation: Six hours.

(b) Applicants must be present and ready to check-in at the time stated on their admission slips. The time shall commence for the clinical portion of the examination upon the earliest of the following:

- (1) Return of the first patient from approval process, even if the patient is rejected; or
- (2) Thirty minutes after check-in time unless otherwise delayed by administrative or mechanical difficulties beyond the control of the applicant.

(c) The amount of time spent in grading a dental procedure shall not be considered in the overall allotted time.

(d) Applicants may not be allowed an extension of time to complete a dental procedure unless an extension has been requested by the applicant and authorized by the CFC. An extension of time shall only be authorized for extraordinary circumstances such as administrative or mechanical delays and any other matter beyond the control of the applicant. The CFC shall record on the worksheet any request for extensions of time, the time the request was made, the reason for the request, and the decision to accept or reject the request.

(e) Unless an extension of time has been previously authorized, a procedure not completed within the allotted time shall be given a grade of zero.

(f) It shall be the applicant's duty to report any and all circumstances beyond the applicant's control, including mechanical failures at the dental clinic, that will adversely affect the applicant's ability to complete the required dental procedures within the allocated time periods. [Eff and comp 8/20/90; am and comp 2/9/01; am and comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

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§16-79-107 Disqualification from the examination. An applicant may be disqualified from the entire examination for any act which interferes with the board's objective of evaluating the professional competence of an applicant, including but not limited to the following:

- (1) Violating the instructions and rules that have been adopted for the uniform conduct of the dental licensure examination;
- (2) Breach of anonymity, including revelation of any personal identification by the applicant, patient, dental assistant, or item;
- (3) Gross mismanagement of a patient;
- (4) Mislabeling, altering, or contriving to represent other than the patient's true condition on a radiograph;
- (5) Leaving the examination area during the examination without prior approval;
- (6) Using a textbook, outline, and any other dental references, except the document entitled "Instructions and Information for the Hawaii Dental Licensure Examination and Attachments (date)" and this chapter;
- (7) Changing or altering of a preparation after it has been graded without instructions from the CFC;
- (8) Unapproved changing of a tooth or surface selection or both; or
- (9) Removal or displacement of the dentoform or rubber mask. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-108 Notification of licensure examination results. The department shall compile the examination results and within thirty days after the last day of the entire examination, mail to the applicant a written notification of passing or failing the licensure examination. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-109 Review of examination results. Any applicant failing the dental licensure examination shall be entitled to a review of the applicant's examination grades and practical examination materials. The review shall be promptly scheduled by the department and an applicant is not authorized to copy examination questions or otherwise remove any examination material or exhibit. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-110 Informal examination review. (a) Any applicant failing the dental licensure examination shall be entitled to an informal review of the applicant's examination results with an informal reviewer appointed by the department. The informal reviewer shall be selected by the department from the pool of eligible graders who have attended the pre-examination standardization session and performed satisfactorily on the standardization test provided by section 16-79-100. The reviewer shall not be either a board member or have participated in grading the examination from which the failing applicant seeks a review.

(b) Within fourteen days after being notified of the applicant's examination results, the applicant shall notify the department, either orally or in writing, of a desire to informally review the applicant's examination grades and practical examination materials. Any such communication shall be treated as a request for an informal review that must be completed within the next thirty days.

(c) Upon providing notification to the department that an applicant seeks an informal review, the sixty-day time period to request a formal contested case hearing pursuant to chapter 91, HRS, and chapter 16-201, shall be tolled until the date the applicant has been notified of the board's decision regarding the results of the informal review.

(d) At the informal examination review, the informal reviewer will be present to receive any objection presented by the applicant. The informal reviewer shall, in a nonadversarial format, assist the applicant in understanding how the particular grade may have been derived. During the informal review session, the reviewer shall not render a personal verbal opinion regarding the merits. The applicant may also submit written objections to the informal reviewer within ten days after the informal review session.

(e) The informal reviewer shall address every oral and written objection presented by the applicant in a written report submitted to the board within thirty days after the informal review session. A copy of the report shall be mailed to the applicant. The informal reviewer's written report shall include a detailed statement of the applicant's objections; the reviewer's findings; and, a recommendation whether the challenged procedures of the licensure examination should be regraded. The reviewer's written report shall be considered by the board at the next board meeting as an official agenda item. The applicant shall be given notice of the board meeting and may present oral arguments to the board.

(f) The informal reviewer shall recommend that an applicant's licensure examination be regraded upon making any of the following findings:

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- (1) The applicant has demonstrated a factual basis to believe that the anonymity of the examination has been breached;
- (2) The original grade awarded was inconsistent with the written examination grading criteria; or
- (3) There was a substantial disadvantage to the applicant in the administration or taking of the licensure examination, including but not limited to any disadvantage due to the allocation of time or to the disruptive or unprofessional attitudes or responses that would adversely affect any applicant taking the licensure examination.

(g) If the board adopts the informal reviewer's recommendation that the applicant's examination should be regraded, then the board shall regrade the applicant's examination in accordance with section 16-79-111. The board shall also randomly appoint three graders from the pool of eligible graders provided in section 16-79-100, and who were not the original graders of the procedure to be regraded, to regrade the applicant's examination.

(h) If the board adopts the informal reviewer's recommendation that the original grade awarded need not be regraded, then the applicant shall be notified of the board's decision and the remaining number of the days within which to request a formal contested case hearing pursuant to chapter 91, HRS, and chapter 16-201. The department shall also advise the applicant of the procedures to obtain copies of chapter 91, HRS, and chapter 16-201. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-111 Regrading; examination void. (a) If the board determines that the original grade awarded was inconsistent with the written examination grading criteria, the board shall require that any procedure challenged by the applicant shall be regraded by three qualified graders, who are not board members and were not the original graders of the procedure to be regraded, in accordance with the examination grading criteria provided in section 16-79-105.

(b) If the board determines that anonymity has been breached and further determines that the breach was caused by examination personnel, the board may provide any action it deems appropriate to remedy any adverse effects of the breach, including but not limited to regrading the examination.

(c) If the board determines that there was a substantial disadvantage to the applicant, the board may provide any remedy it deems appropriate to negate the

negative effects of the disadvantage, including but not limited to regrading a section of the examination.

(d) If the anonymous testing procedures and grading requirements provided by this chapter have been violated or breached to an extent that the integrity of the entire licensure examination has been compromised, the department and the board shall declare the licensure examination results for all applicants to be void and shall immediately reschedule another dental licensure examination for all applicants. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-112 Request for contested case hearing relief. (a) Any applicant failing the dental licensure examination shall notify the board, in writing, within sixty days of the date the applicant received notification of the applicant's examination results, unless tolled by the applicant's request for an informal review under section 16-79-110, that the applicant will request a contested case hearing, pursuant to chapter 91, HRS, and chapter 16-201, regarding the board's determination that the applicant be denied licensure by failing the state dental licensure examination or nonaccredited school examination. The applicant shall state with specificity the grounds of appeal, particular examination questions or procedures objected to, and the objections.

(b) The applicant shall have the burden of proving by a preponderance of the evidence that:

- (1) There was a breach of anonymity;
- (2) The grade awarded was inconsistent with the grading criteria;
- (3) There was a substantial disadvantage to the applicant. Substantial disadvantage refers to any improper administration or taking of the licensure examination itself; it includes matters related to the integrity of the actual examination process, and does not extend to post-examination matters such as the informal review process, the contested case hearing process, or any Hawaii Revised Statutes, chapters 91 and 92 proceedings of the board; or
- (4) The applicant was aggrieved by any action of the board or department.

(c) If the applicant should prevail in the contested case, the board shall provide appropriate relief, including but not limited to regrading any section of the examination as provided in section 16-79-111, or if necessary, to declare the entire examination results for all applicants to be void.

(d) If the awarded grade on appeal, when added to the previously awarded nonchallenged grades, results in a passing grade for the entire examination, the applicant

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shall be licensed to practice dentistry forthwith, retroactively to the date upon which the applicant would otherwise have been licensed. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§91-9, 91-9.5, 91-10, 91-11, 91-12, 91-13, 91-13.1, 448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-113 Exemption. Any applicant failing the dental licensure examination, who received a passing grade for five or more sections in the licensure examination and desires to retake the examination, shall have the option to be exempt from re-examination of such sections only in the subsequent examination immediately following the examination in which the applicant had obtained the passing grades. If an applicant fails to obtain a passing grade for any section retaken in the subsequent examination, the applicant shall be required to retake the entire dental licensure examination. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-114 Postgraduate studies after three failures. Any applicant who fails the Hawaii dental licensure examination after three attempts, shall successfully complete a postgraduate course of one full semester or trimester in operative and prosthetic dentistry at an accredited dental college before the applicant is eligible to take another dental licensure examination. The course completion shall be evidenced by a certificate filed with the board. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

§16-79-115 Report on the dental licensure examination; public inspection; impartial observer. (a) Within sixty days after each dental licensure examination, the department shall prepare a report on the dental licensure examination.

(b) The report shall include but not be limited to statistical analysis reports that will provide a correlation report among the graders; correlation report on all parts of the examination; and a report on the performance of each part of the examination. The report shall also include findings or observations regarding the calibration session; the grader standardization examination; the conduct at the examination; the record of any reported breach of anonymity under section 16-79-98; the pass/fail rates; the validity and reliability of the examination; and a listing of the names of all persons and graders who participated in the examination. The department shall also make any recommendation regarding the administration or the grading of the examination to the board.

(c) The report shall be maintained by the department for public inspection; provided the names of applicants who fail the examination and which also identify a grader's grading correlation among other graders, shall be kept confidential by the department, unless otherwise required by law.

(d) The department shall appoint an impartial observer to monitor at least once every five years, two consecutive dental licensure examinations for a determination whether the examination was conducted in accordance with the requirements for anonymity, reliability, validity, content, and this chapter. The impartial observer shall submit a written report of the observer's findings, conclusions, and any recommendations to the department. The impartial observer shall be a dentist appointed to the faculty of a college of dentistry and who has demonstrated knowledge and experience in dental examination testing. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §§448-6, 448-10) (Imp: HRS §§448-9, 448-9.5, 448-10, 448-17)

SUBCHAPTER 13

DENTAL HYGIENE LICENSURE EXAMINATION

§16-79-116 Hawaii dental hygiene licensure examination requirements. (a) Every eligible applicant for a dental hygiene license shall take and pass a state clinical examination on dental hygiene upon providing a National Board Certificate evidencing successful completion of the National Board Dental Hygiene Examination within the past five years prior to the date of the Hawaii dental hygiene licensure examination.

(b) An applicant for a dental hygienist license shall take and pass a practical examination.

(c) The examination shall include the following sections:

- (1) Health history;
- (2) Oral inspection;
- (3) Dental charting;
- (4) Periodontal measurements;
- (5) Scaling and root planing; and
- (6) Radiographic technique. [Eff and comp 8/20/90; am and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

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§16-79-117 Departmental examination personnel. (a) The department shall provide and supervise the following persons to assist in the administration of the dental hygiene licensure examination:

- (1) Clinical check-in monitor;
- (2) Clinical area monitor;
- (3) Messengers (clinical and grading area);
- (4) Entry/exit monitor;
- (5) Recorders;
- (6) Repair technician;
- (7) Security technician; and
- (8) Examination monitor.

(b) All persons assisting in the administration of the dental hygiene licensure shall be under the direct supervision of the examination monitor; except that the grading area monitor, recorders, and the grading area messengers shall be under the direct supervision of the person designated as the supervisor of graders during the examination while in the grading area.

(c) The examination monitor shall ensure that each person involved in the administration and grading of the licensure examination shall comply with the job descriptions detailing that person's responsibilities and duties. The detailed job descriptions for all persons involved in the administration and grading of the licensure examination shall be established and provided to each such person prior to the examination. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-118 Administration of the examination; duties of board; duties of department; disqualification. (a) Unless otherwise provided by law or by this chapter, the board shall be responsible for determining the content and requirements for the dental hygiene licensure examination, the proper management of patients, and all matters related to grading of dental hygiene performances by examination applicants. The board shall designate a board member who is a dental hygienist or dentist, or any other qualified dental hygienist or dentist familiar with the anonymous testing procedures provided by this chapter, to perform the following responsibilities:

- (1) Clinical floor coordinator. This coordinator shall be a nongrading board member or designate by the board who shall ensure that the anonymous testing procedures and the specific examination instructions for the entire examination are followed. The clinical floor coordinator (CFC) is

primarily responsible for the supervision of all matters relating to patient management and the actual dental hygiene performances by an examination applicant during the examination. The CFC shall monitor or observe the entire clinical area of the clinic but shall be prohibited from entering the grading area. Whenever a situation arises that may require direct communication with the graders, the CFC shall confer with the supervisor of graders in the presence of the entry/exit monitor and in such a manner that the principles of anonymity are not compromised. The CFC may also disqualify an applicant whenever the applicant has failed to abide by the examination instructions and this chapter.

- (2) Supervisor of graders. This supervisor shall be a nongrading member or designate by the board who shall be primarily responsible for the grading process and provide supervision over the graders. The supervisor of graders (supervisor) shall also attend and satisfactorily complete the standardization session required by section 16-79-125. The supervisor shall have complete knowledge of the dental hygiene licensure examination procedures and the principles of anonymity. The supervisor shall also supervise the recorders and the grading area messengers. The supervisor shall ensure that there is no conversation between graders, patients, and any other person related to any matter that may breach the principles of anonymity. The supervisor and graders shall be prohibited from entering the clinical area of the clinic during the examination. The supervisor shall ensure that all persons abide by the anonymous testing procedures provided by this chapter. Three graders are required to evaluate each candidate's performance and complete the appropriate grading sheets. If a situation arises during the examination that requires direct communication with the clinical area, the supervisor and the clinical floor coordinator shall meet in the presence of the entry/exit monitor and in such a manner that the principles of anonymity are not compromised.

(b) Unless otherwise provided by law or by this chapter, the department of commerce and consumer affairs, hereinafter referred to as "department," by and through its director and examination branch, shall be responsible for the administration of the dental hygiene licensure examination and that the examination shall be administered in all respects in accordance with the requirements for anonymity and this chapter. In administering the examination, the department shall provide qualified and trained personnel including but not limited to the following:

- (1) Examination monitor. This monitor shall be primarily responsible for administering the examination and shall supervise all monitors or other persons who assist the department to administer the examination. The examination monitor (monitor) shall ensure that the various documents related to the examination and the applicant's dental hygiene performances during the examination have been maintained pursuant to the anonymous testing procedures provided by this chapter. The monitor shall also have complete knowledge of the dental hygiene examination procedures, the principles of anonymity, and the job descriptions of all persons involved in the administration and grading of the licensure examination. Job descriptions for the various examination monitors, graders, or other persons involved in administering or grading the examination shall be prepared and maintained by the examination monitor. The examination monitor is prohibited from entering the grading area and shall ensure that the anonymous testing procedures provided by this chapter are implemented.
- (2) Clinical check-in monitor. This monitor shall ensure that the applicant has properly checked in at the clinic to perform the clinical examination. Upon presenting proper identification, the clinical check-in monitor shall verify that the applicant correctly recorded, next to his or her name, the randomly selected badge number on the clinical check-in log. The clinical check-in log shall not be revealed to any grader and shall be secured at all times to prevent the unauthorized disclosure of the applicant's personal identification.
- (3) Clinical area monitor. This monitor shall assign the examination applicants to the clinical operatory rooms and monitor the flow of patients between the assigned operatories and the grading area. The clinical monitor shall record on the clinical area monitor log the applicant's badge number, the assigned operatory room, the randomly selected clinical packet number, and the various times a patient would check out and in from the operatory room for grading.
- (4) Entry/exit monitor. This monitor controls and monitors the flow of all persons traveling between the grading area and the clinical areas of the clinic so as to ensure complete anonymity. The entry/exit monitor shall not permit into the grading area any examination applicant, clinical area messengers, clinical floor coordinators, examination monitor, or any other person who can identify or relate an applicant's dental hygiene performances to the applicant. The entry/exit monitor shall also log the

exact time whenever a patient enters and leaves the grading area on the entry/exit monitor log. Any conferences between the supervisor of graders and the clinical floor coordinator or examination monitor shall be conducted in the presence of the entry/exit monitor and in such a manner that the principles of anonymity are not compromised.

(c) Any person involved in the administration or grading of the licensure examination shall be disqualified from participating in the examination in which the person is a close personal friend or relative related within the third degree by blood or marriage, or has any business, financial, or other pecuniary interest, with any applicant taking that examination. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-119 Examination instructions to applicant. The examination schedule shall be further described in a document entitled "Instructions and Information for the Hawaii Dental Hygiene Licensure Examination and Attachments (date)." The instructions, information, and procedures provided in the document shall be consistent with this chapter and shall be available to applicants no later than three weeks prior to the examination. An applicant shall be allowed to bring that document and this chapter into the examination site for further reference. All applicants shall strictly comply with the specific instructions and procedures stated in the document and this chapter. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-120 Anonymity of the licensure examination. The department and the board shall ensure that the licensure examination is anonymous in all respects and that said examination shall exclude the possibility of any consideration of factors unrelated to the competency of the applicant. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-121 Anonymous testing procedure; physical separation. (a) The anonymous testing procedures for the licensure examination shall exclude the possibility that any person who is involved with the grading of the examination may know, learn of, or establish the identity of any applicant, or relate or connect the patient or work-product graded or to be graded to a particular applicant. The procedures shall include the following double blind system:

- (1) Applicants shall bring their own armamentarium necessary to perform the required dental hygiene procedures, including their own slow speed handpiece;
- (2) Applicants shall be admitted into the designated examination location on a first-come, first-served basis and shall present appropriate personal identification with a photograph and signature to the clinical check-in monitor who will verify that the applicant correctly recorded, his or her randomly selected badge number on the clinical check-in log;
- (3) Each patient shall present appropriate personal identification with a photograph and signature to the clinical check-in monitor who will record the patient's name on the clinical check-in log. The log shall be secured by the clinical check-in monitor at all times to prevent the unauthorized disclosure of the applicant's name to any person during the examination;
- (4) The applicant shall be escorted or directed to the clinical area monitor's desk where the applicant will be assigned an operatory room. The clinical area monitor will record the operatory room number assigned to the applicant on the clinical area monitor log which shall also record the applicant's badge number and the randomly selected clinical packet number. The packet shall contain the following:
 - (A) One patient badge;
 - (B) One health history worksheet;
 - (C) One oral inspection worksheet;
 - (D) One dental charting worksheet;
 - (E) One periodontal measurements worksheet;
 - (F) One assessment form;
 - (G) One anesthesia form;
 - (H) One small envelope for the applicant and patient badges;
 - (I) One large envelope;
 - (J) Four x-ray films; and
 - (K) One x-ray mount;
- (5) The applicant shall proceed to the assigned operatory room and prepare the patient;
- (6) The applicant shall write only the date, patient's badge number, and other information as requested on the worksheets. No personal identifying marks shall appear on the worksheets. The patient must wear the patient badge throughout the examination until dismissed by the clinical floor coordinator;

- (7) Upon completion of the required dental hygiene procedures, a clinical area messenger shall escort the patient to the grading area messenger who shall escort the patient to the entry/exit monitor's desk. The clinical area monitor shall log the time a patient leaves and returns to the operatory room on the clinical area monitor log;
 - (8) At the entry/exit monitor's desk, the monitor shall record on the entry/exit monitor log the patient badge number and the time the patient checked into and checked out of the grading area;
 - (9) The patient is escorted from the entry/exit monitor's desk into the grading area by a recorder;
 - (10) The clinical area shall be physically separated from the grading area. During the entire clinical examination, the graders shall be located in the grading area and are required to remain physically isolated from the clinical area where the clinical procedures are being performed by applicants;
 - (11) The recorders shall record on the grading sheet the number of errors for each dental hygiene procedure being graded. The graders shall verify that the errors were recorded correctly;
 - (12) When the graders have completed grading the dental hygiene procedures, the patient shall be escorted back to the operatory room;
 - (13) Applicants shall turn in the clinical examination materials to the clinical area monitor under the following procedures:
 - (A) The applicant shall place the applicant's badge and the patient's badge into the small envelope and shall write in ink the applicant's name and social security number on the envelope. This small envelope shall be placed into the large envelope and the operatory room number shall be written in ink on the large envelope;
 - (B) The radiographs and examination worksheets shall be placed in the large manila envelope;
 - (C) After a security technician has inspected the operatory room area, the following shall be given to the clinical area monitor at the end of the examination: the large envelope containing the two badges, the examination worksheets, and the four radiographs taken during the examination.
- (b) During the entire clinical examination, the graders shall be located in a separate grading area and are required to remain physically isolated from the clinical area where the clinical procedures are being performed by applicants. The movement

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of patients from the clinical area to the grading area shall be controlled by the use of messengers and recorders. The applicant, board, and department shall eliminate all means of personal identification which could directly or indirectly associate a patient with the applicant or applicant's performance. The applicant is responsible for the removal of all means of personal identification on anyone or anything which could directly or indirectly associate the applicant's performance to the applicant during the entire clinical exam until the final grades have been recorded. The applicant is ultimately responsible for the removal of all means of personal identification which could directly or indirectly associate the applicant's performance to the applicant during the entire practical examination until the final grades have been recorded. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-122 Breach of anonymity by applicant, patient, or other person. No applicant, patient, or other person shall reveal the identity of any applicant to a grader. The disclosure of an applicant's identity to a grader may be cause to disqualify that applicant. Unless the board or examination personnel caused or contributed to the breach of anonymity, a breach of anonymity shall be grounds to disqualify the applicant. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-123 Duty to report breach of anonymity. Any applicant, patient, grader, board member or any other person who observes or obtains information regarding any breach of anonymity shall immediately report the breach either to a board member, an examination monitor, the licensing administrator for the professional and vocational licensing division in the department of commerce and consumer affairs, or to the state attorney general for appropriate action. Upon the receipt of any information regarding a breach of anonymity, the information shall be immediately investigated, and recorded in the report on the dental hygiene licensure examination required under section 16-79-137 with a statement of the investigation's findings and any action taken to remedy any adverse effects of the breach of anonymity. The investigation shall be to the extent allowed by circumstances, and the sufficiency of such investigation shall be determined by the board or examination personnel. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-124 Appointment of examination graders. (a) The board shall appoint examination graders from a pool of eligible graders to grade the licensure examination.

(b) Each grader shall comply with the rules, procedures, and instructions for the dental hygiene licensure examination, including the anonymous testing procedure. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-125 Selection of eligible graders; standardization session. (a) In order to be eligible for selection as an examination grader, a Hawaii licensed dental hygienist or dentist must meet the following minimum qualifications:

- (1) Has been actively engaged in the practice of dental hygiene or dentistry in Hawaii for five years immediately preceding selection;
- (2) Has demonstrated interest in continuing dental hygiene education; and
- (3) Is not a close personal friend or relative related within the third degree by blood or marriage, or does not have any business, financial, or other pecuniary interest, with any applicant taking the examination in which the grader will be grading.

(b) Prior to each examination, the department shall determine the number of graders that will be needed to grade the examination. Upon such determination, the department shall establish a pool of qualified dental hygienists or dentists from which the examination graders will be selected. In forming this pool, the department will initially contact those dental hygienists or dentists who have previously graded the licensure examination and whose past performance is deemed satisfactory based on post-examination grader variance statistics compiled by the department.

(c) Those dental hygienists and dentists forming the pool from which the graders will be selected shall attend the pre-examination standardization session provided by the department. At the conclusion of the standardization session, each dental hygienist or dentist shall be tested on his or her ability to adhere to and apply the examination grading criteria. Any board member who will also be an examination grader shall attend the standardization session and perform to the standards as provided in this section.

(d) Subsequent to the licensure examination, the department shall compile post-examination variance statistics for each examination grader. The statistics shall be utilized in determining whether a particular grader will be requested to participate in any future pools of prospective graders. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-126 Patients; rejection. (a) Applicants are responsible for providing their own patients for the clinical examination. A patient shall have suitable dental

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deposits and a minimum age of eighteen years; otherwise, the patient shall be rejected by the board.

(b) A patient may also be rejected for the following reasons:

- (1) The patient has a condition, which may interfere with the evaluation of the patient, including but not limited to active oral and/or systemic infections;
- (2) The treatment proposed by the applicant demonstrates improper patient management, including contraindicating medical status of the patient, grossly poor oral conditions, other pathology related to the area to be treated;
- (3) The patient is a dental hygienist, dental hygiene student, dentist or dental student; or
- (4) A patient has a health condition (e.g., heart murmur, rheumatic fever, heart condition) that indicates a need to consult the patient's physician; unless, the applicant has obtained the necessary clearance from the patient's physician.

(c) In the event that a patient has been rejected on the day of the examination, it shall be the applicant's responsibility to have an alternate patient available. Applicants who fail to have any patient approved on the day of the examination shall receive a grade of zero for the examination. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-127 Patient pool. (a) The department shall make reasonable efforts to offer a pool of potential patients for screening by the applicants at a designated time and place prior to the practical examination.

(b) The department shall publish advertisements in a newspaper of general circulation that will request volunteer patients with the minimum age of eighteen years and who have suitable dental deposits that will be removed without cost to the patient.

(c) Applicants may select as many patients as necessary and may select alternates if there are sufficient eligible patients. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-128 Examination grading system. The licensure examination shall be graded by using the following weighted values for each procedure:

- | | |
|----------------------|----------|
| (1) Health history: | 2 points |
| (2) Oral inspection: | 2 points |

- (3) Dental charting: 4 points
- (4) Periodontal measurements: 17 points
- (5) Scaling/root planing: 70 points
 - (A) Calculus removal 65 points
 - (B) Tissue condition 5 points
- (6) Radiographic technique: 5 points
 [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-129 Passing score. To qualify for licensure, an applicant must achieve an overall passing score of 75.00 that incorporates the calculations and the assigned weights for the grades obtained in each procedure of the licensure examination. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-130 Practical examination time periods; extensions. (a) Unless an applicant has been authorized an extension of time by the CFC, an applicant shall be allowed two and one-half hours to complete the various procedures.

(b) Applicants must be present and ready to check-in at the time stated on their admission slips. The time shall commence upon the earliest of the following:

- (1) The return of the first patient from approval/selection, even if the patient is rejected; or
- (2) Thirty minutes after check-in, unless otherwise delayed by administrative or mechanical difficulties beyond the control of the applicant.

(c) The amount of time spent in grading shall not be considered in the overall allotted time.

(d) Applicants may not be allowed an extension of time to complete a dental hygiene procedure unless an extension has been requested by the applicant and authorized by the CFC. An extension of time shall only be authorized for extraordinary circumstances such as administrative or mechanical delays and any other matter beyond the control of the applicant. The CFC shall record on the worksheet any request for extensions of time, the time the request was made, the reason for the request, and the decision to accept or reject the request.

(e) Unless an extension of time has been previously authorized, a procedure not completed within the allotted time shall be given a grade of zero.

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(f) It shall be the applicant's duty to report any and all circumstances beyond the applicant's control, including mechanical failures at the dental clinic, that will adversely affect the applicant's ability to complete the required dental hygiene procedures within the allocated time periods. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-131 Disqualification from the examination. An applicant may be disqualified from the entire examination for any act which interferes with the board's objective of evaluating the professional competence of an applicant, including but not limited to the following:

- (1) Violating the instructions and rules that have been adopted for the uniform conduct of the dental licensure examination;
- (2) Breach of anonymity; including revelation of any personal identification by the applicant, patient, or item;
- (3) Gross mismanagement of a patient;
- (4) Misleading, altering, or contriving to represent other than the patient's true condition on a radiograph;
- (5) Leaving the examination area during the examination without prior approval;
- (6) Using a textbook, outline, and any other dental hygiene references, except the document entitled "Instructions and Information for the Hawaii Dental Hygiene Licensure Examination and Attachments (date)" and this chapter; or
- (7) Unapproved changing of assigned quadrant(s) for the periodontal measurement and scaling/root planing procedures. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-132 Notification of licensure examination results. The department shall compile the examination results and within thirty days after the last day of the entire examination, mail to the applicant a written notification of passing or failing the licensure examination. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-133 Review of examination results. Any applicant failing the dental hygiene licensure examination shall be entitled to a review of the applicant's examination grades and practical examination materials. The review shall be promptly scheduled by the department and an applicant is not authorized to copy or otherwise remove any examination material or exhibit. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-134 Informal examination review. (a) Any applicant failing the dental hygiene licensure examination shall be entitled to an informal review of the applicant's examination results with an informal reviewer appointed by the department. The informal reviewer shall be selected by the department from the pool of graders who have attended the pre-examination standardization session. The reviewer shall not be either a board member or have participated in grading the examination from which the failing applicant seeks a review.

(b) Within fourteen days after being notified of the applicant's examination results, the applicant shall notify the department, either orally or in writing, of a desire to informally review the applicant's examination grades and practical examination materials. Any such communication shall be treated as a request for an informal review that shall be completed within the next thirty days.

(c) Upon providing notification to the department that an applicant seeks an informal review, the sixty-day time period to request a formal contested case hearing pursuant to chapter 91, HRS, and chapter 16-201, shall be tolled until the date the applicant has been notified of the board's decision regarding the results of the informal review.

(d) At the informal examination review, the informal reviewer will be present to receive any objection presented by the applicant. The informal reviewer shall, in a nonadversarial format, assist the applicant in understanding how the particular grade may have been derived.

(e) The informal reviewer shall address every oral and written objection presented by the applicant during the informal review session in a written report submitted to the board within thirty days after the informal review session. A copy of the report shall be mailed to the applicant. The informal reviewer's written report shall include a detailed statement of the applicant's objections, and the reviewer's findings. The reviewer's written report shall be considered by the board at the next board meeting as an official agenda item. The applicant shall be given notice of the board meeting and may present oral arguments to the board.

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(f) The informal reviewer shall recommend that the board provide any remedy it deems appropriate upon making any of the following findings:

- (1) The applicant has demonstrated a factual basis to believe that the anonymity of the examination has been breached; or
- (2) There was a substantial disadvantage to the applicant in the administration or taking of the licensure examination, including but not limited to any disadvantage due to the allocation of time or to the disruptive or unprofessional attitudes or responses that would adversely affect any applicant taking the licensure examination.

(g) If the board adopts the informal reviewer's recommendation that the board provide a remedy for the breach of anonymity or substantial disadvantage, then the board shall provide a remedy in accordance with section 16-79-135.

(h) If the board adopts the informal reviewer's recommendation that the board need not provide a remedy for a breach of anonymity or substantial disadvantage, then the applicant shall be notified of the board's decision and the remaining number of days within which to request a formal contested case hearing pursuant to chapter 91, HRS, and chapter 16-201. The department shall also advise the applicant of the procedures to obtain copies of chapter 91, HRS, and chapter 16-201. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-135 Appropriate remedy; examination void. (a) If the board determines that there was a breach of anonymity or substantial disadvantage to the applicant, the board may provide any remedy it deems appropriate to negate the negative effects of the disadvantage, including but not limited to allowing the applicant to retake any procedure of the examination or waiving the examination fee.

(b) If anonymous testing procedures and grading requirements provided by this chapter have been violated or breached to an extent that the integrity of the entire licensure examination has been compromised, the department and the board shall declare the licensure examination results for all applicants to be void and shall immediately reschedule another dental licensure examination for all candidates. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-136 Request for contested case hearing relief. (a) Any applicant failing the dental hygiene licensure examination shall notify the board, in writing, within sixty days of the date the applicant received notification of the applicant's examination

results, unless tolled by the applicant's request for an informal review under section 16-79-134, that the applicant will request a contested case hearing, pursuant to chapter 91, HRS, and chapter 16-201, regarding the board's determination that the applicant be denied licensure by failing the state dental hygiene licensure examination. The applicant shall state with specificity the grounds of appeal, particular examination procedures objected to, and the objections.

(b) The applicant shall have the burden of proving by preponderance of the evidence that:

- (1) There was a breach of anonymity;
- (2) There was a substantial disadvantage to the applicant; or
- (3) The applicant was aggrieved by any action of the board or the department.

(c) If the applicant should prevail in the contested case, the board shall provide appropriate relief, including but not limited to allowing the applicant to retake any procedure of the examination, waiving the examination fee as provided in section 16-79-135, or if necessary, to declare the entire examination results for all applicants to be void. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

§16-79-137 Report on the dental hygiene licensure examination; public inspection. (a) Within sixty days after each dental hygiene licensure examination, the department shall prepare a report on the dental hygiene licensure examination.

(b) The report shall include but not be limited to statistical analysis reports that will provide a correlation report among graders; correlation report on all procedures of the examination; and a report on the performance of each procedure of the examination. The report shall also include findings or observations regarding the calibration session; the grader standardization examination; the conduct at the examination; the record of any reported breach of anonymity under section 16-79-123; the pass/fail rates; the validity and reliability of the examination; and a listing of the names of all persons and graders who participated in the examination. The department shall also make any recommendation regarding the administration or the grading of the examination to the board.

(c) The report shall be maintained by the department for public inspection; provided the names of applicants who fail the examination and which also identify a grader's grading correlation among other graders, shall be kept confidential by the department, unless otherwise required by law. [Eff and comp 2/9/01; comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §447-1)

SUBCHAPTER 14

CONTINUING EDUCATION

§16-79-140 Purpose. The rules in this part are intended to effectuate the provisions of section 448-8.5, HRS, relating to the requirement for continuing education (CE). [Eff and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-141 Continuing education courses. All CE courses shall be relevant to the care and treatment of patients and shall consist of either clinical subjects directly related to the provision of dental care and treatment of patients, or nonclinical subjects related to the practice of dentistry, and supportive of the clinical service to patients. Examples of eligible nonclinical courses include, but are not limited to, courses in patient management, practice management, ethics, and the law. Examples of ineligible nonclinical courses include, but are not limited to, courses in estate planning, marketing, financial planning, and investments. Licensees may satisfy CE requirements through computer and correspondence courses, and courses presented via other media such as audio and video tape recording, provided that such courses do not comprise more than half of the required CE hours. [Eff and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-142 Approved sponsoring organizations. Licensees shall comply with the CE requirements by completing the requisite number of hours from an approved sponsor. Only courses offered or approved by an approved sponsor shall count toward the fulfillment of the CE requirements. The following organizations are approved sponsors for CE:

American Dental Association (ADA);
American Dental Hygienists' Association (ADHA);
State Dental Associations;
State Dental Hygienist Associations;
County Dental Societies in Hawaii
University of Hawaii School of Nursing and Dental Hygiene;
American Medical Association (AMA);

Hospitals Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
American Heart Association;
American Red Cross;
Providers of independently offered courses that are ADA Continuing Education Recognition Program (CERP) or Academy of General Dentistry approved; and
Providers of independently offered courses that are Accreditation Council for Continuing Medical Education (ACCME) certified. [Eff and comp 2/9/02]
(Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-143 Requirements for approval by the board. Sponsors who are not listed in section 16-79-142, shall be required to apply to the board on a form prescribed by the board prior to the course event. The sponsor shall comply with all requirements, policies, and standards set forth by the board. [Eff and comp 2/9/02]
(Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-144 Biennial renewal. At the time of the biennial renewal, not later than December 31 of each odd numbered year, each licensee shall have completed the CE requirements for the two calendar years preceding the renewal date as follows:

- (1) Dentist:
 - (A) Dentists initially licensed in the first year of the biennium shall have completed sixteen CE hours;
 - (B) Dentists initially licensed in the second year of the biennium shall not be required to complete any CE hours; and
 - (C) All other dentists shall have completed thirty-two CE hours.
 - (D) As part of the CE requirements, all dentists shall complete at least once every two years a course in basic life support approved by the American Red Cross or American Heart Association.
- (2) Dental Hygienist:
 - (A) Dental hygienists initially licensed in the first year of the biennium shall have completed ten CE hours;
 - (B) Dental hygienists initially licensed in the second year of the biennium shall not be required to complete any CE hours; and
 - (C) All other dental hygienists shall have completed twenty CE hours.

- (D) As part of the CE requirements, all dental hygienists shall complete at least once every two years a course in basic life support approved by the American Red Cross or American Heart Association.
- (3) Except as provided in section 16-79-147, the failure of a licensee to present evidence of compliance with the CE requirements shall constitute a forfeiture of license, which may be restored within two years upon written application therefor and payment to the board of a restoration fee. [Eff and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-145 Record keeping. Licensees shall maintain their own continuing education records and shall keep the records for four years after completion of any CE course. [Eff and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-146 Certification of Compliance. At the time of renewal, each licensee shall certify on a form provided by the board that the licensee has satisfied the CE requirements. The board may audit and require any licensee to submit additional evidence demonstrating compliance with the CE requirement. [Eff and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-147 Waiver or modification of requirements. Any licensee seeking renewal of license without full compliance of the CE requirements shall submit with the renewal application a statement setting forth the reasons for noncompliance, and a request for waiver or modification of the CE requirements. The board may grant waiver or modification of the CE requirements based on:

- (1) Full time service in the armed forces of the United States;
- (2) An incapacitating illness documented by a licensed physician;
- (3) Being disabled and unable to practice dentistry or dental hygiene;
- (4) Being retired from practice and not performing any dental or dental hygiene services; or
- (5) Undue hardship or any other extenuating circumstances. [Eff and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

§16-79-148 Penalty for false certification. A false certification to the board by a licensee shall be deemed a violation of this chapter and chapters 447 and 448, HRS,

and subject the licensee to disciplinary proceedings. [Eff and comp 2/9/02] (Auth: HRS §448-6) (Imp: HRS §448-8.5)

Amendments to and compilation of chapter 16-79, Hawaii Administrative Rules, on the Summary page dated November 19, 2001, were adopted on November 19, 2001, following a public hearing held on November 19, 2001, after public notices were given in the Hawaii State and County Public Notices for the City and County of Honolulu, County of Kauai, County of Maui and the County of Hawaii on October 15, 2001.

These rules shall take effect ten days after filing with the Office of the Lieutenant Governor.

/s/ Wallace F. Chong, Jr.

WALLACE F. CHONG, JR., D.D.S.
Chair, Board of Dental Examiners

APPROVED AS TO FORM: Date _____

/s/ Shari J. Wong

Deputy Attorney General

APPROVED: Date 1/24/02

/s/ Kathryn S. Matayoshi

KATHRYN S. MATAYOSHI, Director
Commerce and Consumer Affairs

APPROVED: Date 1/29/02

/s/ Benjamin J. Cayetano

BENJAMIN J. CAYETANO
Governor
State of Hawaii

January 30, 2002

Filed

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Amendment and Compilation of Chapter 16-79
Hawaii Administrative Rules

November 19, 2001

SUMMARY

1. §16-79-3 is amended.
2. §16-79-90 is amended.
3. §16-79-96 is amended
4. §16-79-106 is amended.
5. A new subchapter 14 (§§16-79-140 through 16-79-148) is added.
6. Chapter 79 is compiled.

This material can be made available for individuals with special needs. Please call the Program Specialist, Professional and Vocational Licensing Division, DCCA, at 586-2692 to submit your request.

GRADING CRITERIA FOR THE PRACTICAL SECTIONS OF THE HAWAII DENTAL LICENSURE EXAMINATION

**GENERAL CRITERIA FOR CAVITY PREPARATION FOR AMALGAM
HAWAII DENTAL LICENSURE EXAMINATION**

	RATING	SCORE	EXTERNAL OUTLINE	INTERNAL FORM/PULPAL PROTECTION	CAVITY REFINEMENT
S A T I S F A C T O R Y	IDEAL	5	Contiguous fissures and decalcification involving the DEJ appropriately treated. Complete caries removal. Angle of departure at 90° on proximals. Appropriate cavosurface angle on occlusal. Gingival and proximal contacts appropriately broken. Care of adjacent hard/soft tissue.	Appropriate extension for convenience, resistance, and retention. Ideal pulpal wall depth 1.5 mm. Ideal axial wall depth 0.5 mm from DEJ with a minimal gingival wall width of 0.9 mm. Complete caries removal. Retention forms of appropriate depth and placement. Appropriate base placement (when indicated).	Walls and margins smooth. Enamel walls parallel enamel rod direction. No unsupported enamel. Well defined cavity preparation. No debris present (toilet of the cavity).
	SLIGHT ERRORS	4	Slightly over/underextended outline. Contiguous fissures and decalcification involving the DEJ adequately treated. Complete caries removal. Angle of departure slightly over/under 90°. Gingival and proximal contacts broken. Care of adjacent hard/soft tissue.	Pulpal and/or axial walls slightly shallow/deep. Complete caries removal. Retention forms of appropriate depth and placement. Adequate base placement (when indicated).	Walls and margins slightly rough. Enamel walls parallel enamel rod direction. No unsupported enamel. Defined cavity preparation. Slight debris present.
	MODERATE ERRORS	3	Moderately over/underextended outline. Contiguous fissures and decalcification involving the DEJ minimally treated. Complete caries removal. Angle of departure moderately over/under 90°. Gingival and proximal contacts broken. Care of adjacent hard/soft tissue.	Pulpal and/or axial walls moderately shallow/deep. Complete caries removal. Retention forms of appropriate depth and placement. Minimally adequate base placement (when indicated).	Walls and margins moderately rough. Enamel walls parallel enamel rod direction. No unsupported enamel. Minimally defined cavity preparation. Moderate debris present.
N O T S A T I S F A C T O R Y	MARKED ERRORS	2	Markedly over/underextended outline. Marked failure to remove contiguous fissures and/or decalcification involving the DEJ. Angle of departure markedly over/under 90°. Failure to break gingival and/or proximal contacts. Marked mutilation of adjacent hard/soft tissue.	Pulpal and/or axial walls markedly shallow/deep. Incomplete caries removal. Retention forms excessive and/or inappropriately placed. Inadequate base placement.	Walls and margins markedly rough, irregular, and/or jagged. Enamel walls markedly unsupported and/or undermined. Marked debris and/or base present on walls and/or in line angles.
	GROSS ERRORS	1	Grossly over/underextended outline form. Gross failure to remove contiguous fissures and/or decalcification involving the DEJ. Angle of departure grossly over/under 90°. Gross contact of adjacent tooth. Gross mutilation of adjacent hard/soft tissue.	Pulpal and/or axial walls grossly shallow/deep. Gross caries remains. Retention forms excessive and/or inappropriately placed. Failure to place base (when indicated).	Walls and margins grossly rough, irregular, and/or jagged. Enamel walls grossly unsupported and/or undermined. Gross debris and/or base present on walls and/or in line angles.
	CRITICAL ERRORS	0	Critically over/underextended outline form. Critical mutilation of adjacent hard/soft tissue. Total lack of concept of operative dentistry.	Mechanical pulpal exposure. Pulpal and/or axial wall critically shallow/deep. Critical caries remain. Total lack of concept of operative dentistry.	Walls and margins critically rough, irregular, and/or jagged. Preparation undefined. Enamel walls critically unsupported and/or undermined.

**GENERAL CRITERIA FOR AMALGAM RESTORATION
HAWAII DENTAL LICENSURE EXAMINATION**

	RATING	SCORE	SURFACE QUALITY	MARGIN INTEGRITY	CONTOUR AND FUNCTION
S A T I S F A C T O R Y	IDEAL	5	Uniform smoothness of entire surface of restoration. Devoid of pits or scratches. Dense condensation. Burnished.	Junction of tooth/restoration undetectable.	All contours and occlusal and proximal surfaces appropriately restored. Proximal embrasures and proximal and occlusal contacts appropriate. Care of hard/soft tissue.
	SLIGHT ERRORS	4	Restoration exhibits slight roughness, pits, and scratches. Dense condensation.	Slight detectable catches at tooth/restoration junction. Margins closed.	Slight over/under contour of surfaces. Weak proximal contact. Appropriate occlusal contact. Lack of care of hard/soft tissue.
	MODERATE ERRORS	3	Restoration exhibits moderate roughness, pits, and scratches. Dense condensation.	Moderate detectable catches at tooth/restoration junction. Catches correctable at polishing.	Moderate over/under contour of surfaces. Minimal proximal contact. Appropriate occlusal contact. Lack of care of hard/soft tissue.
N O T S A T I S F A C T O R Y	MARKED ERRORS	2	Restoration exhibits marked roughness, pitting and/or scratches. Soft condensation. Surface pieces flake off.	Open margin. Marked tooth/restoration junction discrepancy. Marked interproximal overhang.	Absence of appropriate contour and anatomical form. Excessive depth of carving in amalgam. Lack of proximal contact and/or embrasure form. High occlusion. Hard and/or soft tissue damage.
	GROSS ERRORS	1	Restoration exhibits gross roughness, pitting and/or scratches. Soft condensation. Surface pieces flake off.	Gross open margin. Gross tooth/restoration junction discrepancy. Gross interproximal overhang.	Gross absence of appropriate contour and anatomical form. Grossly excessive depth of carving in amalgam. Gross lack of proximal contact and/or embrasure form. Grossly high occlusion. Gross hard and/or soft tissue damage.
	CRITICAL ERRORS	0	Critically over/underfilled. Surface totally defective or missing.	Open margin to DEJ. Critical interproximal overhang.	Fractured or displaced restoration. No concept of form and function. Complete lack of proximal contact and/or embrasure form. Excessive mutilation of hard and/or soft tissue. Complete or partial loss or fracture of restoration.

**GENERAL CRITERIA FOR CAVITY PREPARATION FOR COMPOSITE
HAWAII DENTAL LICENSURE EXAMINATION**

	RATING	SCORE	EXTERNAL OUTLINE/OPERATIVE ENVIRONMENT	INTERNAL FORM/PULPAL PROTECTION/TOILET OF CAVITY
S A T I S F A C T O R Y	IDEAL	5	Ideally extended for convenience of preparation, removal of contiguous decalcification, and finish of enamel margins. Care of adjacent hard/soft tissue.	Ideal extension of axial wall for complete caries removal. Walls and margins ideally defined. Complete caries removal. Ideal base placement (when indicated). No debris present.
	SLIGHT ERRORS	4	Slightly over/underextended outline form. Contiguous decalcification adequately treated. Care of adjacent hard/soft tissue.	Slightly over/underextended axial wall. Walls and margins adequately defined. Complete caries removal. Adequate base placement (when indicated). No debris present.
	MODERATE ERRORS	3	Moderately over/underextended outline form. Contiguous decalcification minimally adequately treated. Care of adjacent hard/soft tissue.	Moderately over/underextended axial wall. Walls and margins minimally adequately defined. Complete caries removal. Minimally adequate base placement (when indicated). No debris present.
N O T	MARKED ERRORS	2	Markedly over/underextended outline form. Marked failure to remove contiguous decalcified areas. Failure to conserve tooth structure. Marked mutilation of adjacent hard/soft tissue.	Markedly over/underextended axial wall. Failure to conserve tooth structure. Walls and margins markedly undefined. Incomplete caries removal. Markedly inadequate base (when indicated). Debris present on walls.
S A T I S F A C T O R Y	GROSS ERRORS	1	Grossly over/underextended outline form. Gross failure to remove contiguous decalcified areas. Failure to conserve tooth structure. Gross mutilation of adjacent hard/soft tissue.	Grossly over/underextended axial wall. Failure to conserve tooth structure. Walls and margins grossly undefined. Gross caries remain. Grossly inadequate base placement (when indicated). Gross debris present on walls.
	CRITICAL ERRORS	0	Critically over/underextended outline form. Total lack of concept of operative dentistry. Critical mutilation of adjacent hard/soft tissue.	Mechanical pulp exposure. Walls and margins grossly undefined. Critical caries remain. Critical debris present on external walls.

**GENERAL CRITERIA FOR COMPOSITE RESTORATION
HAWAII DENTAL LICENSURE EXAMINATION**

	RATING	SCORE	SURFACE QUALITY	MARGIN INTEGRITY	CONTOURS/FUNCTION/SHADE
S A T I S F A C T O R Y	IDEAL	5	Uniform smoothness of entire surface of restoration, devoid of voids, pits and scratches. Polished.	Junction of tooth/restoration undetectable.	All contours, occlusal and proximal surfaces ideally restored. Proximal embrasures, contacts ideal. Care of hard/soft tissue. Shade matches natural tooth.
	SLIGHT ERRORS	4	Restoration exhibits slight roughness, pits and/or scratches. Polished.	Slight detectable catches at tooth/restoration function but margin closed.	Slight under/over contour. Proximal embrasures, contacts adequate. Shade varies slightly from natural tooth. Slight lack of care of hard and/or soft tissues.
	MODERATE ERRORS	3	Restoration exhibits moderate roughness, pits and/or scratches. Polished.	Moderate detectable catches at margin that are correctable in polishing.	Moderate under/over contour. Proximal embrasures, contacts minimally adequate. Shade varies moderately from natural tooth. Moderate lack of care of hard and/or soft tissue.
N O T S A T I S F A C T O R Y	MARKED ERRORS	2	Restoration exhibits marked roughness, pits and/or scratches. Contaminated surface.	Open margin. Marked tooth/restoration junction discrepancy. Marked overhang/catches.	Marked under/over contour. Proximal embrasures markedly inadequate, proximal contacts open. High occlusion. Shade varies markedly from natural tooth. Marked lack of care of hard and/or soft tissue.
	GROSS ERRORS	1	Restoration exhibits gross roughness, pitting and/or scratches.	Gross open margin. Gross tooth/restoration junction discrepancy. Gross overhang/catches.	Gross under/over contour. Gross lack of contact and embrasure form; high occlusion. Gross hard/soft tissue damage.
	CRITICAL ERRORS	0	Entire surface missing. Surface totally defective. Loss or substantial chip/fracture of restoration.	Critically open margin. Critical overhangs.	Restoration fractured or displaced. Complete lack of proximal contact and/or embrasure form. Critical mutilation of hard/soft tissue. No concept of form and function.

**GENERAL CRITERIA FOR ENDODONTIC ACCESS PREPARATION
HAWAII DENTAL LICENSURE EXAMINATION**

RATING	SCORE	ACCESS OR OPENING	DIRECT ACCESS	INTERNAL WALLS AND FLOOR	
S A T I S F A C T O R Y	IDEAL	5	Ideally extended, ideal cavosurface angle.	Ideal direct access to canal(s).	Walls and floor clean, without pits and gouges. No debris present.
	SLIGHT ERRORS	4	Slightly over/underextended.	Direct access to canal(s) compromised.	Walls and/or floor slightly pitted or rough.
	MODERATE ERRORS	3	Moderately over/underextended. Error(s) present but does not preclude a satisfactory result.	Access to canal(s) can be attained with difficulty.	Walls and/or floor moderately pitted and/or gouged.
	MARKED ERRORS	2	Markedly over/underextended.	No direct access to canal(s) leading to possible ledging or perforation of canal(s).	Walls and/or floor markedly pitted or gouged.
N O T S A T I S F A C T O R Y	GROSS ERRORS	1	Grossly over/underextended.	No direct access to canal(s). File cannot enter canal(s).	Walls and/or floor grossly pitted or gouged.
	CRITICAL ERRORS	0	Failure to unroof chamber. Tooth damaged, unrestorable.	Canal(s) not located or identified.	Perforation of chamber floor, walls or canal(s).

**GENERAL CRITERIA FOR CAST RESTORATION PREPARATION
HAWAII DENTAL LICENSURE EXAMINATION**

RATING	SCORE	FORM OF PREPARATION/REDUCTION	RETENTION	FINISH, MARGINS AND BEVELS	
S A T I S F A C T O R Y	IDEAL	5	Ideally extended for convenience and prevention. Ideal occlusal reduction. Ideal coronal/pulpal/axial reduction.	Parallelism is ideal, no undercuts internally or externally. Ideal taper for retention and withdrawal. Boxes/walls are parallel, ideally defined, and ideal length and location.	Ideal finish and smooth walls and well defined angles. Margins and bevels ideally placed, smooth and well defined.
	SLIGHT ERRORS	4	Slightly over/underextended for convenience. Slight over/under occlusal reduction. Slight over/under coronal/pulpal/axial reduction.	Parallelism compromised and slight internal undercut. Slight imperfections in boxes. Slightly inadequate length of wall.	Walls, line angles, and margins slightly rough. Margins slightly under/overextended. Margins, bevels deep, shallow or irregular.
	MODERATE ERRORS	3	Moderately over/underextended for convenience and protection. Moderate over/under occlusal reduction. Moderate coronal/pulpal/axial reduction.	Parallelism compromised and moderate internal undercut. Moderate imperfections in boxes. Moderately inadequate length of wall.	Walls, line angles, and margins rough and moderately irregular. Margins and bevels moderately deep, shallow or irregular.
	MARKED ERRORS	2	Markedly over/underextended for convenience and protection. Marked over/under occlusal reduction. Marked over/under coronal/pulpal/axial reduction. Marked mutilation of adjacent hard/soft tissue.	Parallelism inadequate. Marked internal or external undercut. Markedly excessive taper. Boxes markedly ill defined and/or improperly placed. Markedly inadequate length of the wall.	Walls, line angles, and margins rough and markedly irregular with poor finish. Margins and bevels markedly deep, shallow or irregular.
S A T I S F A C T O R Y	GROSS ERRORS	1	Grossly over/underextended for convenience and protection. Gross over/under occlusal reduction. Gross over/under coronal/pulpal/axial reduction. Gross mutilation of adjacent hard/soft tissue.	Parallelism inadequate. Gross external or internal undercut. Grossly excessive taper. Boxes lack definition and/or are improperly placed. Gross lack of retention.	Walls, line angles, and margins grossly deep, or shallow with irregularities. Margins and bevels rough with poor finish.
	CRITICAL ERRORS	0	Critically over/underextended for convenience and protection. Reductions exhibit a critical lack of concept. Critical mutilation of adjacent hard/soft tissue.	Tapered or critical undercut. Critical lack of retention. Critical lack of concept.	Margins and/or bevels lack definition.

**GENERAL CRITERIA FOR WAX PATTERN
HAWAII DENTAL LICENSURE EXAMINATION**

	RATING	SCORE	CONTACT	MARGINS
S A T I S F A C T O R Y	IDEAL	5	The interproximal contacts are visually closed with ideal placement and coronal contours. Ideal gingival embrasure.	The margin of patterns are flawless in adaptation, placement and contour on both the tooth preparation and die, with good resistance and retention.
	SLIGHT ERRORS	4	The interproximal contacts are visually closed with slight deviation of ideal placement, coronal contours or gingival embrasure.	Slight discrepancy in margin detail, placement and contour on both the tooth preparation and die.
	MODERATE ERRORS	3	The interproximal contacts are minimally re-established, and have moderate discrepancy in placement, coronal contour or gingival embrasure.	Moderate discrepancy in margin detail, thick or thin, but sealed.
N O T S A T I S F A C T O R Y	MARKED ERRORS	2	Interproximal contacts visually open. Marked discrepancies in shape, anatomical position, or gingival embrasure.	Margin detail markedly lacking. Excesses, deficiencies detected visually on both the tooth preparation and die. Open margin with inadequate resistance and retention.
	GROSS ERRORS	1	Interproximal contacts grossly open. Gross discrepancies in shape, anatomical position or gingival embrasure.	Gross margin excesses, deficiencies detected visually on both the tooth preparation and die.
	CRITICAL ERRORS	0	No concept of contact form.	Critically lacking or missing margin detail.

**GENERAL CRITERIA FOR WAX PATTERN
HAWAII DENTAL LICENSURE EXAMINATION**

	RATING	SCORE	WAX CONDITION	OVERALL FORM, CONTOURS AND OCCLUSION
S A T I S F A C T O R Y	IDEAL	5	Wax is uniformly smooth and polished, free of pits and voids with appropriate thickness. Internal wax provides ideal resistance and retention.	The pattern ideally resembles the morphology of the tooth being restored with centric contacts consistent in shape, size and intensity with such contacts on other teeth; facial and lingual contours in harmony with adjacent teeth.
	SLIGHT ERRORS	4	Slight imperfection in wax smoothness and polish. Internal wax provides slight lack of resistance and retention.	Slight deviation in morphology, centric occlusion and facial and lingual contours.
	MODERATE ERRORS	3	Wax exhibits irregularities in smoothness, polish and thinness of wax but wax pattern is castable. Internal wax provides moderate lack of resistance and retention.	Moderate imperfections in morphology, facial and lingual contours and occlusion is light.
N O T S A T I S F A C T O R Y	MARKED ERRORS	2	Marked imperfections of smoothness, polish and thinness of wax. Wax pattern is not castable. Internal wax provides marked lack of resistance and retention.	Marked discrepancy in morphology, facial and lingual contours too bulky, and occlusion is heavy, causing open bite.
	GROSS ERRORS	1	Gross, significant irregularities including pits and voids. Wax pattern is not castable. Internal wax provides gross lack of resistance and retention.	Gross discrepancy in morphology, obvious excessive facial and lingual contours, bulkiness causing open bite.
	CRITICAL ERRORS	0	Critical imperfection in wax. Perforations and/or fractures. Wax pattern is not castable.	No concept - no resemblance to the morphology, space relationship to adjacent tooth or occlusion.