THIS CANDIDATE INFORMATION BOOKLET (CIB) CONTAINS THE PROCEDURAL INFORMATION TO ASSIST YOU IN TAKING THIS EXAMINATION.

PLEASE REVIEW CAREFULLY.
STATEMENT OF NONDISCRIMINATORY POLICY

The Department of Health does not discriminate among candidates on the basis of age, sex, race, religion, national origin, handicap, or marital status.

This edition of the Candidate Information Booklet supersedes all previous editions.

PLEASE SAVE THIS DOCUMENT FOR FUTURE REFERENCE.
ADMINISTRATIVE POLICIES

LIABILITY

It is expressly understood by each candidate that the State of Florida, the Department of Health and/or the Department’s staff hereby assume absolutely no liability of any nature whatsoever for any items of the candidate’s personal property which may have been brought to, left at, or left outside the examination site. It is further understood that the candidate’s admission to the examination shall hereby constitute the candidate’s full, knowing and complete waiver of any and all such claims against the State of Florida, the Department of Health and/or the Department’s staff.

FEES AND SCHEDULING PROCEDURES

You MUST apply to the Board of Dentistry office (contact information on last page of this booklet), pay the application fee to the Board, and be approved by the Board prior to scheduling an examination.

Once you have received your notification of eligibility from the Board Office or Testing Services, you may contact PSI licensure:certification (PSI), Florida Department of Health’s CBT vendor, to pay the examination fee and schedule your examination.

Fees

• The examination fee for this CBT examination is $85.00.
  o This fee shall be paid to PSI.
  o The fee may be paid by Visa, MasterCard, Cashier’s Check, or Money Order.
  o Payment will be due at the time of scheduling.

Scheduling

• You must schedule your examination appointment with PSI. You may contact PSI via Internet, telephone, fax, or standard mail at the contact information listed on the last page of this booklet.

• You will be required to provide your social security number (as your testing/eligibility ID) in order to schedule your examination.

• All examination dates, times, and locations will be scheduled on a first-come first-serve basis.

Scheduling Out-of-State

• Examinations are also available in other PSI testing centers located across the U.S. To schedule your examination outside of Florida you must call PSI at (800) 733-9267, and speak to the special accommodation registrar. If you leave a message, your call will be returned within one business day.
**Internet Registration**

For the fastest and most convenient test scheduling process, PSI recommends that candidates register for their examinations using the Internet. In order to register over the Internet, candidates will need to have a valid MasterCard or Visa. Candidates register online by accessing PSI’s registration website at [www.psiexams.com](http://www.psiexams.com). Internet registration is available 24 hours a day. In order to register by Internet, complete the steps below.

1. Log onto PSI’s website and complete the associated registration form online and submit your information to PSI via the Internet.

2. Upon completion of the online registration form, you will be given the available examination dates and locations for scheduling your examination.

**Telephone Registration**

The second fastest method of scheduling is via the telephone with PSI’s Interactive Voice Response system during non-business hours or through live registrars during business hours.

1. Complete the Examination Registration Form, including your credit card number and expiration date, so that you will be prepared with all of the information needed to register by telephone.

Call (800) 733-9267, 24 hours a day and register using the Automated Registration System. Otherwise, PSI registrars are available Monday through Friday, between 7:30 am and 8:00 pm and Saturday, between 11:00 am and 5:00 pm, Eastern Time, to receive the information listed on your Examination Registration Form and schedules your appointment for the examination.

**Fax Registration**

Complete the Examination Registration Form, including your credit card number and expiration date.

1. Fax the completed form to PSI (702) 932-2666. Fax registrations are accepted 24 hours a day.

2. If your information is incomplete or incorrect, it will be returned for correction.

Please allow four business days to process your registration. After four business days, you may call PSI to schedule the examination, (800) 733-9267.

**Standard Mail Registration**

For those desiring to make payment for their examination using **cashiers checks** or **money orders**, or for those that simply do not wish to provide credit card information over the phone or Internet, you must use the Standard Mail Registration. In order to register, please follow the steps below.
1. Complete the PSI registration Form, and appropriate examination fee to PSI. Payment of fees can be made by money order or cashier’s check. Money orders or cashier’s checks should be made payable to PSI. Print your name on your cashier’s check or money order to ensure that your fees are properly assigned. CASH, COMPANY CHECKS, PERSONAL CHECKS ARE NOT ACCEPTED.

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV  89121
(800) 733-9267 • Fax (702) 932-2666
www.psiexams.com

BE SURE TO READ ALL DIRECTIONS CAREFULLY BEFORE COMPLETING THE EXAMINATION REGISTRATION FORMS. IMPROPERLY COMPLETED FORMS WILL BE RETURNED TO YOU UNPROCESSED.

2. Please allow two weeks to process your registration. After two weeks, you may call PSI to schedule the examination, (800) 733-9267.

RESCHEDULING:

- You may cancel and reschedule an examination appointment without forfeiting your fee if your cancellation notice is received no less than two days before the scheduled examination date. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday.

- You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

- You may NOT take your examination after the window has closed. Please refer to correspondence from Testing Services regarding the DIAGNOSTIC SKILLS EXAMINATION CBT examination window.

Note: A voice mail message is not an acceptable form of cancellation. Please use the Internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

Missed appointment or late cancellation

Your registration will be invalid, you will not be able to take the examination as scheduled, and you will forfeit your examination fee, if you:

- Do not cancel your appointment two days before the schedule examination date;
- Do not appear for your examination appointment;
Arrive after examination start time;
Do not present proper identification when you arrive for the examination.

**BRING TO THE EXAMINATION**

- A form of *valid, current, government-issued identification* with both a signature and a photo.
  - Driver’s License; OR
  - State I.D. card; OR
  - Military I.D.; OR
  - Passport

- A second form of ID that has your signature and preprinted legal name. All identification provided must match the name on the Examination Registration Form and your Registration Confirmation Notice.

**NOTE:** The name on your Examination Registration Form and the Registration Confirmation Notice must match the name on the ID you present at the PSI testing center. If these names do not match, you will not be allowed to test. To change the name of your eligibility, contact the Board Office.

**PROHIBITED ITEMS**

YOU ARE PROHIBITED FROM BRINGING ANYTHING INTO THE EXAMINATION ROOM WITH YOU.

- PSI will provide scratch paper and pencils.
- Cell phones, pagers, purses, briefcases, personal belongings and children are not allowed at the examination site.
- No smoking, eating, or drinking will be allowed at the examination site.
- Copying or communicating examination content is a violation of PSI security policy and Florida State Law. Either violation may result in the disqualification of examination results and may lead to legal action.
- You may leave the examination room at any time during the examination; however, your examination time will NOT be paused.
- Watches with alarms should be set so that they will NOT sound or go off during the examination administration.
- You are prohibited from removing anything from the examination room.

If you need to bring ANYTHING into the examination room, you must receive PRIOR APPROVAL for special accommodations from Testing Services. This includes keys, inhalers, medications, food, and water.
ADMISSION TO THE EXAMINATION

- On the day of your scheduled examination, you should arrive at least 30 minutes before your appointment. This extra time is for sign-in and identification. **If you arrive late, you may not be admitted to the examination center and you will forfeit your registration fee.**

RULES FOR THE EXAMINATION

- PSI is the Department’s designated agent in maintaining a secure and proper examination administration.
- **ALL examination materials must remain at the examination site.**
- **You are prohibited from bringing any study/reference materials to the examination.**
- Proctors are NOT qualified or authorized to answer questions concerning examination content. If you have procedural questions, they will do their best to assist you.
- If you have a concern about the content of an examination question, please indicate your concerns in the post-examination survey.
- You are prohibited from collaborating with other candidates on the examination.
- **You must have a proctor's permission to leave the examination room. The examination clock will continue to run. You will NOT be allowed additional time to make up for time lost.**
- Headphones and/or earplugs are available to all candidates at the examination site. You may request these from the proctor at any time.
- **Immediately alert a proctor of any problems that occur during the examination.** Do not wait until the examination is over to inform someone of a problem.
- The examination room is usually climate controlled. However, it is not always possible to maintain a temperature suitable to each candidate. Please prepare for a room that is warmer or cooler than you would prefer.

TESTING PROCESS

Once you are seated at the examination computer, the process will be as follows.

Non-Disclosure Agreement

- Before beginning the examination, you will be REQUIRED to agree to a confidentiality clause stating that you will not share the contents of the examination.

Tutorial

- An introductory tutorial covering how to move through the computer-based test will be provided before the examination time begins.
- Sample questions are included following the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.
Examination

- Each question will be shown on its own screen.
- You may move back and forth between questions.
- You may review your answers at any time during and after the examination, provided there is still time remaining.
- Minutes remaining will be displayed on the screen.

Post-Exam Survey

- An optional candidate satisfaction survey will be presented after completion of the examination. This data is used to continually improve the examination process.
- There is a notes space during the survey for any comments you have regarding the testing process and/or individual examination questions.
- Minutes remaining will be displayed on the screen

Score Report

- Your score will be given to you immediately following completion of the examination. The following summary describes the score reporting process:

  - **On screen** – your score will appear immediately on the computer screen. This will happen automatically at the end of the time allowed for the examination; if you are using review features, you will be able to obtain your score immediately when you indicate that you have finished and would like to see your results.
    - If you **pass**, you will immediately receive a successful notification and performance summary on the screen.
    - If you **do not pass**, you will immediately receive an unsuccessful notification on the screen. Registration forms for submittal to PSI to retake the examination will be available at the examination site.

  - **On paper** – a preliminary score report will be printed at the examination site.

CONDUCT DURING THE EXAMINATION

Rule 64B-1.004, Florida Administrative Code states:

For examinations administered by the department or a contract provider, the conduct at the test site shall be as follows:

1. The examination administrator and proctors are the department’s designated agents in maintaining a secure and proper examination administration. Failure to comply with the written or oral instructions provided by the department’s designated agents shall result in the removal of the examinee from the examination room.
2. Any individual found by the department or any board within the department to have engaged in conduct which subverts or attempts to subvert the examination process shall have his or her scores on the examination withheld and/or declared invalid, be disqualified
from the practice of the profession, and/or be subject to the imposition of other appropriate sanctions by the applicable board or department, when there is no board.

(3) Conduct, which subverts or attempts to subvert the examination process includes:
   (a) Conduct which violates the security of the examination materials, such as removing from the examination room any of the examination materials; reproducing or reconstructing any portion of the licensure examination; aiding by any means in the reproduction or reconstruction of any portion of the licensure examination; selling, distributing, buying, receiving or having unauthorized possession of any portion of a future or current licensure examination.
   (b) Conduct which violates the standard of test administration, such as communicating with any other examinee during the administration of the examination; copying answers from another examinee or permitting one’s answers to be copied by another examinee during the administration of the examination; having in one’s possession during the administration of the examination any book, notes, written or printed materials or data of any kind, other than the examination materials distributed or specifically listed as approved materials for the examination in the information provided to the examinee in advance of the examination date by the department and/or the national provider of the examination.
   (c) Conduct which violates the credentialing process, such as falsifying information required for admission to the examination; impersonating an examinee or having an impersonator take the licensure examination on one’s own behalf.

(4) Any violation of the conduct rules or other irregularities will be documented in writing by the department’s agent(s) and the documentation of the violation or irregularity will be presented to the appropriate board or departmental unit for consideration and action.

Chapter 456.018, Florida Statutes states:

Penalty for theft or reproduction of an examination.--In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, the theft of an examination in whole or in part or the act of reproducing or copying any examination administered by the department, whether such examination is reproduced or copied in part or in whole and by any means, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

CHANGE OF ADDRESS

The Department of Health must have a current address for all candidates or licensees. The U.S. Postal Service will NOT forward mail from the Department. If an address change occurs, please notify the Board Office by completing the change of address form located in the appendices of this booklet.

CHANGE OF NAME

If you have a name change or name correction, please send a copy of notarized legal documentation to the Board Office immediately (contact information is located on the last page of this booklet).
SPECIAL TESTING ACCOMMODATIONS

If you require special testing accommodations under the Americans with Disabilities Act, or if you must bring anything into the examination room, you must receive approval from Testing Services BEFORE scheduling your examination.

In accordance with section 64B-1.005, Florida Administrative Code, the Department of Health will provide reasonable and appropriate special testing accommodations to candidates with physical or learning disabilities to the extent permitted by cost, examination administration constraints, examination security considerations, and availability of resources. Candidates requesting special testing accommodations must file a completed application at least sixty (60) days prior to the date of the examination for which they are applying. If a candidate becomes disabled after the sixty-day deadline has passed and that candidate has not requested special accommodation, the department will provide any such requested accommodation that can be made available without posing undue burden or jeopardizing the security and integrity of the examination. However, in no event will accommodation be provided to exam candidates requesting special accommodation ten (10) days or less before the examination. Candidates must have approval for special accommodations before scheduling their examination with PSI.

With the completed application for special testing accommodations, the candidate must provide documentation of his/her disability. Applicants who have previously received special testing accommodations through Testing Services and need accommodations for another examination or for a retake of the same examination must file a re-application with Testing Services each time accommodations are needed. Contact information for Testing Services is located on page 27 of this booklet.

WALK-IN EXAMINATIONS

- You are strongly encouraged to schedule an examination. However, you may take the examination as a walk-in candidate. Walk-in examinations are available on a space-available, “first-come”, “first-served” basis. Walk-in candidates will only be admitted after all scheduled candidates have been admitted. Because of seating limitations at examination centers, admission cannot be guaranteed to walk-in candidates. If you have not pre-paid for the examination, you must be prepared to pay on the day that you attempt to walk-in. The examination fee must be paid by money order or cashier’s check ONLY at the examination center.
EXAMINATION CONTENT

CONTENT OVERVIEW

• Licensure as a dentist in the State of Florida requires obtaining passing scores on THREE dental examinations:
  • The Dental Laws & Rules Examination
  • The Clinical (Practical) Examination
  • The Diagnostic Skills Examination
  • This CIB covers ONLY the DIAGNOSTIC SKILLS EXAMINATION.
• The Diagnostic Skills Examination is a multiple-choice examination consisting of 100 scored questions.
• You will be given three hours to complete the examination.

NOTE: The universal tooth numbering system will be used throughout the examination.

PILOT TESTING OF NEW QUESTIONS

The examination may contain a number of experimental or “pilot” questions. The purpose of including pilot questions within the examination is to expand and improve the bank of questions from which future examinations will be drawn. This is a common practice used by many national and state examination programs and is a critical step in ensuring the continued reliability and validity of these examinations. In the event that pilot questions are included within the examination, these questions will NOT be counted when computing scores. The time allowed for testing has been evaluated to ensure there is adequate time for completing test questions and pilot questions.

Pilot questions are NOT identified. If the pilot questions were identified, many of the candidates would skip them and the results would not be valid. The development of a good examination requires accurate candidate response information for the pilot questions.

OBJECTIVES OF THE DIAGNOSTIC SKILLS EXAMINATION

The Diagnostic Skills Examination is designed to assess your abilities to recognize critical clinical conditions or situations encountered regularly in the general practice of dentistry and to formulate appropriate treatment options in an integrated fashion.

Simulations of actual patients are utilized through computer-enhanced photographs, radiographs, optical images of study and working models, laboratory data and other clinical digitized
reproductions. The Diagnostic Skills Examination may include images of: radiographs, study models, intraoral photographs, case histories, and prescriptions for laboratory services.

Content areas that may be covered include:

- Periodontal Diagnosis
- Partial Dentures
- Removable Partial Dentures
- Complete Removable Dentures
- Evaluation of Laboratory Procedures
- Medical Considerations

REFERENCES

The Diagnostic Skills Examination is constructed to avoid emphasis on any concept or procedure that may have limited applicability. Because of this, no single textbook or publication can be used as a reference. Every effort is made to ensure that the examination is based on concepts taught and accepted by educational institutions accredited by the American Dental Association or Canadian Commissions on Dental Accreditation. Any current textbook relevant to the subject matter of the examination utilized in such institutions should be suitable as a study reference.

SAMPLE QUESTIONS

The Diagnostic Skills Examination is set up in a case format, where one set of case information (case text, graphics, images, tables…) corresponds to multiple questions. There are 5-6 cases within the examination. All questions are included in a case.

SAMPLE CASE AND QUESTIONS – A sample case with five questions is provided below. Each screen shot is accompanied by a description of what is being shown. The format of this example may differ slightly from what you will see at the examination.
First question of Case B (shown above).

The “Case B” button has been clicked, and the additional case information is shown in the “exhibit” box.

Notice the information at the top of the screen, including: Question number, total number of questions, and time remaining.

Notice the information at the bottom of the screen, including Previous, Next, and Mark.

The next two pages show (in this order) the screens that appear after clicking the additional exhibit buttons. To close these individual screens and return to the question, click on the “Close” button. Clicking on the “Tile” button will show both the exhibit and the question on the same screen. You may open and close these exhibits at any time.

- Patient Medical History
- Intraoral Clinical Examination
- Periodontal Probing Chart
- Radiographs

The following two pages show (in this order) the next four questions. To move from question-to-question, click the “Next” and/or “Previous” buttons at the bottom of the screen.

- Question 2 of 5
- Question 3 of 5 – this question has been “marked” for future reference
- Question 4 of 5
- Question 5 of 5
Patient 2

Sex: Male
Age: 28

Medical History

Have you ever been informed that you had:

- High blood pressure
- Hypertension
- Other blood disease
- Hypertrophy disease
- Diabetes
- Heart disease
- Liver disease
- Stomach or intestinal disease
- Perioral disease
- Polipy disease
- Cystic disease
- Kidney disease
- Other

Are you taking any drugs or medications?

- Yes
- No

Are you allergic to any medications?

- Yes
- No

If so, please list:

- Penicillin

Dental History

What are your chief dental complaints?

- Pain in front teeth

When did you last visit a dentist?
- 16 months ago

When did you last have your teeth cleaned?
- 2 years ago

How often do you have your teeth cleaned?

- 2 times

Do you brush your teeth?

- Yes

Do you floss your teeth?

- Yes

Do you use mouthwash?

- Yes

Do you have any mouth odor or bad taste?

- Yes

Have you noticed loosening of the teeth recently?

- No

Do you check your teeth?

- Yes

Do you have any difficult extractions?

- Yes

Exhibit

Directions: Select the best answer.
Exhibit

PERIODONTAL PROBING CHART

This chart on this page contains the results of periodontal probing on six locations around all teeth in the patient's mouth. It also contains notes about bleeding, and notations where inflammation was detected (*). Please review the chart and answer questions about the probing for Case B.

---

Directions: Select the best answer.

---

Exhibit

R

Case B

L

---

Methods: Select the best answer.
Cage B

The space evident between teeth #8 and #9 is most likely a clinical sign of:

☐ 1. a normal diastema
☐ 2. acute necrotizing ulcerative gingivitis
☐ 3. chronic periodontitis
☐ 4. acute traumatic displacement

Directions: Select the best answer.

Cage B

The probing chart suggests that the greatest vertical attachment loss is between which set of teeth?

☐ 1. #4 and #5
☐ 2. #21 and #22
☐ 3. #23 and #24
☐ 4. #26 and #27

Directions: Select the best answer.
If periodontal surgery involving a flap approach were needed to gain access for scaling the furcation area of tooth #30, what type of healing response would be expected?

- O1. regeneration of connective tissue in the restricted area of the furcation.
- O2. loss of periodontal attachment in the furcation.
- O3. healing by long junctional attachment.
- O4. regeneration of bone in the area of the furcation.

Directions: Select the best answer.

Question 5 of 5

It has been decided to replace tooth #9 with a fixed partial denture. The pontic design of choice should be:

- O1. saddle
- O2. conical or bullet shaped
- O3. sanitary or hygienic
- O4. modified ridge lap

Directions: Select the best answer.
**Examination Review** – After moving through all of the questions, you will be able to review your examination. A screen similar to the one above will be presented.

Notice the **buttons at the bottom of the screen**

- **Review Marked** – This will allow you to review only those questions you have “Marked” for future reference.
- **Review Incomplete** – This will allow you to review only those questions you have NOT answered.
- **End Examination** – This will end the examination. This may say “Exit” instead of “End Examination.” A pop-up dialogue box will appear and warn you that you are about to end the examination. Please carefully read all **pop-up dialogue boxes. The above screen shot** shows the pop-up dialogue box that appears when this box has been selected.

**Reviewing all questions** – To review all examination questions, or one specific question, you may double-click on the question number in the review screen.
SCORING AND GRADES

SCORING PROCEDURES

- Please refer to 64B5-2.013 "Dental Examination" for comprehensive grading criteria information.
- For the Diagnostic Skills Examination, you must obtain a score of 75% or better to pass.

NOTIFICATION OF RESULTS

Grade results CANNOT be given over the telephone. Please do NOT call the Board Office, Testing Services, or PSI for grade information.

At the end of your computer based examination you will receive your Preliminary grade report. When you check-out, the proctor will print a copy of this report for you.

Approximately (usually less than) 30 days after your examination, you will receive further correspondence from the Board Office regarding licensure in the State of Florida.

You may obtain your scores 15-30 days after your examination from Testing Services online scoring system at:

http://www.doh.state.fl.us/mqa/exam
POST-EXAMINATION PROCESSES

PASSING CANDIDATES

Candidates who pass the Clinical, Diagnostic Skills and Laws & Rules examinations will receive additional licensure information from the Board Office.

FAILING CANDIDATES

Re-Examination Information

- To retake the examination, candidates must re-apply to the Board Office and must repay the examination fee to the Board Office and the CBT fee to PSI. To request a re-examination application, please contact the Dentistry Board Office at 850-245-4474.

- Any candidate who fails the Laws & Rules Examination and/or the Diagnostic Skills Examination may retake the examination(s) as soon as his/her application has been approved by the Board. Candidates must wait at least 30 days from their examination date or post-examination review before they may retake the examination. A passing score of 75% is required for each of these examinations.

- If any candidate fails to achieve a final grade of three (3.00) or better, as a general average, on the Clinical Examination because of a failing grade on just one section of the Clinical Examination, he/she shall be required to retake only that section.

- If any candidate fails to achieve a final grade of three (3.00) or better, as a general average, on the Clinical Examination because of a failing grade on two or more sections, he/she shall be required to retake the entire Clinical Examination.

- A candidate must successfully complete all examinations (Laws & Rules, Diagnostic Skills and Clinical) within a thirteen-month period in order to qualify for licensure. If the candidate fails to successfully complete all examinations within that time period, then the candidate must retake all examinations.

- Any candidate who has failed to pass the clinical examination in three attempts shall not be eligible for re-examination until he/she completes a one (1) year general practice residency or a minimum of one year of undergraduate clinic course work in dentistry at a dental school approved by the American Dental Association, Commission on Dental Accreditation. At the time of application for re-examination the candidate must furnish proof from the educational institution of successful completion of the general residency program for the required course work.

- PLEASE NOTE: Any candidate who failed to pass the Diagnostic Skills Examination in three (3) attempts is not eligible for re-examination unless she or he completes additional educational requirements established by the Board.
Post-Examination Reviews

Each candidate who takes and fails the examination is provided the opportunity to review the examination questions, answers, grades, papers, and grading keys which they answered incorrectly. A post-examination review is NOT required and does NOT alter a failing grade in any way. See Rule 64B-1.013, Florida Administrative Code, for rules regarding post-examination reviews.

All requests for a review must be received within 21 days from the date on your OFFICIAL grade notice. Reviews will be completed within sixty (60) days after the date on your grade notice. You must wait at least 30 days from the date of your post-examination review before you may retake the examination again. If you choose to exercise your right for a post-examination review, it can be up to 90 days before you may retake your examination.

Candidates reviewing the examination will be provided with a clean, exact copy of the questions they missed. Candidates will NOT be given the questions they answered correctly. Generally, candidates are granted half the original testing time for a post-examination review. The same security requirements observed at the examination will be followed during the review process. The reviews will be conducted during normal business hours on a date designated by PSI. If a candidate arrives late for a post-examination review appointment, they will not receive extra review time. Candidates may NOT bring anything into the post-examination review session. No talking is allowed during the post-examination review. No examination materials may be removed from the review site. Any observance or evidence of a candidate attempting to copy or remove test items, questions, booklets, or other examination materials will be fully documented in writing. The written report will be referred to the Board Office and Department of Health Investigative Services for actions deemed appropriate.

The fee for the post-examination review is $75.00.

You have 21 days from the date of your official score report to contact PSI and schedule a post-examination review. To schedule your review contact PSI by web, phone, or fax the same as you scheduled your examination.

Election of Hearing Rights

Under Florida law, if you failed your licensure examination by less than ten (10) percent of the grade required for passing, you can contest the examination. To do this, you must request a hearing by choosing one of the options set forth below and filing your petition with the Agency Clerk. The petition must be filed within twenty-one (21) days from the date the Department has posted examination grades, or if you plan to review, or have reviewed your examination, within twenty-one (21) days of the date of your review of the examination.
Your petition must be received by the Agency Clerk within the above-stated twenty one (21) day period at the following address:

AGENCY CLERK  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, BIN A02  
Tallahassee, Florida 32399-1703

Administrative hearing Option A - If you are not disputing the examination’s grading, scoring, validity as a testing tool, or methodology, you may request a Hearing Not Involving Disputed Issues of Material Fact. This hearing will be before the Board that regulates your specific profession, or the Department of Health if there is no Board for that profession. Although the Board’s greatest authority is limited to ordering a free re-take of the examination, or a section of the examination, you will be given an opportunity to appear at a scheduled Board hearing and present your case to the Board. Your petition must be in substantial compliance with Rule 28-106.301, Florida Administrative Code. **If you elect this option, you will not be able to dispute anything relating to the examination itself, and the Department will not re-grade your examination. You will only be allowed to explain how mitigating factors such as external conditions, loud noises, or temperature affected your ability to take the exam.**

or

Administrative Hearing Option B - If you dispute anything related to the examination’s grading, scoring, validity as a testing tool, or methodology, you may request a Hearing Involving Disputed Issues of Material Fact. This hearing will be before an Administrative Law Judge. **Your petition will be forwarded to the Division of Administrative Hearings and your petition must state all disputed facts pertaining to the examination questions and/or procedures,** and be in substantial compliance with Rule 28-106.201, Florida Administrative Code.

Please be advised that the administrative hearing process is lengthy and it may take 6 to 12 months, or longer, before a final decision is made. The Department will be represented by an attorney and may offer the testimony of one or more expert witnesses. You are hereby notified, pursuant to Section 120.573, Florida Statutes, that mediation is not available to resolve these issues.
APPENDICES

ADDRESS CHANGE FORM
CONTACT INFORMATION
Please fill out the change of address form below and fax or mail to:

Florida Department of Health  
Division of Medical Quality Assurance  
Board of Dentistry  
4052 Bald Cypress Way  
BIN #C-08  
Tallahassee, Florida 32399-3258  
FAX: 850-921-5389

ADDRESS CHANGE FORM  
DENTAL

Please type or print in the appropriate spaces below if you have a change of address correction.

NAME:__________________________________________________________________

EXAMINATION DATE:_________________________________________________

PHONE NUMBERS:_____________________________________________________

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<tr>
<th>Area Code/Number</th>
<th>Area Code/Number</th>
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OLD ADDRESS:_________________________________________________________

_________________________________________________________

NEW ADDRESS:________________________________________________________

_________________________________________________________

SIGNATURE:________________________________________________________________

NOTE: If your name has changed, please use your prior name on this form and contact the Board Office for name change or name correction information.
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<tr>
<th>CONTACT INFORMATION</th>
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<tr>
<td>Applications</td>
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<td>Application Policies</td>
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<td>Name Changes</td>
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<td>License Information</td>
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<td>Fees</td>
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<td>Re-examination</td>
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<td>Change of Address</td>
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|                     | Department of Health |
|                     | Medical Quality Assurance |
| Grade Notification  | Testing Services |
| Special Testing     | 4052 Bald Cypress Way, BIN #C-90 |
| Accommodations      | Tallahassee, Florida 32399-3290 |
|                     | PHONE (850) 245-4252 |
|                     | FAX (850) 487-9537 |
|                     | Email: MQA_Testing@doh.state.fl.us |
|                     | Web: http://www.doh.state.fl.us/mqa/exams/ |

|                     | PSI licensure:certification |
|                     | 3210 E Tropicana |
|                     | Las Vegas, NV 89121 |
| Scheduling          | PHONE 1-800-733-9267 |
| Examination Fees    | FAX: 1-702-932-2666 |
| Post-examination Reviews | Web: http://www.psiexams.com |

|                     | Agency Clerk |
|                     | Department of Health |
|                     | Office of the General Counsel |
| Administrative Hearings | 4052 Bald Cypress Way, Bin A-02 |
|                     | Tallahassee, FL 32399-1703 |

|                     | Please contact the chamber of commerce in the city where your examination is scheduled or use an Internet service specializing in travel and/or driving directions. |
EXAMINATION TESTING SITE LOCATIONS

The Department of Health examinations are administered at the examination centers listed below:

**JACKSONVILLE**
1801 ART MUSEUM DRIVE, BUILDING 3500, SUITE 101
JACKSONVILLE, FL  32207
FROM US-23 S / FL-139 E, E UNION ST.  TURN RIGHT ONTO N WASHINGTON ST.  MERGE ONTO FL-228 E / HART BRIDGE EXPY VIA THE RAMP ON THE LEFT.  TAKE THE ATLANTIC BLVD / SR-10 E / ART MUSEUM DR EXIT.  TURN LEFT ONTO ART MUSEUM DR.

**MIAMI**
900 N.E. 125TH ST, SUITE 205
MIAMI, FL  33161
FROM I-95 N., KEEP RIGHT TO TAKE I-95 N TOWARD I-195 / MIAMI BEACH.  TAKE EXIT 10A TOWARD NORTH MIAMI / BAL HARBOUR / N.W. 125TH ST.  STAY STRAIGHT TO GO ONTO NW 6TH AVE.  TURN RIGHT ONTO NW 125TH ST / FL-922 / NORTH MIAMI BLVD.  TURN SOUTH ON NE 9TH AVE.  TURN LEFT INTO THE WASHINGTON MUTUAL BANK PARKING LOT.  PARK BEHIND THE BANK.  SUITE 205 IS ON  2ND FLOOR.

**ORLANDO**
5125 ADANSON STREET, SUITE 450
ORLANDO, FL 32810
FROM FL-44.  STAY STRAIGHT TO GO ONTO E NEW YORK AVE / FL-44. TURN RIGHT ONTO N KEPLER RD / CR-4101.  CONTINUE TO FOLLOW N KEPLER RD.  TURN LEFT ONTO E INTERNATIONAL SPEEDWAY BLVD / US-92 W.  TURN SLIGHT RIGHT ONTO N WOODLAND BLVD / US-17 N.  CONTINUE TO FOLLOW US-17 N.  TURN RIGHT ONTO E HAGSTROM RD.

**TAMPA**
9270 BAY PLAZA BLVD., SUITE 615
TAMPA, FL 33619
FROM I-275 TAKE I-4 EAST.  THEN TAKE THE I-75 SOUTH EXIT.  FROM I-75, TAKE THE 2ND EXIT WHICH IS EXIT #257 HWY 60/ADAMO DRIVE.  GO RIGHT AT THE END OF THE RAMP, WHICH WILL BE HEADING WEST ON HWY 60/ADAMO DRIVE.  HEAD WEST ON HWY 60/ADAMO DRIVE FOR 1 MILE.  TURN LEFT ON S. WARE BLVD.  TAKE YOUR SECOND RIGHT, WHICH IS BAY PLAZA DRIVE.  PSI IS SUITE 615 IN BUILDING 9270.

**WEST PALM BEACH**
1325 NORTH CONGRESS AVENUE, STE 201
WEST PALM BEACH, FL  33401
FROM FL-809 N.  TURN RIGHT ONTO COMMUNITY DR.  TURN RIGHT ONTO VILLAGE BLVD.  TURN LEFT ONTO PALM BEACH LAKES BLVD.  TURN LEFT ONTO N CONGRESS AVE.

SCHEDULING OUT-OF-STATE

- Examinations are also available in other PSI testing centers located across the U.S.  To schedule your examination outside of Florida you must call PSI at (800) 733-9267, and speak to the special accommodation registrar.  If you leave a message, your call will be returned within one business day.
FLORIDA
EXAMINATION REGISTRATION FORM

Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed. Registration fees are not refundable or transferable.

| 1. Legal Name: |                                                                 |                                                                 |   |
|               | First Name                                                                 | Last Name                                                                 | M.I. |
| 2. Social Security: |                                                                 |   -   -   | (FOR IDENTIFICATION PURPOSES ONLY) |
| 3. Mailing Address: |                                                                 |                                                                 |   |
| Number, Street |                                                                 |                                                                 | Apt/Ste |
| City |                                                                 | State | Zip Code |
| 4. Telephone: | Home | - | Office | - |
| 5. Email: | | |   |
| 6. Examination: | (Check one) |                                                                 |   |
|               | DENTAL DIAGNOSTIC SKILLS EXAMINATION ($85.00) |   |
|               | FIRST TIME | RETAKE |
|               | POST-EXAMINATION REVIEW ($75.00) |   |
| 7. Total Fees Included: | $____________ | (Money Order or Cashier’s Check only. Personal and company checks are not accepted.) |   |
| Credit card (MasterCard or VISA) payment accepted for phone or fax registrations only. (Check One): | | MC | VISA |
| Card No: |                                                                 | Exp. Date: |   |
| Card Verification No: |   | For your security, PSI requires you to enter the card identification number located on your credit card. The card identification number is located on the back of the card and consists of the last three digits on the signature strip. |
| Cardholder Name (Print): |                                                                 | Signature: |   |
| 8. Affidavit: | I certify that the information provided on this registration form (and/or telephonically to PSI) is correct. I understand that any falsification of information may result in denial of licensure. I have read and understand the examination information bulletin. |   |   |
| Signature: |                                                                 | Date: |   |

IF YOU ARE REGISTERING BY MAIL OR FAX, SIGN AND DATE THIS REGISTRATION FORM ON THE LINES PROVIDED.

Complete and forward this registration form with the applicable examination fee to:
PSI licensure:certification * ATTN: Examination Registration Florida
3210 E Tropicana * Las Vegas * NV * 89121
Fax (702) 932-2666 * (800) 733-9267 * TTY (800) 735-2929
www.psiexams.com