



# Bench Test Evaluation Criteria

Continuing Dental Education  
*Effective April 1, 2025*  
*Revised October 27, 2025*

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## Purpose of The Bench Test

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The Bench Test is a key criterion used by the Admissions Committee in selecting candidates for the [Doctor of Dental Surgery \(DDS\) Advanced Standing Program](#). It evaluates psychomotor skills and preclinical-level knowledge in dental subjects. During the test, candidates must complete a series of practical skills related to the preparation and restoration of permanent teeth in a simulation setting.

## Registration

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During registration, you must present a current government issued photo identification. Acceptable forms of government issued photo identification are:

- driver's license, or
- passport, or
- provincial photo identification card.

The ID must be in English or French. Photo identification must show your name exactly as it appears in your online profile and must not be expired. If the photo identification does not have an expiry date, it must have been issued within the last 10 years.

If you do not provide valid government photo identification, you will not be admitted.

Once you are registered, you will be issued a name card. You must wear your card at all times during the session.

## Orientation

You will receive information on the requirements at the start of each day, and setup is not permitted during orientation. It is essential that you arrive on time and be present for each orientation session.

## Evaluation Content

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During the exam, each candidate will be assigned to complete any four of the following tasks:

Practical Skills Requirements
<b>Preparations</b>
One amalgam preparation for any posterior tooth (Class II)
One all-ceramic posterior crown preparation
<b>Restorations</b>
One amalgam restoration on a standard pre-prepared tooth (Class II)
One composite restoration on a standard pre-prepared tooth (Class II)
Rubber dam isolation

In addition to the practical skills requirements, candidates will be evaluated on professionalism, and adherence to infection prevention and control (IPAC) protocols.

The requirements assess clinical skills and techniques relevant to current Canadian standards. You must perform all requirements as if you were working with actual patients. While placement of a dental dam is part of the standard of care, for the purpose of this exam, you are not required to use the dental dam to perform any of the practical skills requirements. You are required to complete an assigned rubber dam isolation as a separate practical skill during the exam.

### Infection Control and Safety

You must follow standard infection control and safety procedures and work in operator positions appropriate for a dentist and your patient.

## Examination Information

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### General

- If you arrive late, you will not be given extra time.
- Invigilators will not answer questions involving examination content.
- You are financially responsible for any damage caused to supplied equipment.

## Copyright Disclaimer

**Copyright Disclaimer:** All Bench Test content is the exclusive property of the Schulich School of Medicine & Dentistry and is subject to the copyright laws of Canada. Unauthorized use, disclosure, reproduction, and publication of the Bench Test content is strictly prohibited.

**RECORDING AND PHOTOGRAPHY OF ANY KIND ARE STRICTLY PROHIBITED.**

## Confidentiality Statement

All candidates are required to sign a Confidentiality and Non-Disclosure Statement prior to the Bench Test. This form will be sent to candidates following registration. Failure to sign or lack of compliance with the confidentiality agreement will lead to your disqualification from further consideration for admission to Schulich Dentistry, and lack of compliance with this agreement by a prospective candidate or a student of Schulich Dentistry will be considered a breach of professionalism.

## Adverse Events

Adverse events include, but are not limited to:

- Severe weather conditions (e.g., snowstorms, tornados, extreme heat/cold)
- Infrastructure issues (e.g., power outages, equipment failure, facility closures)
- Health and safety concerns (e.g., emergency evacuations, hazardous material incidents)
- Public transportation disruptions impacting access to evaluation sites
- Any other unforeseen circumstances beyond the University's control

## Evaluation Scheduling Disclaimer

The timing of the Bench Test (practical evaluation) is subject to change and cannot be guaranteed. The university retains the authority to maintain, delay, or reschedule the evaluation based on the nature and impact of any unforeseen or adverse events.

## Rescheduling Policy

In the case of an adverse event, the Bench Test may be postponed; however, a specific alternate date and time cannot be assured. Unless officially notified of a cancellation or rescheduling by the university, candidates are expected to be prepared to complete the evaluation at the originally scheduled time.

## Communication of Adverse Events

In cases where an adverse event affects practical evaluations, official communication will be sent via email to all candidate

# Examination Regulations

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## General Protocols and Procedures

To maintain a safe and professional environment, please adhere to the following:

**Footwear & Eye Protection:** Enclosed footwear is required at all times. Appropriate eye protection, such as safety glasses, loupes with side shields, or face shields, must be worn when working with instrumentation or dental materials. Regular prescription glasses must be CSA-approved if used as safety glasses.

**Food & Beverages:** To uphold cleanliness and safety, food and beverages (including water) are not permitted within the Simulation (Sim) Clinic.

**Hair:** Please ensure long hair is secured to prevent interference with the operative field.

**Breaks:** The Simulation Clinic must be vacated promptly at the end of the morning session. A designated lunchroom is available for your use. You may also exit the building through the Dental Circle entry door.

**Building Access:** To maintain exam integrity and minimize disruptions, please remain in designated areas. Participants should follow the prescribed routes when entering and exiting the Sim Clinic. Only exam participants are permitted in the Dental Building.

## Exam Procedures

**Seating & Personal Items:** Your seat number should match your registration/name tag. Personal items (e.g., cell phones, bags, loupes cases) must be stored in the designated area, separate from other participants' belongings.

**Use of Electronic Devices:** Cell phones, smartwatches, and other electronic devices with recording or digital capabilities **must not** be on your person and should be turned off and stored in the designated area.

**Washroom Use:** If you need to use the washroom, please inform a proctor and follow the designated entry and exit doors. To maintain exam integrity, no materials—whether written, printed, verbal, or recorded—may be removed from the room. Additionally, gloves must remain at your station.

### **Equipment & Materials:**

- If you encounter a minor equipment issue (e.g., a broken instrument or damaged mirror), raise your hand and notify an invigilator.
- Each candidate receives the same set of new burs for the exam

- Personal instruments, equipment, or supplies (except outlined requirements) are not permitted.
- Shared materials must remain at their designated stations.
- Do not remove any materials from the Simulation Clinic.
- Do not remove teeth or alter the position of teeth in the typodont.
- Do not intentionally damage teeth.
- Do not remove the typodont from the manikin.

### **Exam Timing & Completion**

- When the exam time ends, immediately place all instruments down and leave the dentoform in the manikin and exit the room promptly as directed.

Failure to comply with any regulation may result in an accusation of misconduct.

### Test Accommodations

Test accommodations are granted on an individual basis and are dependent on the nature and extent of the request, documentation provided, and requirements of the examination. Please contact the Continuing Dental Education office [cde@schulich.uwo.ca](mailto:cde@schulich.uwo.ca) for more information.

### Conduct of an Examination

If, during the examination, you believe there may have been an irregularity or inconsistency in the conduct of the examination that prevented you from demonstrating your ability it must be immediately reported to staff in the Simulation Clinic.

There is no appeal process for this examination.

### Results

Candidates selected for an interview will be notified via email by the Admissions Office.

The candidates will follow the [DDS interview process](#). Exam results are confidential and will not be released and no feedback can be provided.

## Grading Criteria

The Bench Test Criteria represent fundamental clinical skills that are routinely performed and required of dentists entering practice in Canada. These criteria are designed to assess candidates' psychomotor abilities, technical proficiency, adherence to professional standards, and competency in infection prevention and control (IPAC) protocols.

The evaluation process recognizes that competence encompasses a range of knowledge, skills, and abilities. Performance is assessed based on clearly defined expectations, ensuring that candidates demonstrate safe, effective, and ethical clinical practices.

Grading Criteria	
Level	Description
<b>Exemplary (4)</b>	Fully meets or exceeds all criteria with precision and accuracy. Demonstrates a high level of skill, adherence to guidelines, and attention to detail. Performance reflects strong competency and professionalism.
<b>Satisfactory (3)</b>	Meets the core requirements but with minor inconsistencies or gaps. Demonstrates an adequate level of skill and understanding, though some areas require refinement. Performance is acceptable but could benefit from further improvement.
<b>Needs Improvement (1)</b>	Does not meet the required criteria. Significant gaps, inaccuracies, or inconsistencies are present. Performance indicates a lack of preparedness, skill, or adherence to guidelines. Substantial improvement is needed.

Professionalism			
Criteria	Exemplary (4)	Satisfactory (3)	Needs Improvement (1)
<b>Adherence to Policies &amp; Procedures</b>	Fully complies with all test policies, protocols, and safety regulations.  Consistently follows institutional and ethical guidelines.	Follows most policies but may have minor lapses in protocol adherence.  Requires occasional reminders.	Frequently disregards or fails to follow test policies, procedures, or safety protocols.  May require repeated intervention.
<b>Professional Demeanor &amp; Conduct</b>	Maintains a professional attitude at all times. Displays respect, integrity, and ethical behavior.	Generally professional but may show occasional lapses in demeanor or ethical decision-making.	Exhibits unprofessional behavior, including disrespect, lack of integrity, or ethical concerns.



	Handles stress and challenges with composure.	Maintains composure in most situations.	Does not handle pressure appropriately.
<b>Communication &amp; Collaboration</b>	Communicates effectively with faculty, invigilators, and peers.  Listens actively, asks appropriate questions, and conveys information clearly.	Communicates adequately but may need improvement in clarity, tone, or responsiveness.  Occasionally struggles with professional interaction.	Communication is unclear, unprofessional, or inappropriate.  Struggles to engage respectfully or follow instructions.
<b>Time Management &amp; Preparedness</b>	Arrives on time, fully prepared, and ready to participate.  Efficiently manages time during tasks without excessive delays.	Arrives on time but may require additional time to set up or complete tasks.  Manages time adequately but may struggle with pacing.	Frequently late, unprepared, or inefficient in task completion.  Poor time management affects performance.
<b>Workstation &amp; Simulation Conduct</b>	Clean, organized, respectful of shared space.  Respects equipment and simulation protocols.	One minor breach	Multiple breaches, damages equipment or violates key rules.
<b>Ergonomics &amp; Operator Positioning</b>	Maintains ideal posture and fulcrums.	Minor lapses in ergonomics.	Multiple, unsafe or unacceptable posture and fulcrums.
<b>Responsiveness to Feedback</b>	Accepts and applies feedback constructively.  Demonstrates a willingness to improve and refine techniques based on guidance.	Acknowledges feedback but may not always implement suggested improvements effectively.	Dismisses or resists feedback. Shows little effort to adjust or refine performance based on recommendations.

#### Examples of Breaches to Professionalism Criteria:

##### 1. Time Management and Exam Conduct

- Arriving late or not using simulation time efficiently.
- Continuing to work after the exam has ended.
- Using unapproved notes or reference materials.

##### 2. Professional Behaviour and Communication

- Being argumentative, impolite, or inconsiderate toward peers or invigilators.
- Talking or distracting neighbouring participants.

##### 3. Operator Positioning and Ergonomics

- Improper operator positioning.
- Failing to use an appropriate fulcrum or mirror technique.
- Leaning on or draping over the manikin's torso or head.
- Not maintaining the manikin in a clinically reasonable position.

##### 4. Workspace Organization and Conduct

- Maintaining an unorganized or cluttered work area.
- Encroaching on an assistant's or neighbour's workspace.
- Removing equipment or supplies from the designated workstation area.
- Placing instruments or materials on the manikin's head or torso.
- Picking up dropped items without instructor notification.
- Leaving significant debris, excess restorative material, or floss in the dentoform.

#### 5. Health and Safety

- Failing to follow health and safety protocols.
- Using materials not supplied or approved for the exam.
- Not wearing proper clinic attire/footwear or wearing unauthorized jewelry or watches.

#### 6. Equipment and Manikin Use

- Not removing or excessively manipulating the manikin face cover.
- Causing significant damage to the manikin.
- Removing dentoforms from the mouth during the exam.
- Using unauthorized electronic devices, phones, or smartwatches.

### Infection Prevention and Control (IPAC)

Level	Exemplary (4)	Satisfactory (3)	Needs Improvement (1)
	No breaches	One breach of the criteria	Two or more breaches of the criteria

**Critical deficiency:** a score of "0" will be awarded:

- Mask, gloves, or eye protection not worn.
- Loose dental supplies left in the oral cavity at the end of the exam (e.g., burs).
- Obvious lack of understanding of infection control and safety principles.

#### Examples of breaches to IPAC Criteria:

##### 1. Personal Protective Equipment (PPE)

- Mask or eye protection worn incorrectly.
- Gloves worn with tears or holes.
- Hair not properly secured.
- Touching face, hair, mask, loupes, or clothing with gloves.
- Treatment gloves are used to touch non-sterile items.

##### 2. Cross-Contamination and Environmental Control

- Contaminated equipment, instruments, or supplies used.
- Battery, bulk containers, or surfaces contaminated.
- Dental supplies exposed to aerosols.
- Unsafe placement of instruments or supplies (risking contamination).

##### 3. Instrument and Waste Handling

- Improper handling or disposal of sharps.
- Improper handling or disposal of amalgam capsules or waste (also listed under professionalism when

done unsafely).

#### 4. Clinical Protocol Violations

- Insufficient cooling water with a high-speed handpiece.
- Leaving foreign objects or restorative materials in the oral cavity.
- Damage to the oral cavity cover (due to improper handling).
- Not treating the manikin like a real patient (clinical realism/IPAC relevance).
- Leaning on the patient's torso or head (when compromising asepsis or PPE integrity).

#### Exceptions While Wearing Treatment Gloves (Permitted Actions):

- Adjusting the manikin head, torso, and typodont excursion hooks.
- Using amalgamators.
- Touching or adjusting loupes and headlights (excluding battery or adjustment cord).
- Adjusting water and air control knobs.
- Turning the saliva ejector on and off.
- Rubber dam punching

Class II Amalgam Preparation			
Criteria	Exemplary (4)	Satisfactory (3)	Needs Improvement (1)
<b>Outline Form</b>	<p>Proximal and gingival margins clear adjacent teeth: 0.5mm</p> <p>Preparation buccal-lingual width provides optimal convenience and resistance form</p> <p>Reverse curve as appropriate</p> <p>Centered in fissure system</p> <p>Isthmus width: <math>\geq 1\text{mm} \leq 1.5\text{mm}</math></p>	<p>Proximal margin clearance: <math>\geq 0.2\text{mm}</math> and <math>&lt; 0.5\text{mm}</math> or <math>&gt; 0.5\text{mm}</math> and <math>&lt; 1.0\text{mm}</math></p> <p>Fissure system: off centre by less than 1 mm</p> <p>Isthmus width: <math>&gt; 1.5</math> and <math>&lt; 2\text{mm}</math></p>	<p>Proximal margin clearance: <math>&lt; 0.2\text{mm}</math> or <math>\geq 1.0\text{mm}</math></p> <p>Gingival floor located subgingivally</p> <p>Removal of tooth structure that compromises structural integrity of the tooth or restoration</p> <p>Divergent walls of a proximal box -Flared buccal and/or lingual wall of proximal box</p> <p>Fissure system: off Centre by <math>\geq 1\text{mm}</math></p> <p>Isthmus width: <math>\geq 2\text{mm}</math> or <math>&lt; 1\text{mm}</math></p>
<b>Internal Form</b>	<p>Pulpal floor depth: 2.0mm-2.5mm</p> <p>Mesial-distal gingival floor</p>	<p>Pulpal floor depth: <math>&gt; 2.5\text{mm}</math> and <math>&lt; 3.0\text{mm}</math></p> <p>Mesial-distal gingival floor</p>	<p>Pulpal floor depth: <math>&lt; 2.0\text{mm}</math> or <math>\geq 3.0\text{mm}</math></p> <p>Mesial-distal gingival floor</p>

	width: ≥ 1.0 mm and ≤ 1.5  Rounded internal line angles  Optimal resistance and retention form	width: >1.5mm and ≤ 2.0  Adequate resistance and retention form that does not compromise the structural integrity of the tooth or restoration	width: < 1.0mm or > 2.0mm  Overpreparation that results in unsupported enamel occlusally Occlusally divergent internal form that compromises retention of the restoration
<b>Finish</b>	Smooth cavosurface margins and internal surfaces  No unsupported enamel	Unsupported enamel or roughness of the cavosurface margin that does not compromise marginal integrity of tooth or restoration  Internal roughness that does not compromise the integrity of the restoration	Unsupported enamel or roughness of the cavosurface margin that compromises marginal integrity of tooth or restoration  Internal roughness that compromises the integrity of the restoration
<b>Damage</b>	No damage to examination tooth beyond preparation  No damage to adjacent teeth  No damage to soft tissue	Damage to examination tooth beyond preparation that is, or can be, corrected by enameloplasty  Damage to adjacent tooth that is, or can be, corrected by enameloplasty  Minor damage to soft tissue	Damage to examination tooth beyond preparation that requires a restoration  Damage to adjacent tooth that requires a restoration  Excessive damage to soft tissue  Examination tooth structure repaired with restorative material
<b>Critical deficiency:</b> a score of “0” will be awarded for <ul style="list-style-type: none"> <li>• Preparation performed on the incorrect tooth</li> <li>• No preparation completed on the designated tooth</li> <li>• Inaccurate or inappropriate preparation design</li> <li>• Any error that hinders assessment of the intended examination tooth</li> </ul>			

Class II Composite/Amalgam Restoration			
Criteria	Exemplary (4)	Satisfactory (3)	Needs Improvement (1)
<b>Margin</b>	Tooth-restoration junction not detectable	Excess or Deficiency or void ≤0.5mm that is or can be, corrected by enameloplasty or minor finishing and polishing	Excess or Deficiency or void > 0.5 mm at the margin that requires replacement of restoration or repair in case of composite restoration

			Void of any size located in the proximal region
<b>Proximal contours</b>	<p>Physiologic tooth contours of proximal surfaces optimally restored</p> <p>Proximal contact optimally restored</p>	<p>Undercontoured or overcontoured &lt; 1.0 mm (axial surface only)</p> <p>Proximal contact is present but small, light, or not optimally located</p>	<p>Overcontoured or undercontoured that does not reproduce the anatomical contour of the natural tooth, negatively impacting gingival health</p> <p>Absence of proximal contact determined by lack of resistance when passing unwaxed floss through contact</p> <p>Proximal contact that does not allow passing of unwaxed floss through contact</p>
<b>Occlusal morphology &amp; Function</b>	<p>Optimal occlusal contacts when in maximum intercuspation or function</p> <p>Occlusal morphology is optimally restored</p> <p>Marginal ridge has ideal shape and position</p>	<p>Overcontour or undercontour of the occlusal surface that does not affect occlusal contacts when in maximum intercuspation or function</p> <p>Supraocclusion on restoration with light occlusal contacts present on other teeth in the same quadrant</p> <p>Marginal ridge deviates from ideal shape and position by <math>\leq 0.5\text{mm}</math></p> <p>Occlusal morphology is restored with minor deviation from natural anatomy</p>	<p>Occlusal contact (supraocclusion) that could cause fracture of the restoration, occlusal trauma to the tooth, or fracture of the opposing tooth when in function</p> <p>Undercontoured occlusal surface that could cause the restoration to fracture when in function (too thin)</p> <p>Marginal ridge deviates from ideal shape and position by <math>&gt; 0.5\text{mm}</math></p> <p>Occlusal morphology is poorly restored</p>
<b>Finish</b>	Optimal surface quality	<p>Roughness that can be corrected by polishing while not impacting the contours of the Restoration</p> <p><b>Composite resin only:</b></p> <ul style="list-style-type: none"> <li>contamination of resin composite that requires correction</li> </ul>	<p>Roughness that impacts contours of the restoration (could cause plaque buildup)</p> <p><b>Composite resin only:</b></p> <ul style="list-style-type: none"> <li>Internal/surface voids or porosities in resin other than at margin that compromise the esthetics or structural durability of the restoration</li> <li>Incomplete polymerization</li> <li>Contamination of composite resin that requires</li> </ul>

			replacement of the entire restoration
<b>Damage</b>	<p>No damage to examination tooth beyond preparation</p> <p>No damage to adjacent teeth</p> <p>No damage to soft tissue</p>	<p>Damage to examination tooth beyond preparation that is, or can be, corrected by enameloplasty</p> <p>Damage to adjacent tooth that is, or can be, corrected by enameloplasty</p> <p>Minor damage to soft tissue</p>	<p>Damage to examination tooth beyond preparation that requires a restoration</p> <p>Damage to adjacent tooth that requires a restoration</p> <p>Excessive damage to soft tissue</p> <p>Damage to adjacent tooth repaired with restorative material</p>
<p><b>Critical deficiency:</b> a score of "0" will be awarded for</p> <ul style="list-style-type: none"> <li>• Restoration placed on the incorrect tooth</li> <li>• No restoration completed</li> <li>• Unsuitable or incorrect restorative material used</li> <li>• Restoration is fractured or not securely retained</li> </ul>			

Posterior Crown Preparation:			
Criteria	Exemplary (4)	Satisfactory (3)	Needs Improvement (1)
<b>Path of Draw and Retention Form</b>	<p>Preparation that allows for the fabrication of a restoration with optimal retention</p> <p>No undercuts</p> <p>Path of draw that allows for the restoration to be removed or inserted</p> <p>*TOC: <math>\geq 6</math> and <math>&lt; 10</math></p>	<p>Preparation that allows for the fabrication of a restoration with acceptable retention</p> <p>Undercut that can be blocked by spacer and does not require clinical modification such as composite buildup or further tooth preparation</p> <p>*TOC: 10-20 Degrees</p>	<p>Path of draw that prevents the restoration from being removed or inserted</p> <p>Excessive axial convergence that compromises crown retention</p> <p>Presence of undercut that requires modification of the preparation to allow for the fabrication of the restoration</p> <p>*TOC: <math>&lt; 6</math> degrees or <math>&gt; 20</math> degrees</p>
<b>Preservation of Tooth</b>	Optimal reduction for the fabrication of the specified	Over-reduction that does not impact the vitality or	Insufficient reduction that prevents the fabrication of

<b>Vitality and Structural Durability</b>	restoration and maintaining the natural morphology of the tooth  Axial reduction: 0.8-1.2mm  Uniform occlusal clearance: 1.5mm	structural integrity of the tooth  Under-reduction that does not impact the occlusion, contour, or structural integrity of the restoration  Reduction in disharmony with the axial contours of the tooth that does not impact the structural integrity of the restoration Axial reduction: >0.5mm- and <0.8mm or > 1.2mm and <1.5mm  Occlusal clearance: 1mm-2mm	the specified restoration  Reduction that compromises the vitality or structural integrity of the tooth or retention of the restoration  Incisal or occlusal reduction that negatively impacts the plane of occlusion or does not take into consideration the pre-existing clearance  Axial reduction: <0.5mm or ≥1.5mm  Occlusal clearance: < 1mm or > 2mm
<b>Margin</b>	<b>Shape:</b> Optimally defined; smooth, and continuous  <b>Position:</b> 0.5 mm supragingival and follows gingival contour  <b>Width:</b> 0.8mm	<b>Shape:</b> Margin is continuous with irregularity, but still allows for the fabrication of an acceptable restoration  Margin follows gingival contour at more than ¾ the circumference of the tooth  <b>Position:</b> Margin is positioned: Supragingival: ≥ 0.0mm and < 0.5mm or > 0.5mm and ≤ 1.0mm <u>OR</u> Subgingival: ≤ 1.0mm  <b>Width:</b> 0.5mm to 1mm	<b>Shape:</b> Discontinuous or non-discernable margin that prevents the fabrication of an acceptable restoration  Incorrect margin design for the specified restoration  Margin does not follow gingival contour  <b>Position:</b> Supragingival: > 1.0mm Subgingival: > 1.0mm  <b>Width:</b> <0.5mm or > 1mm
<b>Finish</b>	Prepared surfaces are smooth	Sharp line angle or cusp that does not compromise the structural integrity of the tooth or restoration  Roughness that does not impact fabrication or retention of restoration  Unsupported enamel that does not compromise marginal integrity of tooth or restoration	Sharp line angle or cusp that compromises the structural integrity of the tooth or restoration  Unsupported enamel that compromises the marginal integrity of tooth or restoration Tooth structure rebuilt with restorative material
<b>Damage</b>	No damage to examination	Damage to examination tooth	Damage to examination tooth

	tooth beyond preparation  No damage to adjacent teeth  No damage to soft tissue	beyond preparation that is, or can be, corrected by enameloplasty  Damage to adjacent tooth that is, or can be, corrected by enameloplasty  Minor damage to soft tissue	beyond preparation that requires a restoration  Damage to adjacent tooth that requires a restoration  Excessive damage to soft tissue  Damage to tooth repaired with restorative material
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**\*TOC:** Total Occlusal Convergence

**Critical deficiency:** a score of "0" will be awarded for

- Preparation completed on the incorrect tooth
- No tooth preparation performed
- Error present that prevents proper evaluation of the designated examination tooth

Rubber Dam			
Level	Exemplary (4)	Satisfactory (3)	Needs Improvement (1)
	No breaches	One breach of the criteria	Two or more breaches of the criteria
<p><b>Critical deficiency:</b> No rubber dam or clamp is present, a score of "0" will be awarded</p> <p><b>Criteria</b></p> <ol style="list-style-type: none"> <li>1. Rubber dam is centered/symmetrical</li> <li>2. The rubber dam completely covers the oral cavity</li> <li>3. The rubber dam does not cover the Manikin's nose</li> <li>4. A suitable retainer(s) has been used, is properly located and positioned, and the retainer is sufficiently stable</li> <li>5. The dam has been properly/completely secured to the rubber dam frame and the frame is in the correct orientation</li> <li>6. At least the entire quadrant plus one tooth has been isolated, or, in the case of an anterior tooth, at least the 1<sup>st</sup> premolar to 1<sup>st</sup> premolar has been isolated</li> <li>7. The rubber dam has been flipped off the wings of the retainer</li> <li>8. No rips or tears are present in the rubber dam material</li> <li>9. The dam has been fully flossed through all the interproximal contact areas</li> <li>10. The rubber dam forms a seal around the necks of all the isolated teeth</li> <li>11. The rubber dam has been inverted around the gingival margin of almost all of the teeth</li> <li>12. An anterior "anchor" (posterior dam) or secondary anchor (anterior dam), and rubber dam "pockets" are both present</li> </ol>			