2026

NDECC® Protocol

Effective June 15, 2026

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Purpose of the NDECC

The purpose of the NDECC is to assess the clinical competence and judgement of dentists trained in non-accredited programs.

The NDECC is the final step of the Equivalency Process. A passing grade is required to complete the Equivalency Process and continue to the Virtual OSCE examination.

Schedule

The NDECC is a two-day examination consisting of two components, the Clinical Skills component and the Situational Judgement component.

During the Clinical Skills component, you will perform seven clinical requirements plus infection control and safety procedures on a simulated patient (manikin) in a clinical setting. The Clinical Skills component is a full day.

During the Situational Judgement component, you will complete 10 Situational Judgement stations: five written answer stations and five conversation stations (with an actor), that will assess skills required for solving problems in work-related situations. The Situational Judgement component is half a day and may be scheduled in the morning or in the afternoon.

Your Clinical Skills and Situational Judgement components may run on either Day One or Day Two. You must plan to be at the Test Centre for the full two days.

You will receive your examination schedule when your registration is confirmed.

Check-in

During check-in, you must present current government-issued photo identification. Acceptable forms of government-issued photo identification are:

- driver's licence,
- passport, or
- provincial photo identification card

The ID must be in English or French. Photocopies and digital images will not be accepted.

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 government-issued photo identification, you will not be permitted to take the examination.

During check-in, staff may inspect eyeglasses, jewelry, and other accessories. These inspections will occur each time you enter the Test Centre.

Once you are checked-in, you will be issued an NDECC card. You must always wear your NDECC card in the Test Centre.

Please refer to the Examination Day Regulations for information on what you can and cannot bring into the examination room.

Orientation

You will be provided with information on the requirements at the start of each day.

A video orientation for the Clinical Skills component will be presented to you when you enter the clinic. Set up is not permitted during orientation.

An orientation for the Situational Judgement component will be presented prior to the start of this component.

You must be on time and present for each orientation.

Breaks

A mandatory 30-minute break is scheduled during the Clinical Skills component day. You must leave the clinic and return to the examinee lounge during the scheduled break.

You may take unscheduled breaks during the Clinical Skills component and access the examinee lounge, washrooms, or private room at any time. You will not get extra time for these unscheduled breaks.

There are no scheduled breaks during the Situational Judgement component, but you may request to use the washroom, if needed. You might lose time at a station if you do so and will not receive extra time.

You must not leave the Test Centre during your examination, including during breaks. If you leave the Test Centre at any time, you will not be permitted back into the Test Centre to complete your examination.

Content

Clinical Skills Component

Requirements
Class II amalgam preparation
Class II amalgam restoration
Class II composite resin restoration

Class IV composite resin restoration
Endodontic access cavity preparation
Crown preparation
Provisional crown restoration **The provisional crown restoration will be fabricated on your crown preparation.*
Infection Control and Safety

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 clinical requirements. You are required to use your judgement and follow accepted clinical care guidelines and standards. Requirements can be performed in any order.

Infection Control and Safety

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

Situational Judgement Component

Requirements	**Examples**
1. Patient-Centered Care	- Manage patients' needs. - Develop a problem list. - Establish diagnoses. - Sequence treatment. - Develop a treatment plan. - Perform a clinical examination. - Interpret the findings from a medical history.
2. Professionalism	- Respond to ethical dilemmas. - Manage referrals. - Use social media appropriately.
3. Communication and Collaboration	- Communicate using a patient-centered approach characterized by empathy, respect, and compassion. - Demonstrate cultural competence. - Gather data. - Maintain privacy.

	- Prepare documentation for a patient referral. - Draw a fixed or removable partial denture design. - Write a prosthesis lab prescription. - Discuss treatment. - Obtain informed consent. - Interact with staff. - Give post-op instructions. - Review a medical, social, and dental history.
4. Practice and Information Management	- Maintain and manage patient records. - Follow protocols. - Make evidence-based decisions. - Evaluate practice opportunities.
5. Health Promotion	- Assess caries risk. - Demonstrate an understanding of social determinants of health. - Promote access to care for all individuals. - Promote measures to prevent oral disease/injury. - Advocate for patients.

The scenarios in the above table are examples, and do not reflect all situations that can be assessed in the Situational Judgement component.

The Situational Judgement component assesses skills required for solving problems in work-related situations.

You will be required to complete 10 stations assessing competency in Patient-Centered Care, Professionalism, Communication and Collaboration, Practice and Information Management, and Health Promotion. Each station will assess your knowledge, skills, and abilities managing a dental practice-related scenario. Scenarios may involve writing an answer, typing an answer, speaking with a simulated patient/person, looking at a video, and/or other relevant tasks.

For each station, you will be provided a scenario with a task to be performed. All stations have the same duration. You will be notified when the examination period starts and finishes. Your Situational Judgement rotation order will be indicated on the back of your NDECC card that you will receive during check-in.

All stations will be video and/or voice recorded.

Examination Information

General

1. If you arrive late for either component, you will not be given extra time. For the Situational Judgement component, you cannot make up for stations you missed.
2. Your ability to read, interpret, and comply with instructions and other written material is part of the examination.
3. Invigilators will not answer questions involving examination content.
4. You are financially responsible for any damage caused to supplied equipment.

Clinical Skills Equipment, Instruments, and Supplies

You will be provided with all the necessary equipment, instruments and supplies for your examination. Information about the equipment, dental instruments, and supplies is available in the NDECC Practical Guide for Candidates.

Invigilators will be present to ensure the protocol is followed. You must inform an invigilator immediately if a problem occurs with the supplied equipment, instruments, or supplies. A time extension may be given if delays occur.

You will receive a Communication Form. This form may be used to provide comments regarding your individual exam situation and must be completed during examination time.

Preparation Materials

You are encouraged to use the resources available on the NDEB website to prepare for the NDECC. These resources are for personal use only.

NDECC Practical Guide for Candidates

The NDECC Practical Guide for Candidates should be reviewed prior to your exam. This document contains important information about the examination.

What to Expect in the NDECC

This video should be viewed prior to taking the NDECC. It is available on the Exam Resources section of the NDEB website.

Tips for Taking the NDECC

The NDEB has compiled a list of tips to prepare for the NDECC. It includes tips for both the Clinical Skills and Situational Judgement components. It is available on the Exam Resources section of the NDEB website.

NDECC Situational Judgement Reference List

The NDECC Reference List is available on the Exam Resources section of the NDEB website.

NDECC Situational Judgement Examples

Situational Judgement Sample Scenarios are available on the Exam Resources section of the NDEB website.

Tooth Numbering System

The World Dental Federation (FDI) two-digit tooth numbering system is used in all examinations.

FDI / UNIVERSAL NUMBERING SYSTEM

PERMANENT DENTITION

FDI	**1.8**	**1.7**	**1.6**	**1.5**	**1.4**	**1.3**	**1.2**	**1.1**	**2.1**	**2.2**	**2.3**	**2.4**	**2.5**	**2.6**	**2.7**	**2.8**	**FDI**
Universal	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Universal
Universal	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Universal
FDI	**4.8**	**4.7**	**4.6**	**4.5**	**4.4**	**4.3**	**4.2**	**4.1**	**3.1**	**3.2**	**3.3**	**3.4**	**3.5**	**3.6**	**3.7**	**3.8**	**FDI**
	RIGHT								**LEFT**								

PRIMARY DENTITION

FDI	**5.5**	**5.4**	**5.3**	**5.2**	**5.1**	**6.1**	**6.2**	**6.3**	**6.4**	**6.5**	**FDI**
Universal	A	B	C	D	E	F	G	H	I	J	Universal
Universal	T	S	R	Q	P	O	N	M	L	K	Universal
FDI	**8.5**	**8.4**	**8.3**	**8.2**	**8.1**	**7.1**	**7.2**	**7.3**	**7.4**	**7.5**	**FDI**
	RIGHT					**LEFT**					

Training Courses

Be advised that the NDEB is not affiliated with, nor does it endorse any third-party providers of test preparation courses. The use of the NDEB's name by third parties, unless expressly

authorized, is prohibited. The disclosure, distribution, solicitation, and reconstruction of NDEB examination content is strictly prohibited, as is the use of NDEB examination content for commercial purposes, including the released examination material on the NDEB website.

Copyright and Exam Security

All NDEB content, including examination content, is for personal use only. Any other use of NDEB content is strictly prohibited. Examples of prohibited use of NDEB content include, but are not limited to, receiving or disclosing NDEB content, reproducing (through memorization or by any other means), and publishing any NDEB content in whole or in part. Conduct that compromises the confidentiality and integrity of the NDEB's processes and examinations will be investigated.

Information on exam security and NDEB's Intellectual Property Statement can be found on the NDEB website.

Examination Day Regulations

You are required to follow all regulations. Any failure to comply will be formally documented and reported to the NDEB.

Clinical Skills

For the Clinical Skills component, you are not permitted to:

- bring anything into the Test Centre other than your eye protection, magnification, headlight with batteries (or charger), approved personal items, and your lunch (lunch to be kept in the Examinee lounge).
- wear or bring watches (digital or analog) and rings.
- bring any telecommunications or transmitting devices. This includes but is not limited to smart watches, smart glasses, and mobile phones.
- remove any materials from the Clinic/Test Centre.
- inspect your typodont before the beginning of the examination.
- remove teeth or alter the position of teeth in the typodont.
- intentionally damage teeth.
- remove the typodont from the manikin.
- share impressions.

Situational Judgement

For the Situational Judgement component, you are not permitted to:

- bring anything into the Test Centre (e.g. pens, pencils, etc.) other than the approved personal items.
- wear or bring watches (digital or analog).

- bring any telecommunications or transmitting devices. This includes but is not limited to smart watches, smart glasses, and mobile phones.
- remove any materials from the Test Centre.

You must stop at the indicated end time.

You must leave the clinic or the Situational Judgement rooms when asked.

It may be necessary for the NDEB to introduce new regulations or modify existing regulations for specific examination administrations. Any new or modified regulations will supersede regulations published in the protocol.

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. Read the NDEB's policies and procedures for test accommodations on the NDEB website.

Exceptional Circumstances: Withdrawals, Compassionate Appeals, and Appeal of the Conduct of the Examination

Withdrawals

If you experience a health-related issue or personal circumstance prior to the start of an examination that will prevent you from demonstrating your ability you must withdraw.

Login to your NDEBConnect account to withdraw from an examination. All withdrawals are subject to a fee.

Compassionate Appeals

If you believe you have been prevented from demonstrating your ability because of a serious medical circumstance or unanticipated medical circumstance during the examination, you can submit a compassionate appeal to have the results of the examination voided. Compassionate appeals must be submitted through your NDEBConnect account within seven days of the examination.

More information can be found in the Compassionate Appeal section of the website and in the NDEB By-laws and policies.

Appeal of the 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 at the examination centre.

Should you want to submit an appeal based on the reported irregularity or inconsistency, it must be submitted through your NDEBConnect account within seven days of the examination.

More information is available in the Appeal of the Conduct of an Examination section of the website and in the NDEB By-laws and policies.

Grading the NDECC

You must pass both the Clinical Skills component and the Situational Judgement component to pass the NDECC.

Grading of the Clinical Skills Component

The Clinical Skills requirements of the NDECC represent basic skills that are routinely performed and required of dentists entering practice in Canada.

The NDEB recognizes that competence includes a range of knowledge, skills, and abilities. The grading criteria for the Clinical Skills requirements are described for the competent, minimally competent, and not competent dentist. The "competent category" describes the optimal level of performance. The "minimally competent" category describes the lowest end of the range of knowledge, skills and abilities that are considered competent. The competent and minimally competent categories lead to a passing grade. Any error in the "not competent" category results in a failing grade for the Clinical Skills component of the NDECC.

Grade	Category	Narrative
Pass	Competent	• Best clinical outcome. • Optimal preparation and/or restoration. No errors.
	Minimally Competent	• Improvements could be made but the clinical outcome is acceptable. • Some overpreparation, underpreparation, damage or tissue trauma as defined in the criteria.
Fail	Not Competent	• Errors are correctable but indicate significant lack of clinical skills or judgement and compromise clinical outcome. • Errors are not correctable and compromise clinical outcome. • Errors requiring alternative treatment (e.g., more extensive restoration, extraction, root canal treatment).

Grading of Infection Control and Safety

You are permitted two **Infection Control and Safety** errors. Three or more errors or one critical error will result in a failing grade.

Infection control and safety will be graded separately for morning and afternoon sessions of the Clinical Skills component. For example, this means that if you have an infection control and safety error in the morning and then the same error in the afternoon, it will be considered two errors.

Infection control and safety will be assessed by invigilators throughout the Clinical Skills component. It will be assumed that the chair/dental simulator is clean at the start of the examination and has been disinfected.

Barriers will already be placed on the adjustment handles and backrest of your operator stool and on your overhead light so you can adjust them throughout the day without changing gloves. You must not touch any other part of your stool or overhead light with your gloves. You are not permitted to add other barriers during the examination. Any other contact with your operator stool and overhead light must be made following proper hand hygiene protocol.

You will be required to use the designated forceps and/or use proper infection control measures to take supplies from the drawers of your mobile dental cabinet. If you run out of supplies, invigilators will dispense additional supplies upon request. Additional supplies will only be dispensed once you have run out.

Errors

- Hand hygiene not performed.
- Mask not worn correctly.
- Eye protection not worn correctly.
- Hair not controlled.
- Gloves worn with tears or holes.
- Face touched with treatment gloves.
- Hair touched with treatment gloves.
- Loupes' adjustment cord touched with treatment gloves.
- Mask touched with treatment gloves.
- Battery touched with treatment gloves.
- Clothing touched with treatment gloves.
- Contamination of surfaces.
- Use of contaminated supplies.
- Use of contaminated equipment.
- Use of contaminated instruments.
- Bulk containers (e.g floss) placed on working surfaces.
- Safety of patient or operator jeopardized by handling or placement of supplies.
- Safety of patient or operator jeopardized by handling or placement of instruments.
- Unacceptable handling of amalgam.
- Unacceptable disposal of amalgam.

- Unacceptable handling of sharps.
- No or insufficient cooling water used with high-speed handpiece.
- Dental supplies contaminated by aerosols.
- Leaning on or inappropriately contacting the patient's torso or head (including contacting the patient with a chain or necklace).
- Manikin not treated like a real patient.
- Foreign objects, restorative devices or materials remaining related to the examination tooth.
- Damage to the oral cavity cover.

Critical Errors

- Mask not worn.
- Gloves not worn.
- Eye protection not worn.
- Dental supplies left loose in the oral cavity at the end of the exam that pose a clear threat to the safety of the patient (e.g., burs, Gates Glidden drills, matrix bands, endo file, etc.).
- Clear lack of understanding of infection control and safety concepts.

Exceptions While Wearing Treatment Gloves

For the purpose of the Clinical Skills exam, you will be able to perform the following while wearing treatment gloves:

- Move the lever and adjust the manikin head.
- Adjust the torso.
- Adjust the excursion hooks on the typodont.
- Use amalgamators.
- Open and close the top of the mobile dental cabinet.
- Place your provisional crown into the box and close the lid.
- Touch or adjust loupes and headlight (does not include the battery or adjustment cord).
- Adjust the water and air control knobs.
- Turn the saliva ejector on and off.
- Touch/open the waste bag on the mobile dental cabinet.

Grading of the Situational Judgement Component

The NDEB recognizes that competence includes a range of knowledge, skills, and abilities. The grading criteria for the Situational Judgement requirements are determined for the competent, minimally competent, and not competent dentist. The "Competent" category describes the optimal level of performance in the management of the situation presented. The "Minimally Competent" category describes the lowest end of the range of performances considered competent. The "Minimally Competent" category leads to a passing grade. Any error in the "Not Competent" category results in a failing grade for the station.

Grade	Category	Narrative
Pass	Competent	• Optimal. No errors. • Management of the situation follows current evidence, standards, guidelines, or best practice.
	Minimally Competent	• Minor error(s) or omission(s) but management is within the range of acceptable practice.
Fail	Not Competent	• Major error(s) or omission(s) that indicate a lack of knowledge or judgement. • Management is not within the range of acceptable practice.

Situational Judgement Grading Rubric Example

The grading rubric below is an example of a grading rubric for a Patient-Centered Care Situational Judgement scenario dealing with providing treatment options for a specific tooth to a simulated patient.

All behaviours in the "Minimally Competent" category are required to pass the station. In the example below, you must perform the five behaviours in the minimally competent box to obtain a passing grade.

Behaviours in the "Competent" category are competent behaviours, but do not contribute to the pass result.

Any "Not Competent" or critical error behaviours are considered not competent and results in a failure for the station.

Station Example

A Patient-Centered Care station would include a short scenario such as:

This patient presents in emergency complaining of low-grade pain on tooth 4.1. The tooth was restored years ago. You take a periapical radiograph. Probing depths on tooth 4.1 are 2-3 mm.

[periapical radiograph provided]

Discuss treatment options for tooth 4.1 with the patient.

Grade	Category	Criteria
Pass	Competent	• Answers any questions. • Gives the patient the opportunity to ask questions. • Discusses any patient's special circumstances, if applicable, that may have an impact on the treatment. • Discusses fees.
	Minimally Competent	• Summarizes the problems with the tooth. • Provides more than one complete treatment option. • Explains the advantages and disadvantages of the different options and the preferred option. • Verifies that the patient understands the explanations. • Communicates the information effectively (and in an organized manner).
Fail	Not Competent	Critical error. Explain: _____

Additional examples can be found on the NDEB website.

Results

The evaluation of the NDECC will occur periodically throughout the year. Prior to the examination, you will be informed when your exam will be evaluated and the estimated timeframe for release of your results.

Results are normally released within eight weeks of the evaluation session. You will receive an email notification when your results are available in your online profile.

You will receive an overall NDECC Pass or Fail result. You will also receive a Pass or Fail result for each component (Clinical Skills and Situational Judgement), as well as for each requirement.

Results will not be released by telephone, email, or fax.

Passing Standard

Clinical Skills

Clinical skills requirements are graded using a Pass/Fail system with critical errors. You need to obtain a passing grade for all clinical requirements to pass the Clinical Skills component.

Situational Judgement

There are five Situational Judgement requirements consisting of two stations per requirement, for a total of 10 stations. Each station is graded as Pass or Fail.

You must pass a minimum of six stations. You must also pass a minimum of one station in each of the five requirements; therefore, you cannot fail both stations for the same requirement.

Appeals and Rescoring

If you receive a failing grade, you have 30 days from the date results are released to request a verification of your score.

Information can be found in the Appeals and Rescoring section of the NDEB website.

In no case will you have access to the examination questions and to your submissions.

Repeats

The NDECC may be taken any number of times within sixty (60) months from the date on which you pass the ACJ. If you passed the ACJ prior to September 1, 2022, the NDECC may be taken any number of times within sixty (60) months of that date.

If you fail either the Clinical Skills component or Situational Judgement component of the NDECC, you are only required to retake the failed component of the NDECC.

See the NDEB By-laws and policies for reference.

NDECC

Clinical Skills Grading Criteria

Class II Amalgam Preparation

Grade		Outline Form	Internal Form	Finish	Damage
Pass	**Competent**	• Proximal and gingival margins clear adjacent teeth: 0.5 mm • Gingival margin apical to contact area and > 0.5 mm supragingival • Preparation buccal-lingual width provides optimal convenience and resistance form • Reverse curve as appropriate	• Pulpal floor depth: ≥ 1.5 mm and < 2.0 mm • Mesial-distal gingival floor width: ▪ ≥ 1.0 mm and < 1.5 mm (for premolars) ▪ ≥ 1.0 mm and < 2.0 mm (for molars) • Internal line angles rounded • Optimal resistance and retention form	• Smooth cavosurface margins and internal surfaces • No unsupported enamel	• No damage to examination tooth beyond preparation • No damage to adjacent teeth • No damage to soft tissue
	Minimally Competent	• Proximal margin clearance: ▪ > 0.5 mm and < 1.5 mm or ▪ > 0.0 mm and < 0.5 mm • Gingival margin clearance: > 0.5 mm and < 2.0 mm • Gingival margin apical to contact area and ≤ 0.5 mm supragingival • Preparation buccal-lingual width not optimal (too wide) but still provides convenience and resistance form	• Pulpal floor depth: ▪ ≥ 1.0 mm and < 1.5 mm ▪ ≥ 2.0 mm and < 3.0 mm • Mesial-distal gingival floor width: ▪ ≥ 1.5 mm and < 2.0 mm (for premolars) ▪ ≥ 2.0 mm and < 3.0 mm (for molars) • Adequate resistance and retention form that does not compromise the structural integrity of the tooth or restoration • Sharp internal line angle does not compromise structural integrity of tooth	• 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	• 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
Fail	**Not Competent**	• Proximal margin clearance: ≥ 1.5 mm • Gingival margin clearance: ≥ 2.0 mm • Proximal or gingival margin does not clear adjacent tooth • Gingival margin subgingival • Preparation width does not accommodate the smallest condenser provided (too narrow) • Removal of tooth structure that compromises structural integrity of the tooth or restoration • Divergent walls of a proximal box • Flared buccal and/or lingual wall of proximal box	• Pulpal floor depth: ▪ < 1.0 mm ▪ ≥ 3.0 mm • Mesial-distal gingival floor width: ▪ < 1.0 mm ▪ ≥ 2.0 mm (for premolars) ▪ ≥ 3.0 mm (for molars) • Absence of an axial wall (no distinction between pulpal floor and gingival floor) • Overpreparation that results in unsupported enamel occlusally • Occlusally divergent internal form that compromises retention 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	• Damage to examination tooth beyond preparation that requires a restoration • Damage to adjacent tooth that requires a restoration • Excessive damage to soft tissue • Damage to examination/adjacent tooth structure repaired with restorative material
	Critical Errors: • Any error that prevents evaluation of the examination tooth • No preparation on assigned tooth • Wrong tooth prepared • Incorrect preparation design				

Class II Amalgam Restoration

Grade		Margin	Proximal Contours	Occlusal Morphology & Function	Finish	Damage
Pass	**Competent**	• Tooth-restoration junction not detectable	• Physiologic tooth contours of proximal surfaces optimally restored • Proximal contact optimally restored	• Optimal occlusal contacts when in maximum intercuspation or function • Occlusal morphology is optimally restored • Occlusal morphology that approximates natural anatomy	• Optimal surface quality	• No damage to examination tooth beyond preparation • No damage to adjacent teeth • No damage to soft tissue
	Minimally Competent	• Deficiency that is, or can be, corrected by enameloplasty • Amalgam beyond the preparation margin that does not impact gingival health	• Overcontoured or undercontoured axial surface that does not reproduce the anatomical contour of the natural tooth but does not negatively impact gingival health • Proximal contact is present but is located too occlusally or too gingivally	• Overcontour or undercontour of the occlusal surface that does not affect occlusal contacts when in maximum intercuspation or function • Supraocclusion on restoration with light occlusal contacts present on other teeth in the same quadrant	• Roughness that can be corrected by polishing while not impacting the contours of the restoration	• 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
Fail	**Not Competent**	• Deficiency or void at the margin that requires replacement of restoration • Amalgam beyond the preparation margin that impacts gingival health	• Overcontoured or undercontoured that does not reproduce the anatomical contour of the natural tooth, negatively impacting gingival health • Absence of or light proximal contact that could cause food impaction • Proximal contact that would not allow a patient to pass unwaxed floss through contact	• Occlusal contact (supraocclusion) that could cause fracture of the restoration, occlusal trauma to the tooth, or fracture of the opposing tooth when in function • Undercontoured occlusal surface that could cause the restoration to fracture when in function (too thin)	• Roughness that, if corrected, will negatively impact the contours of the restoration • Surface voids or porosities other than at margin that compromises the structural durability of the restoration or does not allow maintenance of proper oral hygiene	• Damage to examination tooth beyond preparation that requires a restoration • Damage to adjacent tooth that requires a restoration • Excessive damage to soft tissue • Damage to examination/adjacent tooth repaired with restorative material
	Critical Errors: • Any error that prevents evaluation of the examination tooth • No restoration placed • Wrong tooth restored • Inappropriate or incorrect material used • Restoration fractured or loose					

Class II Composite Resin Restoration

Grade		Margin	Proximal Contours	Occlusal Morphology & Function	Finish	Damage
Pass	**Competent**	• Tooth-restoration junction not detectable	• Physiologic tooth contours of proximal surfaces optimally restored • Proximal contact optimally restored	• Optimal occlusal contacts when in maximum intercuspation or function • Occlusal morphology is optimally restored • Occlusal morphology that approximates natural anatomy	• Optimal surface quality	• No damage to examination tooth beyond preparation • No damage to adjacent teeth • No damage to soft tissue
	Minimally Competent	• Deficiency that can be corrected • Composite resin beyond the preparation that can be corrected (not requiring replacement)	• Overcontoured or undercontoured axial surface that does not reproduce the anatomical contour of the natural tooth but does not negatively impact gingival health • Proximal contact is present but is located too occlusally or too gingivally	• Overcontour or undercontour of the occlusal surface that does not affect occlusal contacts when in maximum intercuspation or function • Supraocclusion on restoration with light occlusal contacts present on other teeth in the same quadrant	• Roughness that can be corrected by polishing while not impacting the contours of the restoration • Contamination of composite resin that requires correction	• 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
Fail	**Not Competent**	• Deficiency or void at the margin that requires replacement of restoration • Composite resin beyond the preparation that cannot be corrected (requires replacement)	• Overcontoured or undercontoured that does not reproduce the anatomical contour of the natural tooth, negatively impacting gingival health • Absence of or light proximal contact that could cause food impaction • Proximal contact that would not allow a patient to pass unwaxed floss through contact	• Occlusal contact (supraocclusion) that could cause fracture of the restoration, occlusal trauma to the tooth, or fracture of the opposing tooth when in function • Undercontoured occlusal surface that could cause the restoration to fracture when in function (too thin)	• Roughness that, if corrected, will negatively impact the contours of the restoration • Internal/surface voids or porosities in resin other than at margin that compromise the esthetics or structural durability of the restoration or does not allow maintenance of proper oral hygiene • Incomplete polymerization • Contamination of composite resin that requires replacement of the entire restoration	• Damage to examination tooth beyond preparation that requires a restoration • Damage to adjacent tooth that requires a restoration • Excessive damage to soft tissue • Damage to examination/adjacent tooth structure repaired with restorative material
	Critical Errors: • Any error that prevents evaluation of the examination tooth • No restoration placed • Wrong tooth restored • Inappropriate or incorrect material used • Restoration fractured or loose					

Class IV Composite Resin Restoration

Grade		Margin	Contours	Occlusion & Function	Finish	Damage
Pass	**Competent**	• Tooth-restoration junction not detectable	• Physiologic tooth contours of proximal surfaces optimally restored • Proximal contact optimally positioned and restored	• Optimal occlusal contacts when in maximum intercuspation or function • Physiologic tooth contours optimally restored	• Optimal surface quality	• No damage to examination tooth beyond preparation • No damage to adjacent teeth • No damage to soft tissue
	Minimally Competent	• Deficiency at the margin that can be corrected • Composite resin beyond the preparation that can be corrected (not requiring replacement)	• Overcontoured or undercontoured proximal, facial or lingual surfaces that do not reproduce the anatomical contour of the natural tooth but could minimally impact gingival health or esthetics • Proximal contact is present but is located too incisally or too gingivally	• Supraocclusion on restoration, but light occlusal contacts are present on other teeth	• Roughness that can be corrected by polishing while not impacting the contours of the restoration • Contamination of the composite resin that requires correction	• 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
Fail	**Not Competent**	• Deficiency or void at the margin that requires replacement of restoration • Composite resin beyond the preparation that cannot be corrected (requires replacement)	• Restoration does not reproduce the anatomical contour of the natural tooth, negatively impacting gingival health or esthetics • Absence of or light proximal contact that could cause food impaction • Proximal contact that would not allow a patient to pass unwaxed floss through contact	• Occlusal contact (supraocclusion) that could cause fracture of the restoration, occlusal trauma to the tooth, or fracture of the opposing tooth when in function • Incisal edge disharmony negatively impacting esthetics	• Roughness that impacts contours of the restoration (could cause plaque buildup) • Internal/surface voids or porosities in the resin, other than at margin, that compromise the esthetics or structural durability of the restoration • Incomplete polymerization • Contamination of composite resin that requires replacement of the entire restoration	• Damage to examination tooth beyond preparation that requires a restoration • Damage to adjacent tooth that requires a restoration • Excessive damage to soft tissue • Damage to examination/adjacent tooth repaired with restorative material
	Critical Errors: • Any error that prevents evaluation of the examination tooth • No restoration placed • Wrong tooth restored • Inappropriate or incorrect material used • Restoration fractured or loose					

Endodontic Access Cavity Preparation

Grade		External Outline Form	Internal Form	Finish	Damage
Pass	**Competent**	• Optimal extension to obtain straight line access to all canals • Optimal removal of any unsupported structures • Extension that permits removal of pulp horns	• Optimal internal tooth structure removed to allow straight line access to canals • Canals accessed to a depth of 2.0 mm	• Optimal smoothness of internal walls and cavosurface margin • No pulp material present on walls or floor of pulp chamber	• No damage to examination tooth beyond preparation • No damage to adjacent teeth • No damage to soft tissue
	Minimally Competent	• Outline form, shape, or position of the access opening that allows access to all canals • Overextension that does not compromise structural integrity of the tooth	• Pulp horns and roof of chamber removed with no perforation • Removal of tooth structure with minimal gouging of internal walls that does not impact the structural integrity of the tooth • Adequate instrumentation, or over instrumentation of canals that does not affect prognosis • Canals accessed to a depth < 2.0 mm	• Cavosurface roughness that can be corrected without impacting the structural integrity of the tooth or subsequent restoration • Minimal pulp material on wall or floor of the pulp chamber • Minimal debris that still allows access to any canal	• 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
Fail	**Not Competent**	• Pulp chamber not accessed • Outline form, shape, or position of the access opening that restricts straight line access to any canal • Overextension of the outline form beyond the cusp ridge, marginal ridge, incisal edge, or cingulum	• Major obstruction to canal • Unnecessary removal of internal tooth structure that results in the alteration of the restorative treatment plan • Perforation	• Cavosurface roughness that when corrected negatively impacts the structural integrity of the tooth or subsequent restoration • Tooth structure rebuilt with restorative material • Excessive pulp material on wall or floor of the pulp chamber • Debris obstructing pulp chamber or any canal	• Damage to examination tooth beyond preparation that results in the alteration of the restorative treatment plan • Damage to adjacent tooth that requires a restoration • Excessive damage to soft tissue • Damage to examination/adjacent tooth repaired with restorative material
	Critical Errors: • Any error that prevents evaluation of the examination tooth • No preparation performed on assigned tooth • Access initiated on wrong tooth				

Clearance will be checked in maximum intercuspation.

Grade		Path of Draw and Retention Form	Preservation of Tooth Vitality and Structural Durability	Margin	Finish	Damage
Pass	**Competent**	• Preparation that allows for the fabrication of a restoration with optimal retention • No undercuts • Path of draw that allows for the restoration to be removed or inserted	• Optimal reduction for the fabrication of the specified restoration • Reduction respecting the axial contours of the tooth	• Margin is optimally defined • Margin is positioned 0.5 mm supragingival • Axial reduction at the margin according to the reduction required for the specified restoration • Correct margin design for the specified restoration	• Prepared surfaces are smooth	• No damage to examination tooth beyond preparation • No damage to adjacent teeth • No damage to soft tissue
	Minimally Competent	• Preparation that allows for the fabrication of a restoration with acceptable retention • Excessive axial convergence that will not compromise the retention of the restoration • Parallel axial walls that make it difficult, but still possible, to draw a provisional restoration • Undercut that can be blocked by spacer and does not require clinical modification such as composite buildup or further tooth preparation	• Over-reduction that does not impact the vitality or 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	• Margin is continuous with irregularity, but still allows for the fabrication of an acceptable restoration • Axial reduction at the margin is within 0.5 mm of the reduction required for the specified restoration on the facial • Margin is positioned: ▪ Supragingival: ≥ 0.0 mm and < 0.5 mm or > 0.5 mm and ≤ 1.0 mm ▪ Subgingival: ≤ 1.0 mm	• 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	• 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
Fail	**Not Competent**	• Path of draw that prevents the restoration from being removed or inserted • Excessive axial convergence that compromises crown retention • Presence of undercut that requires modification of the preparation to allow for the fabrication of the restoration	• Insufficient reduction that prevents the fabrication of 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	• Excessive axial reduction at the margin > 1.5 mm • Insufficient axial reduction at the margin: Facial < 0.5 mm Lingual < 0.3 mm • Margin is positioned: ▪ Supragingival: > 1.0 mm ▪ Subgingival: > 1.0 mm • 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	• 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	• Damage to examination tooth 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
	Critical Errors: • Any error that prevents evaluation of the examination tooth • Wrong tooth prepared • No preparation performed					

Provisional Crown Restoration

Grade		Margin and Adaptation	Morphology and Occlusion	Finish
Pass	**Competent**	• Restoration margin is optimal • Restoration adaptation, retention, stability, and seating are optimal	• Optimal contour for gingival health and esthetics • Optimal interproximal contacts • Optimal occlusal contacts when in maximum intercuspation or function	• Smooth and optimally polished • No roughness or porosities • No excess restorative material in or on soft or hard tissue
	Minimally Competent	• Underextended margin that does not negatively affect the seal at the margin • Undercontoured margin that does not negatively impact structural durability • Overextended or overcontoured margin that does not negatively impact gingival health • Restoration is fully seated, stable, and retentive	• Overcontour or undercontour that does not affect the occlusal contacts when in maximum intercuspation or function • Undercontour that does not result in poor structural durability • Proximal contact is present but is located too occlusally or too gingivally • Supraocclusion on restoration, but light occlusal contacts are present on teeth in the same quadrant • Restoration cracked or thin in areas that will not affect the structural durability	• Roughness that allows floss to pass through contact without breaking • Roughness or porosities unlikely to cause patient discomfort or food retention
Fail	**Not Competent**	• Underextended margin that negatively affects the seal at the margin • Overcontoured margin that negatively impacts gingival health • Overextended or undercontoured margin that results in poor structural durability • Restoration is unstable (not related to preparation design) • Restoration cannot be removed or seated	• Restoration that does not reproduce the anatomical contour of the natural tooth, negatively impacting gingival health or esthetics, or resulting in poor structural durability • Absence of or light proximal contact that could cause food impaction • Proximal contact that would not allow a patient to pass unwaxed floss through contact • Occlusal contact that could cause fracture of the restoration, occlusal trauma to the tooth, or fracture of the opposing tooth when in function • Restoration fractured or cracked due to lack of structural integrity and likely to fail under normal function	• Roughness that causes floss to break • Roughness or porosity that will cause patient discomfort or food retention • Excess restorative material in or on soft or hard tissue
	Critical Errors: • Any error that prevents evaluation of the provisional crown restoration • No restoration performed • Restoration submitted fractured			