

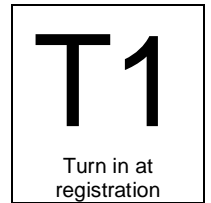
2021

Dental Hygiene Non-Patient Exam Packet

This packet includes the following documents:

1. Online Notice Form - Orientation Slides (T1)
2. Incident Disclaimer Form (T2)
3. Dental Hygiene Clinical Procedure Form (T3)

Southern Regional Testing Agency, Inc.
Online Notice Form – Orientation Slides



Exam Site

This signed notice must be presented during registration. The online presentation provides details on the requirements for registration and orientation. For your benefit, we strongly suggest you view this presentation.

By signing below, I confirm that I reviewed and understand the online orientation presentation prior to the scheduled registration and examination.

Print Name

Candidate Number

Signature

Date

Southern Regional Testing Agency, Inc.
Non-Patient Incident Disclaimer



Exam Site _____

DISCLOSURE STATEMENT AND EXPRESS ASSUMPTION OF RISK FOR ANY DAMAGE FROM (1) EXPOSURE TO BLOODBORNE INFECTIOUS AGENTS SUCH AS HIV, HBV, AND OTHER MICROORGANISMS IN THE BLOOD, (2) EXPOSURE TO ORAL OR RESPIRATORY SECRETIONS, (3) OTHER INJURIES.

The relationship between the Southern Regional Testing Agency (SRTA), the school where the examination is administered ("the school") and you (the candidate) is not an employer/employee relationship. Neither SRTA nor the examination site is responsible for your behavior. As a candidate, you do not qualify as an employee and are not covered under OSHA regulations. You must assume responsibility for any exposure or other incident which may occur.

SRTA and the school cannot, and therefore, do not assume any responsibility or liability for the health status of candidates assistants or patients. If an exposure or other injury occurs during the course of this examination, neither SRTA nor the school assumes any duty or responsibility to you to provide serologic testing, counseling, follow-up care or any other health service. It is your responsibility to assure that you see a licensed health care professional and initiate appropriate management and follow-up care.

LIMITATION OF LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned, state that I have read and understood the above disclosure statement and express assumption of risk. I agree that SRTA and the school are not responsible for the prevention or management of any of the incidents listed above. I agree to release and discharge SRTA for any liability or personal injury which may occur to me, unless actively committed by SRTA . I agree to release and discharge the school for any liability or injury that may occur to me unless actively committed by school personnel. I further understand that SRTA and the school have no responsibility or duty to provide medical evaluation treatment, counseling, follow-up care, or any type of compensation for any of the incidents listed above. I also agree to indemnify and hold SRTA and the school harmless for any occurrence under this agreement, including SRTA's and the school's attorneys' fees, costs and expenses, should a claim be made against them.

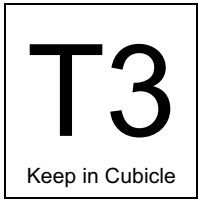
Full name (Printed)

Candidate Sequential Number

Signature

Date Signed

Non-Patient Dental Hygiene Procedure Form



Section 1: General Information

Candidate # _____ Cubicle # _____ Typodont # _____ Exam Site _____ Date _____

Section 2: Selection of Teeth for Calculus Removal

| Primary Quadrant Submission | | | | Secondary Quadrant Submission | | | |
|-----------------------------|----|--|-----------------------------|-------------------------------|----|--|-----------------------------|
| Circle Primary Quadrant | | Include this quadrant's 3 rd molar? | | Circle Secondary Quadrant | | Include this quadrant's 3 rd molar? | |
| UR | UL | <input type="checkbox"/> Yes | <input type="checkbox"/> No | UR | UL | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LR | LL | | | LR | LL | | |

Section 3: Selection Assignment Examiner Use Only | DO NOT WRITE IN THIS SECTION

After check-in, the final assignment is entered here by the examiners. All surfaces of all teeth in this assignment must be free of remaining calculus, plaque, and stain for the final evaluation phase of the examination. No other areas of the patient's mouth will be evaluated.

Quadrant to treat _____

Additional teeth to treat _____

Section 4: Periodontal Assessment

Do not complete this section until after check-in. Enter the probing depth in millimeters for the teeth surfaces assigned in this section.

Posterior Tooth # _____ ML _____ L _____ DL _____ Anterior Tooth # _____ ML _____ L _____ DL _____

Section 5: Calculus Detection

Do not complete this section until after check-in. Is any type of calculus present? Circle "Yes" or "No" for the four surfaces of each tooth assigned below.

| | | | | | | | | | | | | |
|---------------|--------|-----|----|--------|-----|----|--------|-----|----|---------|-----|----|
| Tooth # _____ | Mesial | Yes | No | Distal | Yes | No | Facial | Yes | No | Lingual | Yes | No |
| Tooth # _____ | Mesial | Yes | No | Distal | Yes | No | Facial | Yes | No | Lingual | Yes | No |
| Tooth # _____ | Mesial | Yes | No | Distal | Yes | No | Facial | Yes | No | Lingual | Yes | No |

| Pre-Treatment | | | | | |
|---------------|---|---|---|---|-------------------|
| Examiner #1: | O | P | T | I | STAMP REQUIRED |
| Examiner #2: | O | P | T | I | |
| Examiner #3: | O | P | T | I | |
| FINISH TIME: | | | | | |

| Post-Treatment | | | | | |
|--------------------------|---|---|---|---|-------------------|
| Examiner #1: | O | P | T | I | STAMP REQUIRED |
| Examiner #2: | O | P | T | I | |
| Examiner #3: | O | P | T | I | |
| EXAM COMPLETED (CFM PIN) | | | | | |