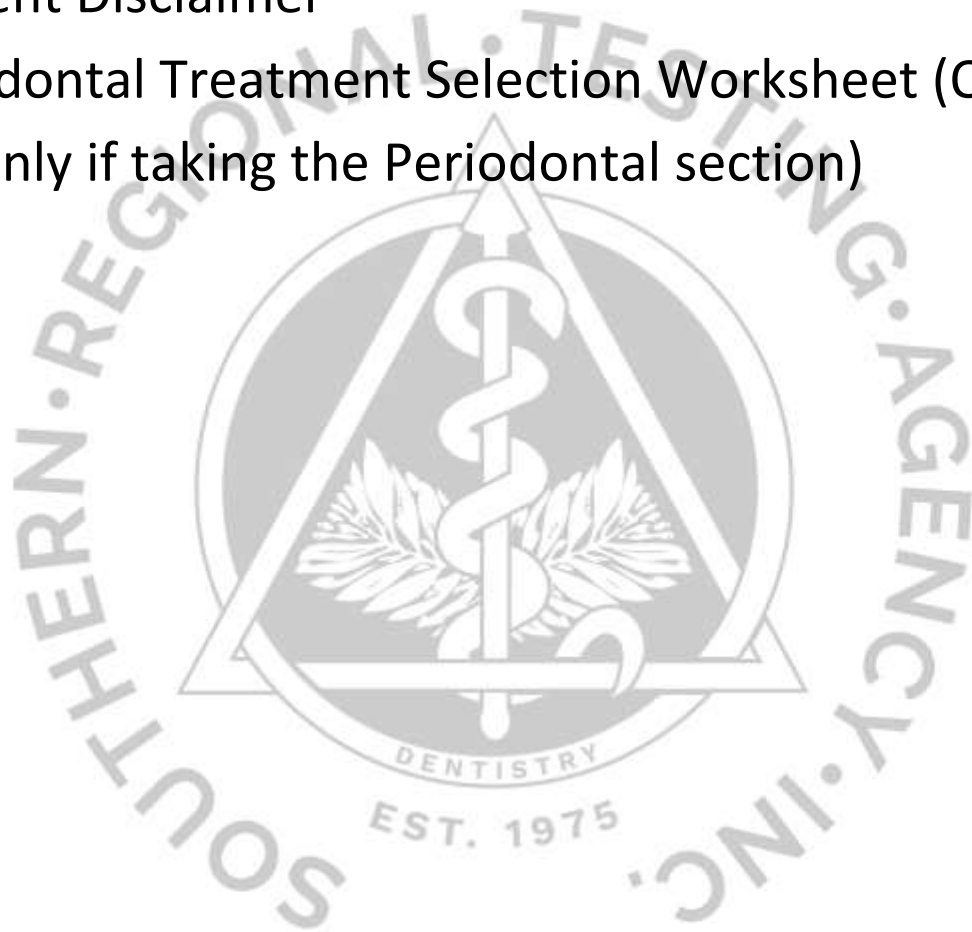


2021 Dental Candidate Packet

This packet includes the following forms:

- Dental Online Notice Form
- Incident Disclaimer
- Periodontal Treatment Selection Worksheet (Optional. Use only if taking the Periodontal section)



Southern Regional Testing Agency, Inc.

Online Notice Form – Orientation Slides

Exam Site

You will be required to sign this notice and turn it in the day of the examination. The online presentation provides details on the procedures and protocols of the examination. 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

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.

Candidate Sequential: _____

PLACE ID LABEL HERE

Test Site: _____

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. 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.

Candidate: Printed Name & Candidate Sequential Number

Candidate: Signature

Candidate: Date Signed

Submit this form to the Evaluation Station when you send your typodont to be approved. This Form may be duplicated as needed.

Candidate Sequential: _____

PLACE ID LABEL HERE

Test Site: _____

Tooth # & Calc Location						

Subgingival Calculus Detection

You are allowed to use only 6 to 8 teeth, but twelve surfaces must be indicated. In the box to the left, enter tooth number. Record the tooth numbers in ascending order using the 1 to 32 system. In the adjacent box, indicate the surface on the tooth where you have selected to remove the calculus (M=Mesial, F=Facial, D=Distal, L=Lingual). If more than one surface is selected on the same tooth, enter tooth number each time a new surface is listed, example:

3	M
3	D

You must select one molar and at least two more molars and/or premolars. All posterior teeth must have at least one approximating tooth within 2 mm distance. No more than 4 surfaces may be selected on incisors. **At least 3 surfaces must be on interproximal surfaces of molars and/or premolars.**

