

MICHIGAN PROSTHODONTICS EXAMINATION BROCHURE

Be sure that you have submitted your examination application and appropriate fee to the Bureau of Health Professions, Department of Community Health, prior to the deadline date of **April 18, 2008** in order to be scheduled for the examination. If you have not received an examination application, call the Bureau at (517) 335-0918 or go to the following website: www.michigan.gov/healthlicense.

**2008 MICHIGAN
PROSTHODONTICS EXAMINATION BROCHURE**

INTRODUCTION:

The licensing examination for Prosthodontics is designed to measure the knowledge, skills and abilities deemed essential to protect the public's health, safety and welfare.

EXAMINATION SCHEDULE:

The examination will be given on **June 4 – 5, 2008**. After the Bureau has approved you to take the examination, an Admission Letter will be sent to you approximately 2 weeks prior to the exam date. This document will specify the room to which you must report for the examination. Even if you are taking only one part of the examination, you must report to the examination room by no later than **8:15 A.M.** on the first day. A general schedule of the examination is included in this brochure.

The test center is located at the University of Michigan, School of Dentistry, Ann Arbor, MI. Information regarding the location of the site can be found at the back of the brochure. Parking may be a problem and should be factored into your schedule for arriving at the site. You should be prepared to pay a parking fee.

DATE	TIME	PROCEDURE
Day 1	8:15 A.M.	Submission of Images on CD or memory stick for Case Histories to Test Administration personnel
	9:00 A.M.	Written Examination (2 ½ hours) Upon completion of the written examination, you will be informed as to when you are to appear for the oral examination.
	1:00 P.M.	Oral Examinations, based on your submitted Case Histories, will be scheduled on an individual basis. (3 hours)
Day 2	8:30 a.m.	Oral Examinations, as individually scheduled, will continue if necessary. You should be at the site ½ hour prior to your scheduled oral exam time.

Please note that if there are only a few candidates, it may be feasible to complete the entire examination during the first day. You should plan, however, on being at the examination site for both days.

SPECIAL ACCOMMODATIONS:

If you require special accommodations because of a disability, a letter that specifies the disability and requested accommodation(s) must be submitted to the Bureau of Health Professions. A physician or other licensed professional qualified to diagnose and treat the disability must provide detailed documentation of the disability.

Requests for accommodations must be received no later than May 1, 2008. However, because of the time required to review documentation and the possible need for additional information, your request should be mailed as early as possible. A letter approving or denying your request will be sent following the review of the information submitted.

Submit your request and relevant documentation to:

Lucinda Clark
Bureau of Health Professions
MI Department of Community Health
PO Box 30670
Lansing, MI 48909

ADMISSION REQUIREMENTS:

In order to be admitted to **EACH** part of the examination, you **MUST**:

1. **BE ON TIME.** You will NOT be admitted to the examination after it has begun.
2. **PRESENT THE ADMISSION LETTER** that will be sent to you approximately two weeks prior to the examination. If you have not received an Admission Letter one week prior to the exam, call the Bureau of Health Professions, Department of Community Health, at (517) 335-0918. If you do not have your Admission Letter, the site coordinator may still admit you to the examination provided that your name is included on the examination roster. A substitute Admission Letter will be prepared for you at the time of check-in. At the conclusion of the examination, your Admission Letter will be collected and retained by the site coordinator. This letter serves as verification of your attendance at the examination. It is your responsibility to turn in your Admission Letter to the testing staff at the conclusion of the examination.
3. **PRESENT OFFICIAL SIGNED PHOTOGRAPHIC IDENTIFICATION.** Acceptable identification includes a valid Michigan driver license or another state issued driver license, Secretary of State Identification, passport, government-issued identification, school identification, or employment identification. The identification presented **MUST** include **BOTH** a photograph and signature. Without the required identification, you will NOT be permitted to take the examination.

If you do not present the required signed photographic identification or you are late to the scheduled examination section, you will NOT be allowed to take the examination/section and will forfeit your examination fee. You will be required to submit a new examination application and fee for the next regularly scheduled administration.

CANDIDATE ANONYMITY

You will be assigned a unique candidate identification number that will be included on your Admission Letter. With the exception of the written examination, you should record **ONLY** your number on all examination materials to be scored. To maintain confidentiality, you should NOT introduce yourself by name to the examiners nor should you include your name, academic program, or hospital on the cases submitted.

EXAMINATION CONDUCT

No reference materials may be utilized during any part of this examination. Textbooks, notebooks, briefcases, large purses, pagers, cell phones, and beepers should NOT be brought to your seat. Neither the State nor the University will be responsible for any loss of items brought to the examination site.

Cheating is defined as any activity; behavior or procedure that a candidate employs that would enable him/her to pass an examination by dishonest, fraudulent, or deceitful means. Examples of cheating would include, but are not limited to, obtaining answers from other candidates, copying from another's answer sheet, copying the examination, removing or attempting to remove test materials or notes from the examination room, using prepared notes during the examination, discussing the examination with others during the examination, referring to textbooks, informing other candidates of the oral questions prior to their taking that section, or having someone take the examination for another individual.

Anyone found to be involved with any of the above activities or behaviors may be denied licensure. You will be required to sign a statement, at the time of the examination, agreeing to not divulge the contents of the examination.

MATERIALS TO BE BROUGHT TO THE EXAMINATION:

You will need to supply the following items at the time of the examination.

1. Two **#2** lead pencils for the written examination.
2. A tape recorder and tape(s). The tape(s) will be retained at the conclusion of the oral examination. **Make certain that the tape recorder works.** You will need to have sufficient tapes for at least three (3) hours. The quality of the recording is your responsibility. If you fail to bring a recorder or it does not operate properly, you will not be permitted to review and/or appeal your results should you fail the oral examination. You must turn in your tapes to the testing staff at the conclusion of the oral examination.
3. Digital images that relate to the Case Histories submitted previously.

EXAMINATION FORMAT:

The examination is divided into **three** sections (Written Exam, Case Histories, and Oral Exam). Each section has a total point value of 100 points.

I. Written Examination

The written examination will consist of 100 four-choice, multiple-choice questions. The examination may include, but need not be limited to, the following topics:

- | | |
|-----------------------------|--|
| 1. Fixed Prosthodontics | 7. Occlusion (including mandibular movement and occlusal adjustment) |
| 2. Removable Prosthodontics | 8. Temporomandibular Disorders |
| 3. Implant Prosthodontics | 9. Pharmacology |
| 4. Anatomy and Histology | 10. Periodontal and Endodontic Therapy |
| 5. Dental Materials | 11. Infection Control |
| 6. Oral Pathology | 12. Radiology |

Your answers to the multiple-choice items **MUST** be given on the machine scorable answer sheet that will be provided. All marks must be entered with a #2 lead pencil and must be **DARK**. Be sure that no stray marks appear on the answer sheet as they may be misread as answers. If you change your mind on an item, make sure to erase the incorrect answer completely.

It is best to answer all items, even if you are not sure of the answer. There is **NO PENALTY** for guessing. There is **ONE CORRECT** answer for each item.

NOTE: If you have passed the American Board of Prosthodontics written examination, you can waive the written portion of the Michigan examination. The American Board must submit a letter verifying passage of the American Board written examination to:

Bureau of Health Professions, Application Unit
MI Department of Community Health
PO Box 30670
Lansing, MI 48909

II. Case History Presentations

You **MUST** submit 5 case histories with appropriate preoperative and postoperative radiographs and photographs. Each history must document the **complete treatment of a single patient**. Refer to the score sheet included at the end of this brochure for specific documentation required for each case

All case material submitted for evaluation must have your name, educational institution, treatment facility and mentor information *DELETED*. Your assigned identification number will be added to the cases by the administration staff.

The five Case Histories presented shall be selected from the following major areas of Prosthodontics:

1. Denture
2. Fixed partial denture opposing fixed partial denture
3. Immediate denture
4. Single complete
5. Implants in combination with fixed or removable prosthesis
6. Combination complete denture and fixed partial denture
7. Combination complete denture and removable partial denture
8. Combination removable partial denture and fixed partial denture
9. Opposing maxillary complete denture and mandibular complete denture
10. Removable partial denture and intracoronal or extracoronal retainers
11. Maxillofacial prosthesis including, but not be limited to, an intra-oral prosthesis that may include both fixed and removable portions

Patient presentations (with patients identified by initials) shall be printed, double-spaced, on 8 ½ x 11" paper and accompanied by 2" x 2" slide transparencies. A well-documented case history generally has between 5 and 10 typed pages. Detail and sequencing are very important. Carefully review the "Patient Presentation Rating Sheet" to know what information and documentation will be evaluated. Comments and discussions on WHAT was seen and WHY a specific diagnosis/treatment plan was made are important to include in each case. Do not abbreviate terms until they have first been defined. If possible, routine or simple cases should be avoided, and a wide variety of treatments should be included.

Digital images or photographs should document in a chronological order preoperative, operative, and post-operative conditions from a clinical, laboratory, and radiographic view. You should provide images that document the twenty (20) treatment steps outlined in the "Patient Presentation Rating Sheet" included at the end of this brochure. The images should be recorded on a CD or memory stick and submitted the first morning of the examination. The written summaries should indicate the images that accompany them (e.g., "images numbered 1-20 accompany patient presentation #1"). If digital radiographs or photographic images are unavailable as documentation, prints, casts, radiographs, or pantographic tracings may be used in some instances. **If no documentation is presented, zero (0) points will be awarded for each step that is missing.**

All case presentations, excluding images, must be bound into a portfolio and **received by May 7, 2008**. Cases received after this date may not be accepted for review and evaluation.

Four copies of each of the cases (excluding digital images) should be sent to:

Dr. Kara Schmitt
KNK Consulting
2956 Dobie Road
Mason, MI 48854

INCLUDE WITH YOUR CASES A STATEMENT STIPULATING THAT EITHER YOU COMPLETED ALL DENTAL WORK SHOWN or ANOTHER DENTIST COMPLETED CERTAIN IDENTIFIED PROCEDURES. This statement must be **on a separate sheet** and must be signed and dated.

You are responsible for submitting the accompanying case images on the morning of the first day of the examination.

Suggested outline for EACH case history presentation

1. TABLE OF CONTENTS
2. GENERAL INTRODUCTION
 - a. Identification of patient (by letters or numbers)
 - b. Brief description of each case
 - c. Notation as to digital images pertaining to each case
3. CONSULTATION
 - a. Patient's chief complaint
 - b. Medical examination (History)
 - c. Past dental history
 - d. Psychological attitude of patient
4. CLINICAL EXAMINATION

The presentation on the clinical examination should include information on:

 - a. Head and neck tissues
 - b. Oral and perioral soft tissues (lips, cheeks, hard/soft palate, tongue, floor of mouth and oropharynx)
 - c. Muscles of mastication
 - d. T.M. joints
 - e. Static and functional occlusion
 - f. Periodontium
 - g. Teeth
 - h. Evaluation of existing prostheses
 - i. Evaluation of vertical occlusal dimension

5. RADIOGRAPHIC EXAMINATION

Discussion and slide presentation, as relevant to each case, should include:

- a. T.M. joints
- b. Impacted teeth or retained roots
- c. Maxillary sinuses
- d. Bone quantity and quality
- e. Caries
- f. Crown to root ratio; root morphology
- g. Periodontal ligament space
- h. Periapical evaluations

6. DIAGNOSIS

Diagnosis is perhaps the most important facet of treatment for the individual patient. Use of correct terminology is important.

7. TREATMENT PLAN

A recitation of the sequence and modalities of treatment are in order. Were various alternatives offered and if so, what were they?

8. PROGNOSIS

State the prognosis including the "assurances" or "guarded opinions" extended for the future well being of the patient.

9. CLINICAL TREATMENT PROGRAM

A succinct presentation of the sequence, materials, armamentarium and modalities employed to accomplish the objectives of the treatment plan should be included. The presentation should include such information as:

- a. Types of dental materials used for casts, impressions, denture bases, alloy, etc.
- b. Prosthesis designs
- c. Occlusal therapy
- d. Post-delivery instructions to the patient
- e. Fabrication or processing technique(s)
- f. Method(s) of recording mandibular movements

III. Oral Examination

This portion of the examination must be taped by you.

An oral examination, **maximum of three hours**, will be conducted with each candidate individually. You will be required to present images that illustrate key aspects (detailed previously) of the written patient summaries. The examiners will ask you to review selected written patient summaries utilizing the images. You should present a summary of each case along with the images; however, you do not need to go into details as the examiners will have already reviewed the written cases.

The focus of the oral exam will be on questions that the examiners have formulated after having reviewed the written summaries. The examiners will evaluate how well you present your knowledge of Prosthodontics. The examiners will assess your knowledge rather than your anxiety level.

Queries are generally of an objective nature and your responses will be rated based on predetermined desirable responses. Like the questions, the **ANTICIPATED** responses will be a result of the examiners' review of the patient summaries. The examiners' questions will be specific either to conditions in your patient summaries or to the profession, in general.

NOTE: In the event that all of your written summaries cannot be reviewed during the allocated time, the examiners will select which cases are to be reviewed and in which order. It will be the Chief Examiner's discretion as to how many summaries will be reviewed.

SCORING OF THE EXAMINATION:

The written examination will be machine scored. The other sections of the examination will be evaluated by at least two examiners. Each examiner will evaluate the sections independently and the final score for each section will be the average of the examiners' scores.

During the course of the examination, the examiners may use expressions such as "That's okay" or "Fine". These comments should NOT be construed as anything other than a polite way of completing a checkpoint or the end to your response.

In order to pass the examination, you must receive a score of 75% on **EACH** section of the examination. Those sections in which you receive a score of **LESS** than 75% may be repeated once within an 18-month period. Should you not receive a 75% in each section during the second attempt, you will need to retake the entire examination.

Your score(s) will be released approximately six weeks following the last day of your examination. Results will NOT be provided over the phone nor will they be released to a third party unless you provide a written request to the Bureau to have the results submitted to a specific third party.

If you receive a score of **PASS**, that will be the only information available as to your success on the examination. Actual numeric scores are NOT available.

If you **FAIL** the examination, your numeric score along with a breakdown of your performance on each section failed will be provided. This information is intended to assist you in preparing for the re-examination.

REVIEW OF FAILED EXAMINATION

Should you fail an examination section, you may request a personal review of the examination documents.

1. Complete the Request for Review form that will be included with your Notice of Failure as well as a cashier's check or money order in the amount of \$50.00 made payable to "State of Michigan".

Send the form and payment within thirty (30) calendar days of the Notice of Failure date to:

Dr. Kara Schmitt
KNK Consulting
2956 Dobie Road
Mason, MI 48854

2. The review will be conducted in the Lansing area. A specific time and location will be included with your Notice of Failure.
3. The review shall be limited to a sight review ONLY. You will have one-half the amount of time as originally allocated for the administration of each failed section (*i.e.*, if two hours were allocated for the administration of a section, you would have one hour for the review of that section). Notes made by you during the review may NOT be removed from the room nor copied. Reference material may be brought to the review.
4. The review shall be limited to the area(s) of failure ONLY.
5. At the conclusion of the review, you must decide whether or not you wish to appeal your results. If you decide to appeal, you may submit for consideration any information or documentation that pertains to the failed section(s) of the examination.
6. All questions, comments, and documentation that you provide will be submitted to the Prosthodontics Examination Committee for review. The committee's decision will be forwarded to the Michigan Board of Dentistry.
7. The Michigan Board of Dentistry will take action on the recommendation(s) presented.
8. Following the Board's decision, the Bureau of Health Professions will notify you of the results of your appeal.

SUGGESTED REFERENCE LIST

The following references are provided to assist you as you prepare for the Prosthodontics examination. These sources are suggestions only and do not represent all textbooks that might provide the same or similar information. An effort is made to use the most current edition of a textbook. **This list should not be considered all inclusive.**

Accepted Dental Therapeutics

Bell, Temporomandibular Disorders: Classification, Diagnosis and Management

Beumer, Curtis & Firtel, Maxillofacial Rehabilitation, Prosthodontics and Surgical Considerations

Bouchen (ed), Swenson's Complete Dentures

Boucher, Hickey & Zarb, Prosthodontics Treatment for Edentulous Patients

Branemark, Zarb & Albrektsson, Tissue-Integrated Prostheses

Cottone, et al, Practical Infection Control in Dentistry

Craig, O'Brien & Powers, Dental Materials: Properties and Manipulation

Craig, Restorative Dental Materials

Dental Clinics of North America

Ellinger, et al, Synopsis of Complete Dentures

Gage & Pickett, Dental Drug Reference

Glickman, Clinical Periodontology

Goaz & White, Oral Radiology

Goth, Medical Pharmacology

Grant, Grant's Atlas of Anatomy

Heartwell & Rahn, Syllabus of Complete Dentures

Johnson, Phillips & Dykema, Modern Practice in Crown and Bridge Prosthodontics

Johnston, Modern Practice in Fixed Prosthodontics

Journal of Prosthodontics Dentistry

Kern, Ash & Millard, Oral Diagnosis

Krogman, Cleft Palate and Cleft Lip: A Team Approach

Lindhe, Textbook of Clinical Periodontology

McCracken, Removable Partial Prosthodontics

Meyers, Textbook of Crown and Bridges Prosthodontics

Morrow, Dental Laboratory Procedures, Vol 11

Okeson, Management of Temporomandibular Disorders and Occlusion

Rahn & Boucher, Maxillofacial Prosthetics

Ramfjord & Ash, Occlusion

Ramfjord & Ash, Periodontology and Periodontics

Regezi, Joseph and Sciubba, James. Oral Pathology.

Rose & Kaye, Internal Medicine for Dentistry

Shafer, Hine & Levy, A Textbook of Oral Pathology

Shillingburg & Hobo, Fundamentals of Fixed Prosthodontics

Shillingburg, Hobo & Whitsett, Fundamentals of Fixed Prosthodontics

Shillingburg, Hobo & Whitsett, Fundamentals of Tooth Preparation

Stewart, Rudd & Kuebker, Clinical Removable Partial Prosthodontics

Tylman & Malone, Theory and Practice of Fixed Prosthodontics

Wainwright, Dental Radiography

Zarb & Bergnian, Prosthodontics Treatment for Partially Edentulous Patients

CANDIDATE #: _____

PATIENT/CASE #: _____

EXAMINER INITIAL: _____

CIRCLE CASE TYPE: RPD FIXED MXFAC COMP.DENT. IMPLANTSEACH EXAMINER MUST INDEPENDENTLY EVALUATE EACH CANDIDATE'S CASE. PLEASE CIRCLE THE APPROPRIATE RATING FOR EACH OF THE **21** CATEGORIES SHOWN BELOW.

CATEGORY	ABOVE MINIMUM	MINIMUM	BELOW MINIMUM or POOR DOCUM.	NO KNOWLEDGE or NO DOCUM.
1. Records				
1A: Pre-op and post-op (if necessary) radiographs	4	3	2	0
1B: Pre-op casts (or photos of casts)	4	3	2	0
1C: Pre-op photographic documentation	4	3	2	0
1D: Treatment/post-treatment documentation	4	3	2	0
2. Narrative				
2A: Clinical exam	4	3	2	0
2B: History	4	3	2	0
2C: Diagnosis	4	3	2	0
2D: Treatment plan	4	3	2	0
2E: Prognosis	4	3	2	0
3. Treatment				
3A: Pre-prosthetic management	4	3	2	0
3B: Mouth preparation	4	3	2	0
3C: Impressions	4	3	2	0
3D: Temporization and occlusal relations procedures for fixed OR occlusal relations procedures for removable	4	3	2	0
3E: Laboratory procedures	4	3	2	0
3F: Prosthesis design	4	3	2	0
3G: Material selection	4	3	2	0
3H: Articulation	4	3	2	0
3I: Occlusion	4	3	2	0
3J: Esthetics considerations	4	3	2	0
3K: Insertion/post-insertion care	4	3	2	0
4. General				
Overall presentation	4	3	2	0
Column totals				

GRAND TOTAL: _____ (MAXIMUM POSSIBLE = 84; PASSING = 63)

DOCUMENTATION FOR SCORES OTHER THAN A 3 OR 4 MUST BE SHOWN ON THE REVERSE SIDE OF THE PAGE.

**UNIVERSITY OF MICHIGAN
SCHOOL OF DENTISTRY**

**1011 North University Avenue
Ann Arbor, MI**

**Located at the corner of North University and Fletcher Streets
Across from the Michigan League Building**

**For easier and more efficient address and parking information, you
can access the school's web site at www.dent.umich.edu then click
on directions and parking.**

**For local accommodations, click on the Ann Arbor Convention Bureau
web site at www.annarbor.org**