Overview of Regional and State Dental Hygiene Clinical Examinations

September 2016
Regional and state clinical dental hygiene examinations are administered to evaluate the clinical competency of candidates for dental hygiene licensure. Clinical examinations provide a reliable third party assessment of candidates’ clinical skills and are used by state dental boards in making valid licensing decisions.

All exams consist of skill-specific patient treatment in a clinical setting. Additionally, some exams include a written or electronic patient-based component. Clinical licensure exams are administered at various times throughout the year at various host institutions.

This document was created by the American Dental Hygienists’ Association (ADHA) to assist candidates for dental hygiene licensure by providing a general overview of regional and state clinical examinations required for licensure for the practice of dental hygiene.

Included in this Dental Hygiene Clinical Examination Summary are the regional testing agencies known as

- **Council of Interstate Testing Agencies (CITA)** – Administers ADEX Exam,

- **Central Regional Dental Testing Service (CRDTS),**

- **Commission on Dental Competency Assessments (CDCA)** – Administers ADEX Exam,
  - Previously known as the North East Regional Board (NERB)

- **Southern Regional Testing Agency (SRTA) and**

- **Western Regional Examining Board (WREB)**

This summary is intended for general comparison only. For specific exam protocol, procedure, requirements and forms, please refer to the complete Candidate’s Manual for each examination or contact the agency responsible for the administration of the examination.
Clinical Exams Accepted for State Licensure

**CITA**
- Alabama
- Colorado
- District of Columbia
- Illinois
- Kansas
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- New Hampshire
- New Mexico
- North Carolina
- North Dakota
- Oregon
- Pennsylvania
- Texas
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**CRDTS**
- Alabama
- Arizona
- California
- Colorado
- Connecticut
- District of Columbia
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Montana
- Nebraska
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Dakota
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**CDCA**
- Alabama
- Arizona
- California
- Colorado
- ConnecticuC
- District of Columbia
- Florida
- Hawaii
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Mexico
- New York
- North Dakota
- Ohio
- Oklahoma
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**SRTA**
- Alabama
- Arkansas
- Colorado
- Connecticut
- Hawaii
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Mexico
- New York
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**WREB**
- Alabama
- Alaska
- Arizona
- California
- Colorado
- Connecticut
- Hawaii
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Maine
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Montana
- Nebraska
- New Hampshire
- New Mexico
- New York
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**Independent**
- Delaware

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States that are bolded indicate member states. Please note that recognizing jurisdictions and licensing requirements are subject to change. *Additionally, certain examinations are only accepted within certain year periods. While this document is updated yearly, candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.*
### Exam Schedules

- **CITA**

- **CRDTS**
  - [https://www.crdts.org](https://www.crdts.org)

- **CDCA**

- **SRTA**
  - [http://www.srta.org](http://www.srta.org)

- **WREB**
  - [http://www.wreb.org](http://www.wreb.org)

### Fees

<table>
<thead>
<tr>
<th>CITA</th>
<th>CRDTS</th>
<th>CDCA</th>
<th>SRTA</th>
<th>WREB</th>
</tr>
</thead>
<tbody>
<tr>
<td>$950.00</td>
<td>$995.00</td>
<td>$975.00 for Full Exam (Clinical AND Computer-Based Exam)</td>
<td>$1,000.00</td>
<td>$750.00-$950.00 Clinical Exam</td>
</tr>
<tr>
<td>Plus site fees dependent on host institution</td>
<td>Potential site fees dependent on host institution</td>
<td>Potential site fees dependent on host institution</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Partial Exams:*
- $525 – (Patient Clinical)
- $450 – (CSCE – Computer-Based)
- $275 – (CSCE – Retake)
- $140 - Local Anesthesia Computer-Based Exam
- $135 – Nitrous Oxide Computer-Based Exam

*Local Anesthesia:

- $285.00-360.00 - Clinical
- $105.00 – Written Exam
- $50.00 - Pearson VUE
- $500.00-$600.00 – Restorative Exam

Plus site fees dependent on host institution

### Re-Examination Fees

- All as indicated above
- All as indicated above plus additional application fees
- For only the portion of the exam you need to retake
- All as indicated above plus additional application fees
- All as indicated above plus additional application fees

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### Liability Insurance

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITA</td>
<td>Professional liability insurance coverage included in application fee.</td>
</tr>
<tr>
<td>CRDTS</td>
<td>Professional liability insurance coverage included in application fee.</td>
</tr>
<tr>
<td>CDCA</td>
<td>Professional liability insurance coverage included in application fee.</td>
</tr>
<tr>
<td>SRTA</td>
<td>Professional liability insurance coverage included in application fee. Coverage not extended to qualified practitioners providing local anesthetic services.</td>
</tr>
<tr>
<td>WREB</td>
<td>Professional liability insurance coverage included in application fee.</td>
</tr>
</tbody>
</table>

### Application Requirements

1. **Proof of graduation and transcripts from a Commission on Dental Accreditation (CODA)** OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program.
   - **OR** Certification of Graduation Form from program director verifying candidate is sufficiently clinically competent, in good standing, and anticipated to fulfill school requirements within the school year. Candidates must also submit a Verification of Eligibility Form.

2. **Proof of graduation from an accredited dental hygiene program.**
   - **OR** Letter of Certification completed by program director verifying anticipated graduation date within 60 days of examination.
   - Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic.

3. **Proof of graduation from a Commission on Dental Accreditation (CODA) OR Commission on Dental Accreditation of Canada (CDAC) accredited dental hygiene program.**
   - **OR** Written certification from Program Director verifying candidate is sufficiently prepared and expected graduation within 45 days of scheduled clinical exam.
   - Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic.
   - Proof of CPR Certification

4. **Copy of candidate’s diploma from a Commission on Dental Accreditation (CODA) accredited dental hygiene program.**
   - **OR** Letter from Program Director or Dean stating candidate is eligible, in the last semester, and anticipates graduation within 12 months of scheduled clinical exam.
   - Confirmation of Training to Administer Local Anesthesia, if candidate intends to use local anesthetic, included in previously described letter.
   - Proof of CPR Certification

5. **An original letter (on school stationary), signed by the dean/director with the school seal affixed, indicating the candidate’s projected dental hygiene graduation date or the degree earned.**
   - **OR** A copy of the candidate’s Diploma or Official School Transcript indicating the dental hygiene degree earned.

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### Treatment Selection Requirements

<table>
<thead>
<tr>
<th>CITA</th>
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<th>CDCA</th>
<th>SRTA</th>
<th>WREB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidate must select 6-8 teeth</strong> upon which the candidate will designate twelve (12) surfaces of explorer-detectable subgingival calculus, plaque and stain for removal. No more than 4 surfaces may be on anterior teeth.</td>
<td><strong>Candidate must select 6-10 teeth</strong>, including no more than 3 anteriors, with at least 12 surfaces of qualifying subgingival calculus, 6 of which must have at least 1 surface qualify.</td>
<td><strong>Candidate must select 6-8</strong> permanent teeth with 12 surfaces of subgingival calculus.</td>
<td><strong>Candidate must select one full quadrant with at least 6 teeth</strong> plus two posterior teeth from a second quadrant.</td>
<td><strong>Candidate must select one full quadrant and up to 4 additional teeth</strong> and at least 6 natural teeth.</td>
</tr>
<tr>
<td>Three of these teeth must have a pocket of 4mm or greater.</td>
<td>Of the 12 qualifying surfaces, at least 8 must be on posterior teeth, and of those, at least 3 surfaces must be on molars. No more than 4 surfaces can be on anterior teeth.</td>
<td>8 of the 12 must be on posteriors and molars; 5 must be mesial or distal surfaces of the posterior teeth within 2mm or less of an adjacent tooth. At least 3 must be located on mesial or distal surfaces on molars within 2mm or less of an adjacent tooth; only 1 can be located on a surface with no adjacent tooth; remaining 4 surfaces may be located on any surface in the case selection.</td>
<td>At least 2 natural, permanent molars; 1 located in the selected quadrant, 1 located in the second quadrant; one molar must have both a mesial and a distal contacting tooth. Must be free of excessive soft debris.</td>
<td>Selection must include a minimum of 12 surfaces of qualifying subgingival calculus.</td>
</tr>
<tr>
<td>Three of these posterior surfaces must be interproximal.</td>
<td><strong>CRDTS prohibits</strong></td>
<td><strong>SRTA prohibits</strong></td>
<td>12 surfaces with heavy to moderate subgingival calculus; 8 of the 12 on molars and premolars; 5 of the 8 on mesial or distals; 3 of the 5 on mesial or distals of molars; 4 of the 12 on any tooth in the case selection.</td>
<td>At least 3 of the 12 surfaces must be on molars; no more than 4 of the 12 may be on mandibular anteriors; more than four (4) qualifying surfaces are acceptable on the maxillary anteriors.</td>
</tr>
<tr>
<td>Selected teeth must have at least one approximating tooth within a 2mm distance.</td>
<td><strong>CRDTS prohibits</strong></td>
<td><strong>CDCA prohibits</strong></td>
<td><strong>SRTA discourages</strong></td>
<td><strong>WREB prohibits these treatment selections:</strong></td>
</tr>
<tr>
<td><strong>CITA prohibits:</strong></td>
<td><strong>CRDTS prohibits:</strong></td>
<td><strong>CDCA prohibits:</strong></td>
<td><strong>SRTA discourages:</strong></td>
<td><strong>WREB prohibits:</strong></td>
</tr>
<tr>
<td>Full-banded Orthodontics</td>
<td>Grade III or IV furcations</td>
<td>Partially erupted 3rd molars</td>
<td>Probing depths &gt;6mm</td>
<td></td>
</tr>
<tr>
<td>Implants; banded, bonded or splinted, either orthodontically or periodontally</td>
<td>Grade III mobility</td>
<td>Retained deciduous teeth</td>
<td>Class III furcations</td>
<td></td>
</tr>
<tr>
<td>Retained primary teeth</td>
<td>Ortho/Invisalign brackets and/or bonded retainers</td>
<td>Implants</td>
<td>Ortho bands</td>
<td></td>
</tr>
<tr>
<td><strong>CRDTS discourages:</strong></td>
<td><strong>Implants</strong></td>
<td><strong>Probing depths &gt;6mm</strong></td>
<td>Overhanging margins; temporary or faulty subgingival restorations</td>
<td></td>
</tr>
<tr>
<td>Faulty restorations</td>
<td>Partially erupted teeth</td>
<td><strong>Class III furcations or mobility</strong></td>
<td>Gross caries</td>
<td></td>
</tr>
<tr>
<td>Gross caries</td>
<td>Retained deciduous teeth</td>
<td><strong>Advanced periodontal disease</strong></td>
<td>Crowns with rough subgingival margins</td>
<td></td>
</tr>
<tr>
<td>Extensive veneer crowns</td>
<td><strong>Advanced periodontal disease</strong></td>
<td>Ortho brackets</td>
<td><strong>CRDTS prohibits:</strong></td>
<td></td>
</tr>
<tr>
<td>Multiple probing depths &gt;6mm</td>
<td>Implants</td>
<td>Bonded retainers</td>
<td>Grade III or IV furcations</td>
<td></td>
</tr>
<tr>
<td><strong>WREB prohibits these treatment selections:</strong></td>
<td><strong>Defective restorations</strong></td>
<td>Faulty restorations</td>
<td>Grade III mobility</td>
<td></td>
</tr>
<tr>
<td>Probing depths &gt;6mm</td>
<td>Gross caries</td>
<td>Bonded retainers</td>
<td>Ortho/Invisalign brackets and/or bonded retainers</td>
<td></td>
</tr>
<tr>
<td>Class III furcations</td>
<td>Extensive veneers</td>
<td><strong>Implants</strong></td>
<td>Implants</td>
<td></td>
</tr>
<tr>
<td>Overhanging margins; temporary or faulty subgingival restorations</td>
<td>Extensive veneers</td>
<td><strong>Partially erupted 3rd molars</strong></td>
<td>Partially erupted 3rd molars</td>
<td></td>
</tr>
<tr>
<td>Gross caries</td>
<td><strong>CRDTS discourages:</strong></td>
<td>Retained primary teeth</td>
<td>Retained deciduous teeth</td>
<td></td>
</tr>
</tbody>
</table>

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# Radiograph Component

<table>
<thead>
<tr>
<th>Agency</th>
<th>Requirement Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITA</td>
<td>Complete Mouth Series (exposed within 3 years) AND bitewings (exposed within the last twelve months) if the full mouth series is more than twelve months old. AND A panoramic radiograph (exposed within 3 years) and bitewings (exposed within the last twelve months). <strong>IN ADDITION TO:</strong> 4 bitewings (exposed within 1 year) Radiographs of poor diagnostic quality result in point deductions and could affect patient acceptability. Radiographic technique is not being evaluated in this part of the examination.</td>
</tr>
<tr>
<td>CRDTS</td>
<td>Complete Mouth Series (exposed within 3 years) OR A panoramic radiograph (exposed within 3 years) <strong>IN ADDITION TO:</strong> Horizontal or vertical bitewing survey of 2 to 4 films. OR Panoramic bitewing images (exposed within 1 year) Radiographs are non-graded; however radiographs of poor diagnostic quality will affect patient acceptability.</td>
</tr>
<tr>
<td>CDCA</td>
<td>Full-mouth periapical, including two or four bitewings, or a panoramic radiograph with two or four bitewings. Periapical and panoramic images must be current within 3 years. Bitewings must be current within 1 year; vertical or horizontal. Duplicates, conventional, or digital radiographs are acceptable. Candidate number, date files are exposed, and patient’s name must be on the mount or digital printout; Teeth must appear on Universal Notation System (1-32). Radiographs must be of diagnostic quality. Radiographs of poor diagnostic quality will affect patient acceptability and can result in failure of the exam.</td>
</tr>
<tr>
<td>SRTA</td>
<td>Full-mouth and bitewings or a panoramic radiograph and bitewings. Full-mouth - present 16-20 images, including 2 or 4 bitewings, depending on the number needed to show the mesial and distal surfaces, DEJ, and alveolar crestal bone of all posterior teeth. Periapical and panoramic images must be current within 3 years. Bitewings must be current within 1 year; vertical or horizontal. Radiographs of the selected quadrant are reviewed for diagnostic quality. Radiographs of poor diagnostic quality will affect patient acceptability and can result in failure of the exam.</td>
</tr>
<tr>
<td>WREB</td>
<td>Horizontal, vertical bitewings, or panoramic posterior bitewings with anterior and posterior periapicals that include all teeth in treatment submission. Radiographs must be taken within 12 months; not necessarily exposed by candidate. Radiographs are evaluated for diagnostic quality and technique and do not have to be exposed by you. The criteria pertain only to the radiographs for the treatment submission(s).</td>
</tr>
</tbody>
</table>

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# Computer Component

<table>
<thead>
<tr>
<th>Agency</th>
<th>Requirement Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSCE</td>
<td>CSCE (Computer Simulated Clinical Examination) is an optional computerized exam for Hygiene candidates.</td>
</tr>
<tr>
<td></td>
<td>No computer-based exam included.</td>
</tr>
<tr>
<td></td>
<td>100 multiple-choice, simulated patient questions - 2 hours in length. Taken at Prometric Testing Centers by appointment.</td>
</tr>
<tr>
<td></td>
<td>No computer-based exam included.</td>
</tr>
<tr>
<td></td>
<td>No computer-based exam included.</td>
</tr>
</tbody>
</table>

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### Administration of Local Anesthesia

<table>
<thead>
<tr>
<th><strong>CITA</strong></th>
<th><strong>CRDTS</strong></th>
<th><strong>CDCA</strong></th>
<th><strong>SRTA</strong></th>
<th><strong>WREB</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>May use subgingival anesthetic gel or topical anesthetic only.</td>
<td>Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required.</td>
<td>Admission of local anesthetic by candidate permitted as determined by each state practice act. Confirmation of local anesthesia training required. <strong>Candidates who are not qualified to administer local anesthetics</strong> may use topical anesthetics or anesthesia patches (Oraqix, etc.). The CDCA does not permit a third party, whether an examiner, dentist or licensed dental hygienist to administer local anesthetic for a candidate. Not evaluated as part of the exam.</td>
<td>Admission of local anesthetic by candidates who have successfully completed a course on local anesthesia from a CODA accredited program is permitted. This should include whether the candidate has been trained in infiltration techniques only or in both block and infiltration. Candidates not qualified to administer local anesthetics may use topical anesthetics or anesthesia patches (Oraqix, etc.) Qualified practitioner may administer local in lieu of candidate who is not qualified to administer.</td>
<td>Administration of local anesthetic by candidate is permitted. You must have one of the following: Submit original local anesthesia course certification form, provide proof of current licensure/certification, provide proof of passing WREB Clinical Local Anesthesia Exam, OR a letter from the state board where the exam is held. Qualified practitioner, as defined in candidate guide, may administer local in lieu of candidate.</td>
</tr>
</tbody>
</table>

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# Exam Scoring

<table>
<thead>
<tr>
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<th>SRTA</th>
<th>WREB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Score of 75% or higher each, required to pass:</strong></td>
<td><strong>Score of 75% or higher each, required to pass:</strong></td>
<td><strong>Score of 75% or higher each, required to pass:</strong></td>
<td><strong>Score of 75% or higher each, required to pass:</strong></td>
<td><strong>Score of 75% or higher each, required to pass:</strong></td>
</tr>
<tr>
<td><strong>TOTAL: 100 pts</strong></td>
<td><strong>TOTAL: 100 pts</strong></td>
<td><strong>TOTAL: 100 pts</strong></td>
<td><strong>TOTAL: 100 pts</strong></td>
<td><strong>TOTAL: 100 pts</strong></td>
</tr>
</tbody>
</table>

Penalty points may be assessed for:
- Treatment Selections that do not meet the described criteria.
- Infection control infractions.
- Patient management and treatment infractions.
- Areas that do not meet the described criteria for case acceptance.

 Penalty points may be assessed for unacceptable Treatment Selections or a violation of Treatment Standards as defined in Candidates Guide.

A Critical Error of unprofessional conduct or time penalty will result in failure of the exam. Three tissue trauma errors will result in Critical Error.

Penalty point deductions are cumulative and may be assessed for violations of standards and behaviors as defined in Candidate’s Manual.

A Critical Error of unprofessional conduct or time penalty will result in failure of the exam. Three tissue trauma errors will result in Critical Error.

Penalty points may be assessed for:
- X-ray penalty
- Non-Diagnostic Radiographs
- Patient Rejection
- Radiographic Technique Error
- Tissue Trauma Error
- Recession Error
- Probe Error
- Calculus Remaining
- No Patient Accepted (Failure of the examination)

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## Contact Information

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITA</td>
<td>1003 High House Road, Suite 101, Cary, NC 27513</td>
<td>(919) 460-7750</td>
<td>(919) 460-7715</td>
<td><a href="mailto:info@citaexam.com">Info@citaexam.com</a></td>
<td><a href="http://www.citaexam.com">www.citaexam.com</a></td>
</tr>
<tr>
<td>CRDTS</td>
<td>1725 SW Gage Blvd., Topeka, KS 66604</td>
<td>(785) 273-0380</td>
<td>(785) 273-5015</td>
<td><a href="mailto:info@crdts.org">info@crdts.org</a></td>
<td><a href="http://www.crdts.org">www.crdts.org</a></td>
</tr>
<tr>
<td>CDCA</td>
<td>1304 Concourse Drive, Suite 100, Linthicum, MD 20910</td>
<td>(301) 563-3300</td>
<td>(301) 563-3307</td>
<td><a href="mailto:director@cdcaexams.org">director@cdcaexams.org</a></td>
<td><a href="http://www.cdcaexams.org">www.cdcaexams.org</a></td>
</tr>
<tr>
<td>SRTA</td>
<td>4698 Honeygrove Rd., Suite 2, Virginia Beach, VA 23455</td>
<td>(757) 318-9082</td>
<td>(757) 318-9085</td>
<td><a href="mailto:help@srt.org">help@srt.org</a></td>
<td><a href="http://www.srta.org">www.srta.org</a></td>
</tr>
<tr>
<td>WREB</td>
<td>23460 North 19th Ave., Suite 210, Phoenix, AZ 85027</td>
<td>(602) 944-3315</td>
<td>(602) 371-8131</td>
<td><a href="mailto:generalinfo@wreb.org">generalinfo@wreb.org</a></td>
<td><a href="http://www.wreb.org">www.wreb.org</a></td>
</tr>
</tbody>
</table>

Information compiled by:

*The American Dental Hygienists’ Association, Division of Education*

444 North Michigan Avenue, Suite 3400
Chicago, IL 60611
312-440-8900
[education@adha.net](mailto:education@adha.net)