

National Board for Certification in
Dental Laboratory Technology

MODULARIZATION

**CANDIDATE HANDBOOK AND
APPLICATIONS**

NBC

National Board for Certification in
Dental Laboratory Technology



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MODULARIZATION

**NBC RECOMMENDS THAT THIS HANDBOOK
BE KEPT FOR REFERENCE THROUGHOUT
THE APPLICATION PROCESS.**

This handbook contains information about how to apply for practical and written module exams.

If you have questions about the policies, procedures or processing of your application after reading this handbook, please go to our website at www.nbccert.org or email us at modularization@nbccert.org. We are also happy to assist you by phone during business hours (Monday through Thursday: 8:00 a.m. to 5:00 p.m. EST; Friday: 8:00 a.m. to 3:30 p.m. EST) at (800) 684-5310 or through written correspondence sent to our offices at the address below.

National Board for Certification in Dental Laboratory Technology

MODULARIZATION

NBC Mission

To provide professional certification to both dental technicians and dental laboratories.

NBC Vision

The National Board for Certification in Dental Laboratory Technology is dedicated to administering and promoting globally recognized certification programs to assess the knowledge, skills and abilities of dental technicians and to review facility and staff training criteria for dental laboratories.

STATEMENT OF NONDISCRIMINATION

The Modularization Program is offered to all candidates that meet eligibility requirements regardless of age, race, religion, gender, national origin, marital status or disability.

AMERICANS WITH DISABILITIES ACT FOR MODULARIZATION CANDIDATES

No individual with a disability will be deprived of the opportunity to take the Modularization examinations solely by reason of that disability. The NBC complies with the Americans with Disabilities Act and will provide reasonable accommodations for candidates with disabilities. An application requesting special accommodations and arrangements at regularly scheduled examinations must be submitted at least thirty (30) days prior to the examination, in writing, to the NBC. The request must include verification of the disability and the specific type of assistance needed. Please contact the NBC for an application form, if needed.

Please read all sections of this handbook. Information can also be found in the Modularization section on the NBC Web site at www.nbccert.org. You can contact the NBC Headquarters at modularization@nbccert.org or call our toll-free number, (800) 684-5310.

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Dental Laboratory Technology
MODULARIZATION

Candidate Handbook and Applications
Modularization Program

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<p>NBC National Board for Certification in Dental Laboratory Technology</p>		<p>325 John Knox Road, #L103, Tallahassee, FL 32303 (800) 684-5310 TOLL FREE • (850) 205-5627 (850) 222-0053 FAX • www.nbccert.org</p>
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Information on the Modularization Program

WHAT IS MODULARIZATION?

The Modularization Program was created by the NBC as a result of extensive market research and an industry demand from technicians who focus their work on a specific activity in the manufacturing of dental devices. The industry needed a way to assess the ability of such workers and to enable them to demonstrate their skill level to employers, dentists and themselves by earning a “Certificate of Competency” for the subset of work in which they specialize.

There are an estimated 42,000 dental technologists in the United States. Of these technicians, over 6,000 are currently active Certified Dental Technicians (CDTs). Many of the remaining 35,000 technicians lack a formal educational foundation in dental technology and focus their work on a specific activity in the manufacture of dental devices.

A Modularization “Certificate of Competency” allows technicians to prove their abilities and to demonstrate their skill. The Certificates are earned after the candidate successfully passes both a written and a practical exam in his or her area.

The NBC Modularization program is NOT a certification program, although it is one pathway for entering into the Certified Dental Technician certification. A candidate who earns all of the Certificates available within a given specialty area within four years may substitute those exams for the CDT Written Specialty exam (but would still need to meet all other CDT requirements, including passing the practical and comprehensive exams within four years of earning his or her final Modularization Certificate). See “From Modules to Certified Dental Technician Certification” for more information. Candidates who successfully complete the module examinations will not be required to renew, submit proof of continuing education or pay annual renewal fees.

ELIGIBILITY REQUIREMENTS

Technicians wishing to participate in the Modularization Program must:

1. Have at least one year of documented consecutive on-the-job practical experience in dental laboratory technology; or be a graduate of a 1 or 2-year (or military) dental technology program.
2. Submit an application and fee to the NBC;
3. Have a working knowledge of the English language; and
4. Be of satisfactory legal and ethical standing in the dental laboratory and dental community.

THE EXAMINATIONS

The examinations given by the NBC are a result of an industry demand to verify the skills of technicians who focus their work on a specific activity in the manufacturing of dental devices. Questions and tasks on the examinations originate from technicians within the field who serve on special task forces (comprised of technicians, laboratory owners, educators and dentists) appointed by the NBC Board of Trustees. Regular review, revisions and updates of the examinations are performed. Both the written and the practical exam modules are subject to ongoing statistical analysis and peer review to ensure relevance to the current practice in dental laboratory technology.

RECOGNITION — “CERTIFICATE OF COMPETENCY”

When a candidate successfully completes both the written and practical exams within a module, they will receive a “Certificate of Competency” dated when they completed the requirements for that specific module. To earn the Certificate, both examinations must be completed within twelve (12) months and they can be completed in any order.

FROM MODULES TO CERTIFIED DENTAL TECHNICIAN (CDT) CERTIFICATION

A candidate who earns a “Certificate of Competency” for all of the modules in a specialty area (both the written and practical) within a four year time period may receive a waiver for the CDT written specialty exam. To take advantage of this option, the candidate has four years from the date of passing the first module examination in a specialty to complete all of the other module examinations in that specialty area in order to have it count towards the waiver of the CDT written specialty examination.

The technician must then pass both the CDT written comprehensive and the CDT practical examinations within four years of the date that the final module exam was passed. All of the other CDT candidate criteria will still be required, such as not being found guilty of the illegal practice of dentistry and the experience/education requirement to become a CDT. (See the CDT Examination Handbook and Applications for more information.)

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Examination Application Process

APPLICATION PROCESS AND FEES

Eligibility to take the written and practical module examinations will be determined by the NBC upon receipt of a completed application and payment of the examination fees. The NBC will notify candidates after receipt of their application.

The fee for each of the module examinations is as follows:

Practical Module Exams: \$110 each (*plus any shipping charges*)
Written Module Exams: \$99 each

RESCHEDULING MODULE EXAMINATIONS

To reschedule a written module examination, you must notify the NBC at least ten (10) business days prior to your scheduled examination date. The full examination fee from your first reservation will be applied to your new examination date, less a \$25 administrative fee. You have one (1) year to reschedule your examination without forfeiting the fee.

Since there is not a set date for the practical module examinations, there is no provision for rescheduling practical module exams. The pace and timing of the exams are determined by the candidate and each candidate simply submits their work when they are ready for it to be graded. Candidates have one (1) year from the date of application to submit their work without forfeiting the fee.

CANCELLATION POLICY FOR MODULE EXAMINATIONS

If you need to cancel your written module examination date, you must notify the NBC at least ten (10) business days prior to your scheduled examination date. Your fees, less a \$25 cancellation fee, will be refunded. If you do not notify the NBC or if your notification is received less than ten (10) business days prior to your scheduled examination, you will be considered absent and will forfeit all application fees.

Practical module examinations may be completed at any time within one (1) year of the application date. If a cancellation is necessary, the NBC must receive written notification within ninety (90) days of the date of the original application. A cancellation fee of \$25 will be assessed.

FAILING TO APPEAR OR COMPLETE MODULE EXAMINATIONS

If on the day you are scheduled to take a written module examination you do not appear, and you have not rescheduled or cancelled your examination, you will forfeit all examination fees. If a candidate fails to complete the practical module examination within one (1) year of the date of application, the exam fees will be forfeited. Candidates will then be required to re-submit a new application and re-pay all examination fees.

Candidates who missed or failed to complete an examination “with cause” must send a letter to the NBC stating why they failed to appear for or complete the examination. A determination will be made on a case by case basis and candidates will be notified whether they are approved to retake the examination at no additional cost.

Acceptable reasons for failing to appear for or complete an examination include:

1. Serious illness — either you or an immediate family member
2. Death in the immediate family
3. Disabling traffic accident
4. Court appearance or jury duty
5. Unexpected military duty call-up.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

No individual with a disability will be deprived of the opportunity to take the Modularization examinations solely by reason of that disability. The NBC complies with the Americans with Disabilities Act and will provide reasonable accommodations for candidates with disabilities. An application requesting special accommodations and arrangements must be submitted with the Modularization Exam Application, in writing, to the NBC. The request must include verification of the disability and the specific type of assistance requested. Please contact the NBC for an application form, if needed.

About the Module Examinations

TYPES OF EXAMS

To earn a Modularization “Certificate of Competency”, a technician must prove their abilities and demonstrate their skills by successfully passing both a written and a practical exam in his or her area.

The written module examination is a multiple-choice examination. There are 50 questions on the examination that have been determined to be relevant for that specific module. Candidates are given one hour to complete the exam.

The practical module examination is a hands-on exam to measure the candidate’s proficiency in a specific task area. The pace and timing of the exams are determined by the candidate and each candidate simply submits their work when they are ready for it to be graded.

MODULE OUTLINE

There are twelve (12) modules available for testing, within the five (5) specialties of Crown & Bridge, Ceramics, Partial Dentures, Complete Dentures and Orthodontics.

These modules include:

Crown & Bridge

- Module 1.** Models, Casts and Dies
- Module 2.** Waxing and Investing
- Module 3.** Casting, Finishing and Polishing

Ceramics

- Module 1.** Models, Casts and Dies
- Module 2.** Waxing and Investing
- Module 3.** Casting, Finishing and Polishing
- Module 4.** Porcelain

Complete Dentures

- Module 5.** Models and Casts
- Module 6.** Prosthetic Teeth
- Module 7.** Denture Bases

Partial Dentures

- Module 5.** Models and Casts
- Module 6.** Prosthetic Teeth (written only)
- Module 7.** Denture Bases (written only)
- Module 8.** Design and Waxing
- Module 9.** Casting and Finishing of Metal Frameworks

Orthodontics

- Module 10.** Models and Casts
- Module 11.** Metalwork and Appliances
- Module 12.** Finishing, Polishing and Repairing of Acrylics

EXAMINATION PREPARATION

Preparation for all of the module examinations begins at the technician's first introduction to the dental laboratory. Ideally, it is a process of training, education, experience and continuing education.

The modularization examination was developed on the basis of practice in the field and is not based on a specific textbook or course of study. Therefore, many sources of information are appropriate for study and review. The references listed in this handbook must not be regarded as the only useful sources of information. They should be considered only as representative sources of the types of information covered by the examination.

MODULE EXAMINATION REFERENCES

All module examinations require that a candidate understands correct terminology in dental technology. Candidates must also demonstrate basic knowledge of infection control and other health and safety aspects of the laboratory operations; the use and maintenance of pertinent laboratory equipment; as well as technical considerations unique to their respective specialty areas.

The primary reference is the U.S. Air Force Manuals. These include Dental Laboratory Technology, Basic Sciences, Removable Prosthodontics, and Orthodontics (2005), Air Force Pamphlet 47-103, Volume One and Dental Laboratory Technology, Fixed and Special Prosthodontics (2005), Air Force Pamphlet 47-103, Volume Two. Copies of these manuals on compact disc are available through the National Association of Dental Laboratories (NADL) www.nadl.org.

Many other texts are useful and we encourage candidates to use multiple references. Other recommended publications include:

Brand, Richard & Donald Isselhard. Anatomy of Orofacial Structures (7th Edition), Mosby; March 2003. ISBN-10: 0323019544.

Sowter, John B. Removable Prosthodontic Techniques, University of North Carolina Press; Rev Sub edition (July 1987). ISBN-10: 0807841668.

Murray, Henry V. & Troy B. Sludre, Fixed Restorative Techniques, University of North Carolina Press; Rev Sub edition (August 1989). ISBN-10: 0807842508.

Carr, Alan B., Glen P. McGivney & David T. Brown, McCracken's Removable Partial Prosthodontics, 11th Edition, Mosby; 2005. ISBN: 978-0-323-02628-4.

Anusavice, Kenneth J., Phillips' Science of Dental Materials (Anusavice Phillip's Science of Dental Materials), Saunders; 11th edition (June 17, 2003). ISBN 10: 0721693873.

Brackett, Susan E., Sumiya Hobo, Richard Jacobi and Lowell D. Whitsett, Fundamentals of Fixed Prosthodontics, Quintessence Publishing (IL); 3rd Sub edition (January 15, 1997). ISBN 10: 086715201X.

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About the Module Examinations, continued.

WRITTEN EXAMS:

HOW MUCH TIME DOES IT TAKE?

Candidates will have up to one (1) hour to complete each module written examination; they may use as much or as little of this time as they require.

WHERE IS IT GIVEN?

The written modularization exams are offered along with many of the written CDT exams. For current dates times and locations, check the NBC Web site, www.nbccert.org.

Candidates may also be able to host the written exams in their own labs. Contact the NBC for information about becoming a Host Site & setting a date for the exams.

SAMPLE QUESTIONS

The questions on the written module examination will look something like this. However, keep in mind that per each module examination you will only be asked questions specific to the module specialty subset you have chosen to test in.

1. The cutting edge of an anterior tooth is called
 - A. buccal.
 - B. incisal.
 - C. distal.
 - D. mesial.
2. What is measured by a Boley gauge?
 - A. inches
 - B. millimeters
 - C. centimeters
 - D. picas

You will be asked to read each question carefully, select the best answer and then thoroughly fill in the bubble on your answer sheet with a #2 pencil.

PRACTICAL EXAMS:

HOW MUCH TIME DOES IT TAKE?

The pace and timing of the exams are determined by the candidate and each candidate simply submits their work when they are ready for it to be graded.

HOW IS THE EXAM GIVEN?

Each candidate must duplicate a model from a case in their own lab to perform requested tasks. The required model will be described for each module upon registration and the tasks defined. All models used must be duplicates to comply with HIPPA requirements and to ensure proper infection control. Any patient identifying information must be removed. For more information regarding HIPPA requirements, please see <http://www.hhs.gov/ocr/hipaa/>.

The candidate must perform the required tasks on his or her own and must obtain an attesting signature — from a Certified Dental Technician or a licensed dentist — confirming that the candidate performed the tasks associated with the module exam without assistance. The candidate will also sign an attestation confirming that the work is their own.

Candidates will perform the required tasks, pack the case and ship it to the NBC Headquarters for evaluation by NBC Examiners. Candidates are responsible for packing their work properly to ensure safe transport. Candidates who want their work returned to them will need to provide a pre-paid return shipping label and pay for the return shipping.

All candidate work must be identified with the candidate ID number which will be provided upon registration along with detailed instructions for the specific module and any designs needed. Where ever possible, cases requiring articulation may be completed using disposable articulators. All work must be submitted with the Modularization Practical Exam Submission Form that is provided to all candidates upon registration.

SUBMITTING THE EXAM

Once you register for the exam by sending in an application and the required fee, the NBC will mail you a confirmation letter with instructions for your module and your candidate ID number. You will also receive a Modularization Practical Exam Submission Form. This form requires an attesting signature from a Certified Dental Technician or dentist verifying that all work was performed by the candidate without assistance. Any work submitted without this form will not be acceptable for grading.

When you are ready, make sure that your work has been labeled with your candidate ID number. Failing to label the work with the candidate ID number may result in automatic failure. Submit your work along with your Modularization Practical Exam Submission Form to the NBC Headquarters. Be sure to include a pre-paid return mailing label if you wish your work to be returned.

SHIPPING YOUR WORK

Each candidate is responsible for properly packing and shipping their work for grading. The NBC is not responsible for lost, misdirected or damaged work and/or equipment and your work will be graded in whatever shape it is received. If you would like us to return your work and/or equipment after it is graded, you must include a pre-paid shipping label.

Examination Content and Tasks

Module 1: Models, Casts and Dies for Crown & Bridge and Ceramics

Written Exam Content

Articulation

- Types of Articulators
- Uses of Articulators
- Occlusal Registrations
- Mounting Procedures (Facial Bows, etc.)
- Jaw Relations Records

Materials

- Understand the Types, Physical Properties and Handling Characteristics of Gypsum Products
- Understand the Types, Physical Properties and Handling Characteristics of Separating Materials
- Impression Materials
- Handling
- Impressions
- Final Impressions
- Tools and Equipment Unique to Crown and Bridge

Health and Safety

- Impression, cast fabrication and case design

Models, Casts and Dies

- Primary Impression, Cast Fabrication and Case Design
- Occlusal morphology
- Master Cast Fabrication with Removable Dies

Practical Exam Tasks

Candidate must select a case that requires a posterior 3-unit bridge. Case must have adjacent teeth mesially and distally which will contact the bridge. There must also be full opposing dentition.

Candidate must prepare a full arch cast with removable dies for a posterior 3-unit bridge and articulate the case.

Module 2: Waxing and Investing for Crown & Bridge and Ceramics

Written Exam Content

Anatomy

- Occlusion
- Tooth Morphology
- Basic Landmarks
- ID Muscles
- Tooth Identification

Theory and Design

- Preparation Types
- Ceramic Fixed Prosthesis Design

Waxing and Investing

- Materials: Understand the Types, Physical Properties and Handling Characteristics of Waxes
- Understand the Types, Physical Properties and Handling Characteristics of Wetting Agents
- Materials: Understand the Types, Physical Properties and Handling Characteristics of Casting Investments
- Wax Pattern Design and Fabrication
- Attach Sprues to Substructure Pattern
- Invest Wax Pattern in Refractory Material
- Implants & Attachments
- Posts & Cores

Practical Exam Tasks

Candidate must select a case requiring a full crown and a case requiring a 3-unit bridge. The same case may be used for both the crown and the bridge if desired. The case(s) must have adjacent teeth mesially and distally which will contact the bridge and the crown. There must also be full opposing dentition (natural teeth).

Candidate must wax to full contour a single molar crown, wax a substructure for 3 unit bridge (either anterior or posterior — the design choice is up to the candidate), and articulate the case(s).

Module 3: Casting, Finishing and Polishing for Crown & Bridge and Ceramics

Written Exam Content

Materials

- Understand the Types, Physical Properties and Handling Characteristics of Metals
- Understand the Types, Physical Properties and Handling Characteristics of Abrasives and Polishing Agents
- Understand the Types, Physical Properties and Handling Characteristics of Laboratory Gases
- Understand the Types, Physical Properties and Handling Characteristics of Casting Investments
- Materials Used in Crown and Bridge

Casting

- Invest Wax Pattern in Refractory Material
- Burnout Invested Ring
- Cast Molten Metal into Mold
- Remakes & Repairs

Finishing and Polishing

- Occlusal Morphology
- Recover Metal Casting
- Finishing and Polishing
- Soldering
- Welding

Practical Exam Tasks

Candidate must select a case requiring a full crown and a case requiring a 3-unit bridge. The same case may be used for both the crown and the bridge if desired. The case(s) must have adjacent teeth mesially and distally which will contact the bridge and the crown. There must also be full opposing dentition (natural teeth).

Candidate must finish and polish a full contour single molar crown and prepare the metal surface for the 3-unit bridge to receive porcelain (either anterior or posterior — the design choice is up to the candidate), and articulate the case(s).

Module 4: Porcelain for Ceramics

Written Exam Content

Terminology and Design

- Ceramic Fixed Partial Denture Vocabulary
- Design Ceramic Substructure

Prepare and Apply Porcelain

- Prepare Surface for Porcelain Application
- Apply Opaque Porcelain and Fire
- Apply Dentin/Body Porcelain

Shaping and Finishing

- Occlusal Morphology
- Contour to Final Tooth Morphology
- Shade Using Incisal Porcelain
- Glaze the Restoration
- Polish the Restoration
- Inspect the Restoration
- Tools and Equipment Unique to Ceramics

Practical Exam Tasks

Candidate must select a case requiring an anterior full crown and a case requiring a posterior full crown. The same case may be used for both the crowns if desired. The case(s) must have adjacent teeth mesially and distally which will contact the crown. There must also be opposing dentition (natural teeth).

Candidate must complete both a porcelain full contour posterior single crown and a porcelain full contour anterior single crown and articulate the case(s).

continued...

Examination Content and Tasks, continued.

Module 5: Models and Casts for Partial and Complete Dentures

Written Exam Content

Articulation

- Types of Articulators
- Uses of Articulators
- Occlusal Registrations
- Mounting Procedures (Facial Bows, etc.)
- Jaw Relations Records

Materials

- Understand the Types, Physical Properties and Handling Characteristics of Gypsum Products
- Plastics
- Impression Materials
- Handling
- Preliminary Impressions
- Custom Trays
- Final Impressions

Models and Casts

- Create Master Models from Custom and Stock Tray Impressions
- Design and Fabricate Record Base Plate and Occlusal Rim Health and Safety
- Laboratory Procedures and Safe Working Practices

Practical Exam Tasks

Candidate must select and pour two sets of maxillary and mandibular impressions. One must be fully dentulous and one must be edentulous.

Candidate must trim the edentulous models and identify anatomical landmarks. Using the fully dentulous models, the candidate must trim the set, mount the set on an articulator and remove specific teeth.

Module 6: Prosthetic Teeth for Partial and Complete Dentures

Written Exam Content

Anatomy

- Occlusion
- Tooth Morphology
- Basic Landmarks
- ID Muscles
- Tooth Identification

Prosthetic Teeth

- Select Anterior and Posterior Denture Teeth
- Set-up and Arrangement of Anterior and Posterior Denture Teeth

Practical Exam Tasks (Not Required for Partial Denture Candidates)

Candidate must select a set of edentulous casts.

Candidate must mount the casts in Class 1 occlusion with a vertical dimension of 40 mm from the maxillary labial vestibule to the mandibular labial vestibule. Candidate must also select anterior and posterior teeth appropriate to the edentulous anatomy and set the teeth in centric occlusion. Finally, the candidate must create anatomical wax contours of the denture base.

Module 7: Denture Bases for Partial and Complete Dentures

Written Exam Content

Denture Bases

- Create Anatomical Wax Contours of the Denture Base
- Processing Equipment, Materials & Techniques Invest the Waxed Denture and Process Acrylic Resin
- Remount & Corrections
- Removing Cast from Removable Partial Dentures
- Denture Bases
- Altered (split) Cast Technique (e.g., Corrected Impressions)
- Equipment (for Finishing & Polishing Denture Base) Tools & Equipment Unique to Complete Dentures
- Abrasives & Polishing Agents
- Techniques & Procedures
- Understand the Purpose of and Process for Relining a Denture
- Understand the Purpose of and Process for Rebasing a Denture
- Understand the Purpose of and the Process for an Immediate Denture
- Finish and Polish Complete Denture
- Understand the Purpose of and the Process for Repairing a Denture

Practical Exam Tasks (Not Required for Partial Denture Candidates)

Candidate must select a maxillary edentulous cast with identifiable anatomical landmarks.

Candidate must post-dam the model; wax and contour a full denture set up; and process, finish and polish the denture base. Candidate must remove one molar and replace it using another color of acrylic.

Module 8: Design and Waxing for Partial Dentures

Written Exam Content

Components of Framework

- Major Connectors (Types and Functions)
- Minor Connectors (Types and Functions)
- Direct Retainers (Types and Functions)
- Indirect Retainers
- Rests
- Denture Bases
- Stress Releasing Attachments

Survey and Design

- Techniques of Surveying (Path of Insertion)
- Clasp Selection
- Major Connectors (Selection)
- Beading Outline
- Relief for Acrylic Retention
- Classifications
- Refractory Materials (Qualities)
- Refractory Cast Fabrication: Duplication
- Preparation — Transfer Design
- Pattern Application
- Spruing
- Investing
- Understand the Types, Physical Properties and Handling Characteristics of Wetting Agents
- Understand the Types, Physical Properties and Handling Characteristics of Casting Investments

Practical Exam Tasks (Only Required for Complete Denture Candidates)

Candidate must select maxillary and mandibular models with full dentition.

After removing specific teeth, the candidate must wax a partial denture framework on the refractory cast according to NBC designs which will include either a full pontic wax up and/or a denture tooth.

continued...

Examination Content and Tasks, continued.

Module 9: Casting and Finishing of Metal Frameworks for Partial Dentures

Written Exam Content

Materials

- Understand the Types, Physical Properties and Handling Characteristics of Metals
- Understand the Types, Physical Properties and Handling Characteristics of Abrasives and Polishing Agents
- Understand the Types, Physical Properties and Handling Characteristics of Fluxes and Antifluxes
- Understand the Types, Physical Properties and Handling Characteristics of Laboratory Gases

Casting

- Wax Elimination (burnout)
- Casting (types)
- Retrieval of Casting
- Finishing and Polishing of Metal Framework

Repairs

- Soldering
- Welding
- Finishing & Polishing After Soldering or Welding
- Additions
- Tools and Equipment Unique to Partial Dentures

Practical Exam Tasks

Candidate must select maxillary and mandibular models with full dentition.

After removing specific teeth, the candidate must cast and finish maxillary and mandibular frameworks according to NBC designs.

Module 10: Models and Casts for Orthodontics

Written Exam Content

Anatomy

- Occlusion
- Tooth Morphology
- Basic Landmarks
- Identification of Muscles
- Tooth Identification
- Dental and Skeletal Treatment

Materials

- Understand the Types, Physical Properties and Handling Characteristics of Gypsum Products
- Understand the Types, Physical Properties and Handling Characteristics of Plastics
- Understand the Types, Physical Properties and Handling Characteristics of Separating Materials

Casts

- Study Casts
- Trimming
- Finishing and Polishing of Study Casts

Health and Safety

- Laboratory Procedures and Safe Working Practices

Practical Exam Tasks

Candidate must select a case that has maxillary and mandibular models with full dentition that hand-articulates easily. Primary, permanent, or mixed dentition is acceptable.

Candidate must create a set of orthodontic study casts following specific guidelines. The final occlusal of the casts is checked to determine proper interdigitation. The cast should not rock. Proper soaping and polishing should be done to insure the quality of final finished casts.

Module 11: Metalwork for Orthodontics

Written Exam Content

Components

- Types of Clasps
- Functions and Uses of Clasps
- Springs
- Screws
- Coil Spring (Open & Closed)
- Labial Bows
- Other Components (Bands, Crowns, etc.)

Metalworking

- Bending Wire
- Embedding
- Splints
- Soldering
- Welding
- Finishing & Polishing After Soldering or Welding
- Tools and Equipment Unique to Orthodontics
- Understand the Types, Physical Properties and Handling Characteristics of Fluxes and Antifluxes
- Understand the Types, Physical Properties and Handling Characteristics of Abrasives and Polishing Agents
- Understand the Types, Physical Properties and Handling Characteristics of Laboratory Gases

Practical Exam Tasks

Candidate must create casts from three cases. One should be a maxillary cast with a full dentition, one should be a mandibular cast with full dentition, and one should be another mandibular cast that has fully-erupted first molars with one or more missing bicuspids (premolars) on each side. For all these cases, primary, permanent or mixed dentition is acceptable.

On the maxillary cast, candidate must bend wires to match the maxillary Hawley diagram provided by NBC. On the first mandibular cast, candidate must bend wires to match the Modified Mandibular Unilateral Sagittal diagram provided by the NBC. On the case with the

first molars, the candidate must select and seat bands and bend wires to match the mandibular fixed Space Maintainer diagram provided by the NBC.

Module 12: Appliances, Finishing, Polishing & Repairing of Acrylics for Orthodontics

Written Exam Content

Appliances

- Types of Appliances (Passive, Active, Functional)

Techniques

- Vacuum/Pressure Formed
- Sprinkle Technique

Materials and Finishing & Polishing

- Understand the Types, Physical Properties and Handling Characteristics of Plastics
- Understand the Types, Physical Properties and Handling Characteristics of Separating Materials
- Dough Pack (cold cured)
- Light Cured
- Heat Cured
- Finishing and Polishing

Repairs

- Replace Auxiliaries
- Acrylic Resin Repair

Practical Exam Tasks

Candidate must select both a maxillary cast and a mandibular cast with full dentition. Casts with primary, permanent or mixed dentition are acceptable. Wires should already be bent and placed.

Candidate must create two appliances following specific guidelines. The appliances include a maxillary Schwartz appliance and a mandibular unilateral sagittal appliance. The acrylic on both appliances must be finished and polished.

The Examination Grading System

PASSING /FAILING GRADES

Grading is not a comparative process. All grades are based on a standard that the NBC and its independent testing firm have determined to represent basic competence in dental laboratory technology and in each of the specialties tested. Practical exams are graded by specially trained Examiners and their performance is constantly monitored to ensure standard grading practices. A grade explanation outline will be provided when you receive your grade notification letter.

NOTIFICATION OF GRADES

For written module exams, candidates will be mailed their grades within two (2) weeks after the examination. For practical module exams, candidates will be mailed their grades within forty-five (45) days after the NBC received the candidate's work for grading. Examination results are reported directly to each candidate in writing and are otherwise held as confidential. Examination results are not available by telephone, email or fax.

Appeals

WRITTEN MODULE EXAMINATION APPEALS

The following appeals will be considered by the NBC:

PROCEDURAL APPEALS

If you believe that any circumstance, event or procedure at the test site has had an adverse effect on your ability to successfully complete the written examinations, please be sure that the Proctor is so advised before you depart from the test site. You must notify the NBC Headquarters immediately in writing, within at least two (2) weeks of the examination date. No procedural appeals will be considered after that time.

GRADE APPEALS

All grade appeals must be filed by the candidate with the NBC, in writing, no later than two (2) weeks after the receipt of examination results.

PRACTICAL MODULE EXAMINATION APPEALS

The following appeals will be considered by the NBC:

PROCEDURAL APPEALS

If you believe that any circumstance or event or procedure had an adverse effect on your ability to successfully complete the examination, you must notify the NBC Headquarters immediately in writing. The request for appeal must be received within two (2) weeks of the candidate's work being submitted for grading (which will usually be before grades are received.) No procedural appeals will be considered after that time.

National Board for Certification in Dental Laboratory Technology

MODULARIZATION

Application for Practical Module Examinations

Thank you for applying to take a Practical Module Examination. This examination, in combination with the corresponding written module examination is designed to validate your knowledge and applied skills in the chosen module.

INSTRUCTIONS

- 1) Type or print all answers clearly in ink.
- 2) Use extra sheets of paper if you need more space for requested information.
- 3) Be honest, accurate and thorough in completing all sections of this application. The National Board for Certification in Dental Laboratory Technology reserves the right to reject any application for testing if the Board has evidence that the candidate has made a false or misleading statement in the application or any supporting documents.
- 4) Payment is due with this application. The payment must be in the amount of the application and examination fee for this candidate only. Make the check or money order, payable to the National Board for Certification in Dental Laboratory Technology (NBC). For your convenience, we also accept VISA, MasterCard and American Express.
- 5) Once an exam has been confirmed, you are required to submit your work for grading within one year. Failure to do so may result in forfeiture of your examination fee.
- 6) When submitting work for grading, the candidate must obtain an attesting signature - from a Certified Dental Technician or a licensed dentist — confirming that the candidate performed the tasks associated with the module exam without assistance. After registration, the candidate will be provided with the proper form.
- 7) The timing of the practical exams is up to you and you may schedule more than one Practical module examination at a time. The work for multiple module exams may be submitted for grading at the same time, but each must be clearly labeled with the module number and submitted with its own Modularization Practical Exam Submission Form.

ELIGIBILITY FOR MODULE PRACTICAL EXAM

Module Examination candidates must:

1. Have at least one year of documented consecutive on-the-job practical experience in dental technology;
Or be a graduate of a 1 or 2-year (or military) dental technology program.
2. Submit an application and fee to the Board;
3. Have a working knowledge of the English language;
4. Be of satisfactory legal and ethical standing in the dental laboratory and dental community.

Application for Practical Module Exam

For Office Use Only:

Received _____ Site # _____
 Approved _____ Date _____
 Candidate # _____ Module Exam # _____

I. CANDIDATE INFORMATION

Mr. Mrs. Ms. Miss Other Name _____

CDT or RG # (if applicable) _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

FAX _____ E-mail _____

If you have already passed other Module or CDT exam(s), please indicate the exam(s), location(s) and date(s): _____

II. CURRENT EMPLOYMENT

Present Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Name and Title of Present Supervisor _____

Brief description of the work you do _____

Are you responsible for supervising the performance of other technicians or production personnel on a daily basis? Yes No

Are you regularly or occasionally responsible for the instruction or training of other technicians?
 Yes No

III. LANGUAGE REQUIREMENT

The module exams are all administered in the English language. Your signature below confirms that you understand this.

Signature _____ Date _____

IV. LEGAL/ETHICAL REQUIREMENT

Have you ever been convicted of the illegal practice of dentistry? Yes No

V. EDUCATION

If you attended a dental technology school, please complete the following:

(This is not required to apply.)

School _____

Years _____ RG # (If applicable) _____

Contact: _____

VI. CANDIDATE'S PREVIOUS EMPLOYMENT

The National Board for Certification in Dental Laboratory Technology requires that Module candidates have at least one year of education and/or employment in dental technology, unless the candidate is a Recognized Graduate. Candidates must supply such information as the Board might need to verify compliance with this requirement — including the complete mailing address and name of employer and supervisor. This requirement is interpreted to mean one year of full-time employment (at least 35 hours per week) and additional credit is not awarded for formal education concurrent with employment claimed towards this requirement.

If section II of this application documents more than one year of employment, this section may be skipped.

Most Recent Previous Employer _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

continued...

Practical Module Exam Application, continued.

Employment prior to position listed above _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

Please use additional pages if needed to report at least one year of dental technology training, education and experience.

VII. PRACTICAL EXAMINATIONS REQUESTED

Please check the box(es) next to the Practical examination(s) you wish to take.

You may schedule and take more than one Practical module examination at a time.

Crown and Bridge

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing

Ceramics

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing
- Module 4. Porcelain

Partial Dentures

- Module 5. Models and Casts
- Module 8. Design and Waxing
- Module 9. Casting and Finishing of Metal Frameworks

Complete Dentures

- Module 5. Models and Casts
- Module 6. Prosthetic Teeth
- Module 7. Denture Bases

Orthodontics

- Module 10. Models and Casts
- Module 11. Metalwork and Appliances
- Module 12. Finishing, Polishing and Repairing of Acrylics

VIII. CANDIDATE'S AFFIDAVIT

To the National Board for Certification in Dental Laboratory Technology: I have read and understand the application instructions and the Module Examination Handbook and I agree to submit to examinations as prescribed by the Board. I agree to indemnify and hold harmless the National Board for Certification in Dental Laboratory Technology, its Trustees, officers, employees and agents from any and all liability for injury or damages suffered by me, or which I might cause to others, during the course of taking my examination.

I affirm that all statements made by me in this application are true and correct to the best of my knowledge. I understand that any misrepresentation of fact made in this application for testing or in future applications to the Board for testing, or in my personal claim to certification, may be found cause for suspension or denial of my certificate or eligibility for testing.

I understand that the Modularization program is a certificate program and completion does not constitute certification.

I further agree to abide by the laws and regulations, which govern the practice of dentistry and the providing of dental laboratory technology services, restorations and devices to the dental profession.

I hereby verify that I have _____ year(s) of education and/or employment in dental laboratory technology.

Candidate's Signature _____ Date _____

continued...

Practical Module Exam Application, continued.

IX. APPLICATION FEE

Practical Module Examination Fee: Quantity _____ x **\$110 Each** = Total Due _____

Enclosed is Check # _____ in the amount of \$ _____ payable to the NBC.

Please charge my credit card VISA MC AMEX Amount \$ _____

Credit Card Number _____ Exp. _____ CCV Code * _____

Cardholder Name _____

Signature _____

Billing Address _____

Phone _____

* Credit Card Verification (CCV Code): This is the 3-digit number that appears on the reverse side of your credit card. For American Express cards only, this is the 4-digit number on the front of your card.

The fees published in this application are subject to change. Please verify fees with NBC Headquarters before submitting this application. Write, call or visit the Web site of the National Board for Certification in Dental Laboratory Technology at www.nbccert.org and follow the links to "Modularization." The Web site contains updated examination fees, schedules and complete candidate information as well as related information about educational opportunities and recent news in dental technology.



Please mail completed application and fee to:

NBC Modularization Program, 325 John Knox Road, #L103, Tallahassee, FL 32303
 (800) 684-5310 TOLL FREE • (850) 205-5627 DIRECT • (850) 222-0053 FAX
www.nbccert.org • modularization@nbccert.org

If you have not signed your application or enclosed the required fees, your application will not be processed.

National Board for Certification in Dental Laboratory Technology

MODULARIZATION

Application for Written Module Examinations

Thank you for applying to take the NBC Written Module Examination. This examination, in combination with the corresponding Practical Specialty Module Examination is designed to validate your knowledge and applied skills in the chosen module.

INSTRUCTIONS

- 1) Type or print all answers clearly in ink.
- 2) Use extra sheets of paper if you need more space for requested information.
- 3) Be honest, accurate and thorough in completing all sections of this application. The National Board for Certification in Dental Laboratory Technology reserves the right to reject any application for testing if the Board has evidence that the candidate has made a false or misleading statement in the application or any supporting documents.
- 4) Payment is due with this application. The payment must be in the amount of the application and examination fee for this candidate only. Make the check or money order, payable to the National Board for Certification in Dental Laboratory Technology (NBC). For your convenience, we also accept VISA, MasterCard and American Express.
- 5) Once a test site has been confirmed, you are required to attend your selected examination. Failure to do so may result in forfeiture of your examination fee. Please read the Module Examination Handbook for additional details about cancellations.

ELIGIBILITY FOR MODULE WRITTEN EXAM

Module Examination candidates must:

1. Have at least one year of documented consecutive on-the-job practical experience in dental technology;
Or be a graduate of a 1 or 2-year (or military) dental technology program.
2. Submit an application and fee to the Board;
3. Have a working knowledge of the English language;
4. Be of satisfactory legal and ethical standing in the dental laboratory and dental community.

You may schedule and take more than one written module examination at a time.

Application for Written Module Exam

For Office Use Only:

Received _____	Site # _____
Approved _____	Date _____
Candidate # _____	Module Exam # _____

I. CANDIDATE INFORMATION

Mr. Mrs. Ms. Miss Other Name _____

CDT or RG # (if applicable) _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

FAX _____ E-mail _____

If you have already passed other Module, RG or CDT exam(s), please indicate the exam(s), location(s) and date(s): _____

II. CURRENT EMPLOYMENT

Present Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Name and Title of Present Supervisor _____

Brief description of the work you do _____

Are you responsible for supervising the performance of other technicians or production personnel on a daily basis? Yes No

Are you regularly or occasionally responsible for the instruction or training of other technicians?
 Yes No

III. LANGUAGE REQUIREMENT

The module exams are all administered in the English language. Your signature below confirms that you understand this.

Signature _____ Date _____

IV. LEGAL/ETHICAL REQUIREMENT

Have you ever been convicted of the illegal practice of dentistry? Yes No

V. EDUCATION

If you attended a dental technology school, please complete the following:

(This is not required to apply.)

School _____

Years _____ RG # (If applicable) _____

Contact: _____

VI. CANDIDATE'S PREVIOUS EMPLOYMENT

The National Board for Certification in Dental Laboratory Technology requires that Module candidates have at least one year of education and/or employment in dental technology, unless the candidate is a Recognized Graduate. Candidates must supply such information as the Board might need to verify compliance with this requirement — including the complete mailing address and name of employer and supervisor. This requirement is interpreted to mean one year of full-time employment (at least 35 hours per week) and additional credit is not awarded for formal education concurrent with employment claimed towards this requirement.

If section II of this application documents more than one year of employment, this section may be skipped.

Most Recent Previous Employer _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

Written Module Exam Application, continued.

Employment prior to position listed above _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

Please use additional pages if needed to report at least one year of dental technology training, education and experience.

VII. WRITTEN EXAMINATIONS REQUESTED

Please check the box(es) next to the written examination(s) you wish to take.

You may schedule and take more than one written module examination at a time.

Crown and Bridge

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing

Ceramics

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing
- Module 4. Porcelain

Partial Dentures

- Module 5. Models and Casts
- Module 6. Prosthetic Teeth
- Module 7. Denture Bases
- Module 8. Design and Waxing
- Module 9. Casting and Finishing of Metal Frameworks

Complete Dentures

- Module 5. Models and Casts
- Module 6. Prosthetic Teeth
- Module 7. Denture Bases

Orthodontics

- Module 10. Models and Casts
- Module 11. Metalwork and Appliances
- Module 12. Finishing, Polishing and Repairing of Acrylics

VIII. WRITTEN MODULE EXAM TEST SITE SELECTION

Contact the NBC before submitting this application if you wish to become an Exam Host.

First Choice: Facility Name _____

City _____ Date _____ Time _____

Second Choice: Facility Name _____

City _____ Date _____ Time _____

IX. CANDIDATE'S AFFIDAVIT

To the National Board for Certification in Dental Laboratory Technology: I have read and understand the application instructions and the Module Examination Handbook and I agree to submit to examinations as prescribed by the Board. I agree to indemnify and hold harmless the National Board for Certification in Dental Laboratory Technology, its Trustees, officers, employees and agents from any and all liability for injury or damages suffered by me, or which I might cause to others, during the course of taking my examination.

I affirm that all statements made by me in this application are true and correct to the best of my knowledge. I understand that any misrepresentation of fact made in this application for testing or in future applications to the Board for testing, or in my personal claim to certification, may be found cause for suspension or denial of my certificate or eligibility for testing.

I understand that the Modularization program is a certificate program and completion does not constitute certification.

I further agree to abide by the laws and regulations, which govern the practice of dentistry and the providing of dental laboratory technology services, restorations and devices to the dental profession.

I hereby verify that I have _____ year(s) of education and/or employment in dental laboratory technology.

Candidate's Signature _____ Date _____

continued...

Written Module Exam Application, continued.

X. APPLICATION FEE

Written Module Examination Fee: Quantity _____ x **\$99 Each** = Total Due _____

Enclosed is Check # _____ in the amount of \$ _____ payable to the NBC.

Please charge my credit card VISA MC AMEX Amount \$ _____

Credit Card Number _____ Exp. _____ CCV Code * _____

Cardholder Name _____

Signature _____

Billing Address _____

Phone _____

* Credit Card Verification (CCV Code): This is the 3-digit number that appears on the reverse side of your credit card. For American Express cards only, this is the 4-digit number on the front of your card.

The fees published in this application are subject to change. Please verify fees with NBC Headquarters before submitting this application. Write, call or visit the Web site of the National Board for Certification in Dental Laboratory Technology at www.nbccert.org and follow the links to "Modularization." The Web site contains updated examination fees, schedules and complete candidate information as well as related information about educational opportunities and recent news in dental technology.



Please mail completed application and fee to:

NBC Modularization Program, 325 John Knox Road, #L103, Tallahassee, FL 32303
 (800) 684-5310 TOLL FREE • (850) 205-5627 DIRECT • (850) 222-0053 FAX
www.nbccert.org • modularization@nbccert.org

If you have not signed your application or enclosed the required fees, your application will not be processed.

National Board for Certification in Dental Laboratory Technology

MODULARIZATION

Full Modularization Examinations Application

Thank you for applying to take the NBC's Modularization Examinations. These examinations are designed to validate your knowledge and applied skills in the chosen module.

INSTRUCTIONS

- 1) Type or print all answers clearly in ink.
- 2) Use extra sheets of paper if you need more space for requested information.
- 3) Be honest, accurate and thorough in completing all sections of this application. The National Board for Certification in Dental Laboratory Technology reserves the right to reject any application for testing if the Board has evidence that the candidate has made a false or misleading statement in the application or any supporting documents.
- 4) Payment is due with this application. The payment must be in the amount of the application and examination fee for this candidate only. Make the check or money order, payable to the National Board for Certification in Dental Laboratory Technology (NBC). For your convenience, we also accept VISA, MasterCard and American Express.
- 5) Once your registration has been confirmed, you are required to complete your exams within one year. This includes taking the written exams on the date specified and submitting your practical exam work for grading within one year. Failure to do so may result in forfeiture of your examination fee.
- 6) You may schedule multiple modules at a time. Written exams may be taken on the same date, depending upon the Host and Proctor for that particular exam date. The practical exam work for multiple modules may be submitted for grading at the same time, but each must be clearly labeled with its module number.
- 7) When submitting practical exam work for grading, candidates must obtain an attesting signature — from a Certified Dental Technician or a licensed dentist — confirming that the candidate performed the tasks associated with the module exam without assistance. After registration, the candidate will be provided with the proper form.

ELIGIBILITY FOR MODULE WRITTEN EXAM

Module Examination candidates must:

Module Examination candidates must:

1. Have at least one year of documented consecutive on-the-job practical experience in dental technology;
Or be a graduate of a 1 or 2-year (or military) dental technology program.
2. Submit an application and fee to the Board;
3. Have a working knowledge of the English language;
4. Be of satisfactory legal and ethical standing in the dental laboratory and dental community.

Application for Full Modularization Exams

For Office Use Only:

Received _____	Site # _____
Approved _____	Date _____
Candidate # _____	Module Exam # _____

I. CANDIDATE INFORMATION

Mr. Mrs. Ms. Miss Other Name _____

CDT or RG # (if applicable) _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

FAX _____ E-mail _____

If you have already passed other Module, RG or CDT exam(s), please indicate the exam(s), location(s) and date(s): _____

II. CURRENT EMPLOYMENT

Present Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Name and Title of Present Supervisor _____

Brief description of the work you do _____

Are you responsible for supervising the performance of other technicians or production personnel on a daily basis? Yes No

Are you regularly or occasionally responsible for the instruction or training of other technicians? Yes No

III. LANGUAGE REQUIREMENT

The module exams are all administered in the English language. Your signature below confirms that you understand this.

Signature _____ Date _____

IV. LEGAL/ETHICAL REQUIREMENT

Have you ever been convicted of the illegal practice of dentistry? Yes No

V. EDUCATION

If you attended a dental technology school, please complete the following:

(This is not required to apply.)

School _____

Years _____ RG # (If applicable) _____

Contact: _____

VI. CANDIDATE'S PREVIOUS EMPLOYMENT

The National Board for Certification in Dental Laboratory Technology requires that Module candidates have at least one year of education and/or employment in dental technology, unless the candidate is a Recognized Graduate. Candidates must supply such information as the Board might need to verify compliance with this requirement — including the complete mailing address and name of employer and supervisor. This requirement is interpreted to mean one year of full-time employment (at least 35 hours per week) and additional credit is not awarded for formal education concurrent with employment claimed towards this requirement.

If section II of this application documents more than one year of employment, this section may be skipped.

Most Recent Previous Employer _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

continued...

Full Modularization Examinations Application, continued.

Employment prior to position listed above _____

Business Address _____

City _____ State _____ Zip _____

Dates employed:

from (month and year) _____ until (month and year) _____

Full-time Part-time (hrs. per week _____)

Telephone # _____

Job title and brief description of duties performed _____

Name of Supervisor _____

Please use additional pages if needed to report at least one year of dental technology training, education and experience.

VII. WRITTEN EXAMINATIONS REQUESTED

Please check the box(es) next to the written examination(s) you wish to take.

You may schedule and take more than one written module examination at a time.

Crown and Bridge

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing

Ceramics

- Module 1. Models, Casts and Dies
- Module 2. Waxing and Investing
- Module 3. Casting, Finishing and Polishing
- Module 4. Porcelain

Complete Dentures

- Module 5. Models and Casts
- Module 6. Prosthetic Teeth
- Module 7. Denture Bases

Partial Dentures

- Module 5. Models and Casts
- Module 6. Prosthetic Teeth
- Module 7. Denture Bases
- Module 8. Design and Waxing
- Module 9. Casting and Finishing of Metal Frameworks

Orthodontics

- Module 10. Models and Casts
- Module 11. Metalwork and Appliances
- Module 12. Finishing, Polishing and Repairing of Acrylics

VIII. WRITTEN MODULE EXAM TEST SITE SELECTION

Contact the NBC before submitting this application if you wish to become an Exam Host.

First Choice: Facility Name _____

City _____ Date _____ Time _____

Second Choice: Facility Name _____

City _____ Date _____ Time _____

IX. PRACTICAL EXAMINATIONS REQUESTED

Please check the box(es) next to the Practical examination(s) you wish to take.

You may schedule and take more than one Practical module examination at a time.

Crown and Bridge

- Module 1. Models, Casts and Dies
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- Module 3. Casting, Finishing and Polishing

Ceramics

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- Module 7. Denture Bases

Orthodontics

- Module 10. Models and Casts
- Module 11. Metalwork and Appliances
- Module 12. Finishing, Polishing and Repairing of Acrylics

X. CANDIDATE'S AFFIDAVIT

To the National Board for Certification in Dental Laboratory Technology: I have read and understand the application instructions and the Module Examination Handbook and I agree to submit to examinations as prescribed by the Board. I agree to indemnify and hold harmless the National Board for Certification in Dental Laboratory Technology, its Trustees, officers, employees and agents from any and all liability for injury or damages suffered by me, or which I might cause to others, during the course of taking my examination.

I affirm that all statements made by me in this application are true and correct to the best of my knowledge. I understand that any misrepresentation of fact made in this application for testing or in future applications to the Board for testing, or in my personal claim to certification, may be found cause for suspension or denial of my certificate or eligibility for certification testing.

I understand that the modularization program is a certificate program and completion does not constitute certification.

I further agree to abide by the laws and regulations, which govern the practice of dentistry and the providing of dental laboratory technology services, restorations and devices to the dental profession.

I hereby verify that I have _____ year(s) of education and/or employment in dental laboratory technology.

Candidate's Signature _____ Date _____

continued...

Full Modularization Examinations Application, continued.

XI. APPLICATION FEE

Practica Module Examination Fee: Quantity _____ x **\$99 Each** = Sub Total \$ _____

Written Module Examination Fee: Quantity _____ x **\$99 Each** = Sub Total \$ _____

Total Due: \$ _____

Enclosed is Check # _____ in the amount of \$ _____ payable to the NBC.

Please charge my credit card VISA MC AMEX Amount \$ _____

Credit Card Number _____ Exp. _____ CCV Code * _____

Cardholder Name _____

Signature _____

Billing Address _____

Phone _____

* Credit Card Verification (CCV Code): This is the 3-digit number that appears on the reverse side of your credit card. For American Express cards only, this is the 4-digit number on the front of your card.

The fees published in this application are subject to change. Please verify fees with NBC Headquarters before submitting this application. Write, call or visit the Web site of the National Board for Certification in Dental Laboratory Technology at www.nbccert.org and follow the links to "Modularization." The Web site contains updated examination fees, schedules and complete candidate information as well as related information about educational opportunities and recent news in dental technology.



Please mail completed application and fee to:

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www.nbccert.org • modularization@nbccert.org

If you have not signed your application or enclosed the required fees, your application will not be processed.



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