



National Board for Certification in
Dental Laboratory Technology



CDT PRACTICAL EXAM FACILITY INFORMATION FORM

This form should be completed by a designated representative of the Host Organization.

Name of Facility: _____ Date: _____

Facility Contact Person: _____ Title: _____

Contact Person Email: _____

After Hours Contact Person and Number: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Facility Telephone: _____ Facility Fax: _____

Area Information

Please attach area and local maps and any directions that might be helpful to candidates in locating this facility. If there are building and room numbers, please specify.

1. What is the approximate distance of this facility from the nearest metropolitan airport?
 _____ Which airport is it?

2. Please list two or three nearby hotel/motel facilities with phone numbers that the NBC could reasonably recommend to candidates and/or use for its own personnel (i.e., Holiday Inn, Marriott Courtyard, Hampton Inn, etc.)

3. Is ample parking available at the facility for candidate use? 閩Yes 閩No

4. Will air conditioning be available during the test? 閩Yes 閩No

Technical Facility Information

1. How many technical areas is your lab equipped for? (Indicate quantities of each specialty area.)

	Crown & Bridge	Ceramics	Complete Dentures	Partial Dentures	
Orthodontics	# _____	# _____	# _____	# _____	# _____

2. How many fully equipped stations are available for candidates? ("Fully equipped" is defined as having seating, lighting, electrical outlets, gas, and suction.) _____.

a. If the stations are *not* fully equipped which of the following are they missing? (Circle all that apply)

seating	lighting	electrical outlets	compressed air	gas	suction
# _____	# _____	# _____	# _____	# _____	# _____

3. Are all of these benches located in the same room? 閩Yes 閩No

Please attach a diagram or floor plan that shows how many stations are located in each room and the distance from one room to another.

4. If there are other stations available that you think would be suitable for candidates' use, please give the number of stations, their locations, and indicate available equipment.

5. What types of air connections do you have for high-speed hand pieces? How many of each type?

Equipment, Materials & Supplies Information

Note: Candidates are required to bring most of their own materials, instruments and supplies. However, they will require the use of certain "non-portable" equipment, very small quantities of consumable supplies (such as plaster) and may require the loan of equipment should their own malfunction during the test.

To ease the pressure on traveling candidates, we would appreciate your volunteering the use of on-site equipment. We ask that the Host Organization always has one or more representatives available during testing to oversee and assist in the proper use and security of your equipment.

1. Please indicate number and type of high-speed hand pieces that you might provide for candidates' use.

2. Please indicate number and type of bench lathes that you might provide for candidates' use.

3. Please indicate number and type of high-speed lathes that you might provide for candidates' use.

4. Please indicate number and type of porcelain furnaces that you might provide for candidates' use.

a. Do you have the electrical current to support multiple porcelain furnaces?
閩Yes 閩No

b. To prevent contamination are there specific brands of porcelains that
1) Must be used?

2) Cannot be used?

Additional Equipment Available for Use**Quantity**

Boil out unit	-	-	-	-	-	閨Yes	閨No	_____
Burnout area/dehydration furnace	-	-	-	-	-	閨Yes	閨No	_____
Soldering area with torch, thongs and solder tray	-	-	-	-	-	閨Yes	閨No	_____
Electrosoldering Machine	-	-	-	-	-	閨Yes	閨No	_____
Laser Welder	-	-	-	-	-	閨Yes	閨No	_____
Blasting Equipment								
Sand Blast	-	-	-	-	-	閨Yes	閨No	_____
Glass Beads	-	-	-	-	-	閨Yes	閨No	_____
Aluminous Oxide	-	-	-	-	-	閨Yes	閨No	_____
Ultrasonic Cleaners	-	-	-	-	-	閨Yes	閨No	_____
Pumice Lathes	-	-	-	-	-	閨Yes	閨No	_____
Steam Cleaner	-	-	-	-	-	閨Yes	閨No	_____
Bunsen Burners	-	-	-	-	-	閨Yes	閨No	_____
Pressure Curing Units	-	-	-	-	-	閨Yes	閨No	_____

Materials

Pumice	-	-	-	-	-	閨Yes	閨No	_____
Gypsum Materials	-	-	-	-	-	閨Yes	閨No	_____
Distilled Water	-	-	-	-	-	閨Yes	閨No	_____

List fuels used in laboratory and available for candidate use:

Safety Equipment

Fire Extinguishers	-	-	-	-	-	閨Yes	閨No	
First Aid Materials	-	-	-	-	-	閨Yes	閨No	
Eye Wash Station	-	-	-	-	-	閨Yes	閨No	

Information Sheet completed by (signature): _____

(printed): _____

Title: _____

**Please return completed sheets with map and directions to:
NBC - 325 John Knox Rd., Ste# L-103, Tallahassee, FL 32303
Fax 850.222.0053 Phone 800.684.5310**