

# CDCA North East Regional Board (NERB) Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

- 1. For managing severe gingival hyperplasia, when is it recommended to perform scaling and root planing?**
  - A. Before gingivectomy**
  - B. Simultaneously with surgical extraction**
  - C. After gingivectomy**
  - D. Only if inflammation persists**
- 2. What area is commonly associated with implant failure and lack of osseointegration?**
  - A. Anterior mandible**
  - B. Posterior mandible**
  - C. Anterior maxilla**
  - D. Posterior maxilla**
- 3. In centric occlusion, the DB cusps of mandibular molars occlude in which location?**
  - A. Central fossa of maxillary molars**
  - B. Central fossa of mandibular molars**
  - C. Distal fossa of maxillary molars**
  - D. Buccal groove of mandibular molars**
- 4. In the case of a patient with a porcelain jacket crown, what edge preparation would minimize the risk of crown failure?**
  - A. Sharp edge preparation**
  - B. Round edge preparation**
  - C. A shoulder or butt joint preparation**
  - D. Bevel edge preparation**
- 5. Which procedure is indicated for treating a mild case of gingivitis during pregnancy?**
  - A. Scale and root planing**
  - B. Soft tissue grafts**
  - C. Non-surgical periodontal therapy**
  - D. Full mouth extraction**

- 6. Which tooth is likely to have the worst crown-to-root ratio when considering tooth #9?**
- A. Tooth #6**
  - B. Tooth #8**
  - C. Tooth #11**
  - D. Tooth #9**
- 7. What is the primary purpose of maxillary anterior denture teeth if they are not visible?**
- A. Support for the dental arch**
  - B. Sensory feedback during chewing**
  - C. Speech and lip support**
  - D. Facial aesthetic enhancement**
- 8. If a patient is found unconscious in the waiting room, what should be done first?**
- A. Check their pulse**
  - B. Call 911**
  - C. Establish an open airway**
  - D. Check for breathing**
- 9. What is the potential risk associated with leaving a periodontal abscess untreated?**
- A. Increased tooth mobility**
  - B. Bone loss around the teeth**
  - C. Spread of infection**
  - D. All of the above**
- 10. What is the recommended treatment for a chemical burn in the mouth caused by hot food?**
- A. Palliative care**
  - B. Topical steroids**
  - C. Antibiotics**
  - D. Oral rinses**



## **Answers**

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1. C
2. D
3. A
4. C
5. C
6. D
7. C
8. C
9. D
10. A

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## **Explanations**

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**1. For managing severe gingival hyperplasia, when is it recommended to perform scaling and root planing?**

- A. Before gingivectomy**
- B. Simultaneously with surgical extraction**
- C. After gingivectomy**
- D. Only if inflammation persists**

Performing scaling and root planing after a gingivectomy is often the recommended practice for managing severe gingival hyperplasia. This approach allows for the removal of any remaining calculus and plaque that may be contributing to the underlying periodontal issues post-surgery. Following a gingivectomy, which involves the surgical removal of excess gum tissue, the goal is to create a healthier gingival contour and facilitate better oral hygiene practices. Scaling and root planing at this stage helps ensure that the root surfaces are smooth and clean, which can promote healing and reduce the risk of recurrent hyperplasia or periodontal disease. Waiting until after the surgical procedure to perform scaling and root planing allows for a definitive evaluation of the tissue healing and the need for further treatment, as the surgical intervention itself can sometimes resolve the inflammation and soft tissue issues. This sequential approach can lead to improved outcomes in managing the condition while also ensuring that patients maintain better oral hygiene moving forward.

**2. What area is commonly associated with implant failure and lack of osseointegration?**

- A. Anterior mandible**
- B. Posterior mandible**
- C. Anterior maxilla**
- D. Posterior maxilla**

The posterior maxilla is commonly associated with implant failure and lack of osseointegration due to several anatomical and physiological factors. This region typically has a thinner layer of bone compared to other areas of the jaw, particularly in terms of volume and density. Additionally, the presence of the maxillary sinuses can complicate the placement of implants in the posterior maxilla, as any invasion or proximity to the sinus can lead to complications such as sinusitis or implant failure. The trabecular bone in this area is not as dense, which can impede the initial stability of the implant and affect osseointegration, the process by which the implant integrates with the bone. In contrast, the anterior mandible is generally regarded as a more favorable site for implant placement due to the denser quality of bone and the greater availability of bone volume. The posterior mandible also tends to have better outcomes than the posterior maxilla, though it can present challenges related to the inferior alveolar nerve. The anterior maxilla can be impacted by aesthetic considerations and resorption but still has a better success rate compared to the posterior maxilla. Overall, the unique challenges posed by the posterior maxilla make it a significant area of concern in dental implantology when assessing potential failure

**3. In centric occlusion, the DB cusps of mandibular molars occlude in which location?**

- A. Central fossa of maxillary molars**
- B. Central fossa of mandibular molars**
- C. Distal fossa of maxillary molars**
- D. Buccal groove of mandibular molars**

In centric occlusion, the relationship between the upper and lower teeth in a closed position is crucial. The correct answer indicates that the distal buccal (DB) cusps of mandibular molars articulate in the central fossa of the maxillary molars. This occlusal relationship is essential for ensuring proper tooth function and stability during chewing. The mandibular molars' buccal cusps generally align with the occlusal surfaces of the opposing maxillary molars. Specifically, the DB cusp of the mandibular molars fits into the central fossa of the maxillary molars, supporting the premise that there is a functional interdigitation between opposing molars, which contributes to the overall efficiency of mastication. This positioning helps distribute occlusal forces evenly across the dental arch while maintaining alignment. It also plays a role in preventing any unwanted lateral forces that might otherwise lead to tooth mobility or periodontal issues. Therefore, understanding this relationship aids in diagnosing and planning treatment for occlusal discrepancies and dental restorations.

**4. In the case of a patient with a porcelain jacket crown, what edge preparation would minimize the risk of crown failure?**

- A. Sharp edge preparation**
- B. Round edge preparation**
- C. A shoulder or butt joint preparation**
- D. Bevel edge preparation**

Minimizing the risk of crown failure in a porcelain jacket crown involves selecting the most appropriate edge preparation. A shoulder or butt joint preparation is beneficial because it provides a well-defined, flat surface for the crown to seat onto. This type of margin offers superior resistance to fracture and better adapts to the porcelain material. Porcelain is inherently brittle, and any sharp or unsupported edges can lead to stress concentrations, making these areas more susceptible to chipping or fracture. By using a shoulder or butt joint, the preparation creates a thick, strong margin that enhances the mechanical retention of the crown and helps distribute occlusal forces more evenly across the restoration. Round edge preparations might provide some advantages regarding aesthetics and less stress concentration compared to sharp edges, but they generally do not offer the stability and resistance to fracture that a shoulder or butt joint can provide. Bevels can also be used to improve aesthetics at the margins but do not provide the same structural support as a shoulder or butt joint. Thus, choosing a shoulder or butt joint preparation is critical in reducing the likelihood of failure in a porcelain jacket crown.

**5. Which procedure is indicated for treating a mild case of gingivitis during pregnancy?**

- A. Scale and root planing**
- B. Soft tissue grafts**
- C. Non-surgical periodontal therapy**
- D. Full mouth extraction**

Non-surgical periodontal therapy is indicated for treating a mild case of gingivitis during pregnancy because it focuses on the removal of plaque and calculus from the tooth surfaces without the need for invasive procedures. This approach is less stressful for the patient and minimizes risks to both the mother and the developing fetus. Non-surgical therapy typically involves professional cleanings and may include patient education on better oral hygiene practices. This is especially important during pregnancy, as hormonal changes can exacerbate gingival issues, making effective home care crucial. The other options, such as scaling and root planing, soft tissue grafts, and full mouth extractions, may be inappropriate in the context of mild gingivitis, especially during pregnancy. These procedures are more invasive and may not be necessary or safe for managing a condition that can often be reversed with conservative treatment.

**6. Which tooth is likely to have the worst crown-to-root ratio when considering tooth #9?**

- A. Tooth #6**
- B. Tooth #8**
- C. Tooth #11**
- D. Tooth #9**

Tooth #9 refers to the maxillary right central incisor in the Universal Numbering System. The crown-to-root ratio is an important measurement that compares the length of the crown of the tooth (the visible part above the gum line) to the length of the root (the part of the tooth embedded in the jawbone). A favorable crown-to-root ratio usually indicates better stability and prognosis for a tooth, especially when considering restorations or periodontal health. When examining tooth #9 specifically, it tends to have a shorter root in comparison to other teeth, especially when considering its position and common treatments that might involve it, such as extractions or restorations. Among the other choices, tooth #6 (maxillary right first premolar) and tooth #11 (maxillary left central incisor) typically have longer and more robust root structures, contributing to a more favorable crown-to-root ratio. Tooth #8 (maxillary left central incisor) is also likely to have a similar root length to tooth #9, but generally, both central incisors (teeth #8 and #9) would still have a shorter root compared to premolars or canines in the same arch. When considering the overall context of anatomical structure and typical root

**7. What is the primary purpose of maxillary anterior denture teeth if they are not visible?**

- A. Support for the dental arch**
- B. Sensory feedback during chewing**
- C. Speech and lip support**
- D. Facial aesthetic enhancement**

The primary purpose of maxillary anterior denture teeth, even when not visible, centers around providing essential support for speech and lip movement. The anterior teeth play a critical role in maintaining the contour of the lips and the overall facial profile. They contribute to the proper alignment of the oral cavity, ensuring that speech sounds can be articulated accurately. Without the anterior teeth, even if they're not visible, there can be adverse effects on phonetics and the natural resting position of the lips. Maintaining this support is crucial for a patient's comfort and confidence in social interactions. Support for the dental arch is typically the role of the posterior teeth and the denture base itself. Sensory feedback during chewing is primarily associated with posterior teeth where most masticatory forces occur. While facial aesthetic enhancement is also important, the anterior teeth's primary function goes beyond mere appearance to fundamentally influence everyday functions like speaking and maintaining proper oral structure.

**8. If a patient is found unconscious in the waiting room, what should be done first?**

- A. Check their pulse**
- B. Call 911**
- C. Establish an open airway**
- D. Check for breathing**

In an emergency situation where a patient is found unconscious, the immediate priority is to ensure that the airway is open. This is crucial because an unconscious patient is at a higher risk of airway obstruction due to the loss of muscle tone and potential blockage from the tongue or other foreign materials. An open airway allows for effective breathing and oxygen supply, which is vital in maintaining the patient's vital functions. Before any further actions are taken, such as calling for help or checking vital signs, securing the airway is essential. If the airway is not established first, any attempts to check for breathing or pulse may be ineffective, as the patient may not be able to breathe adequately without intervention. While calling for emergency help and checking for breathing or pulse are also important steps in the management of an unconscious patient, they follow after ensuring that the airway is clear. If a patient's airway is compromised, immediate attention to this aspect takes precedence to prevent hypoxia (lack of oxygen) and subsequent damage to vital organs.

**9. What is the potential risk associated with leaving a periodontal abscess untreated?**

- A. Increased tooth mobility**
- B. Bone loss around the teeth**
- C. Spread of infection**
- D. All of the above**

Leaving a periodontal abscess untreated poses a variety of significant risks, all of which contribute to the deterioration of oral health. One primary concern is the potential for increased tooth mobility. When an abscess forms, it can lead to the breakdown of the supporting structures of the tooth, including the periodontal ligament and surrounding bone. This degradation can compromise the stability of the tooth, making it more mobile. Additionally, untreated periodontal abscesses can result in bone loss around the affected teeth. The infection often progresses, leading to the destruction of alveolar bone. This bone loss can further exacerbate the mobility of the teeth and potentially contribute to tooth loss if not addressed. Moreover, there is a serious risk associated with the spread of infection. An abscess creates a localized bacterial infection that can potentially escape into surrounding tissues. If the infection spreads, it can lead to systemic complications, including cellulitis, sinus infections, and even sepsis in severe cases. Therefore, addressing a periodontal abscess promptly is essential to prevent these risks from escalating. All these factors combined confirm that the risks are indeed comprehensive, underscoring the importance of immediate treatment.

**10. What is the recommended treatment for a chemical burn in the mouth caused by hot food?**

- A. Palliative care**
- B. Topical steroids**
- C. Antibiotics**
- D. Oral rinses**

In the case of a chemical burn in the mouth caused by hot food, the recommended treatment focuses on palliative care. This involves providing relief from the symptoms and improving the patient's comfort, rather than pursuing more invasive or aggressive treatments. Palliative care for a burn typically includes ensuring proper hydration, suitable pain management, and possibly using soothing agents to mitigate discomfort. It's crucial to recognize that while there may be additional interventions for burns or injuries caused by other agents, the primary goal in this scenario is to ease the pain and promote healing without complicating the situation further. Other treatments, such as antibiotics or topical steroids, are generally not appropriate unless there is a specific concern regarding infection or inflammation that has been evaluated by a healthcare professional. In the case of burns, especially those requiring healing after thermal injury from food, oral rinses may be helpful in cleansing the area, but they would not provide the comprehensive symptom relief needed, which is why palliative care is prioritized in this context.



## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://cdcanerb.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**