

# City & Guilds Level 3 Diploma in Dental Nursing Practice Test (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

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- 1. The Posterior Superior Dental Alveolar Nerve primarily affects which area?**
  - A. Buccal gingivae of upper molars**
  - B. Buccal gingivae of lower molars**
  - C. Posterior part of molar teeth**
  - D. Anteriors of the canine teeth**
  
- 2. Which condition that may affect the oral soft tissues is not considered to be premalignant?**
  - A. Leukoplakia**
  - B. Major aphthous ulcers**
  - C. Keratoacanthoma**
  - D. Lichen planus**
  
- 3. Which type of instrument removes residual deposits of calculus?**
  - A. Ultrasonic scaler**
  - B. Periodontal file**
  - C. Curette**
  - D. Push scaler**
  
- 4. What will happen to elderly patients' teeth as they age?**
  - A. The pulp chamber expands**
  - B. Teeth become darker**
  - C. Teeth become more sensitive**
  - D. Gums will thicken**
  
- 5. What is the main purpose of the CQC guidelines?**
  - A. To ensure safe dental practices**
  - B. To regulate dental fees**
  - C. To provide training for dental nurses**
  - D. To approve dental training programs**

- 6. Which muscle is primarily responsible for jaw protrusion?**
- A. Medial Pterygoid**
  - B. Masseter**
  - C. Lateral Pterygoid**
  - D. Temporalis**
- 7. How many roots do second molars generally have?**
- A. Two roots**
  - B. Three roots (upper), Two roots (lower)**
  - C. Single root**
  - D. Four roots**
- 8. What grip type is associated with high-speed handpieces?**
- A. Latch grip**
  - B. Friction grip**
  - C. Suction grip**
  - D. Direct grip**
- 9. Which type of tooth is closest to the midline in an arch?**
- A. Central incisor**
  - B. Lateral incisor**
  - C. Canine**
  - D. First premolar**
- 10. What is used to register a bite and ensure proper occlusion?**
- A. Try in prostheses**
  - B. Articulating paper**
  - C. Bite registration paste**
  - D. Wax knife**

## Answers

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

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## **Explanations**

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**1. The Posterior Superior Dental Alveolar Nerve primarily affects which area?**

- A. Buccal gingivae of upper molars**
- B. Buccal gingivae of lower molars**
- C. Posterior part of molar teeth**
- D. Anteriors of the canine teeth**

The Posterior Superior Dental Alveolar Nerve primarily innervates the posterior part of the maxillary molar teeth. This nerve provides sensory innervation to the pulps of the maxillary molar teeth, as well as the supporting structures, such as the buccal gingivae associated with these teeth. Understanding the anatomical pathways of the nerves is crucial, especially in dental procedures involving anesthesia, as this ensures that the dentist targets the correct areas for optimal effectiveness. While the buccal gingivae of the upper molars and the lower molars is affected by different nerves, specifically the buccal nerve and the inferior alveolar nerve respectively, they are not the primary areas innervated by the Posterior Superior Dental Alveolar Nerve. The connection with anterior teeth, such as canines, falls under the territory of other nerves like the Infraorbital Nerve and is therefore not relevant in this context. This specificity highlights the importance of knowing each nerve's function and the areas they serve in dental practice.

**2. Which condition that may affect the oral soft tissues is not considered to be premalignant?**

- A. Leukoplakia**
- B. Major aphthous ulcers**
- C. Keratoacanthoma**
- D. Lichen planus**

Major aphthous ulcers are not considered a premalignant condition, as they are characterized by painful, recurrent ulcerations that occur in the oral cavity. These ulcers are usually self-limiting and do not have the potential to progress to cancer or malignancy. While they can significantly affect the quality of life due to pain and discomfort, their underlying pathology is related to factors such as stress or immune reactions rather than cellular changes that lead to malignancy. In contrast, conditions like leukoplakia, keratoacanthoma, and lichen planus have associations with dysplastic changes or can indicate an increased risk of developing oral squamous cell carcinoma. Leukoplakia, for instance, presents as white patches that may contain squamous cell carcinoma. Keratoacanthoma, while typically regarded as a benign lesion, can behave in an atypical manner and is often considered premalignant due to its potential for more severe changes. Lichen planus is an inflammatory condition with the potential for malignant transformation, particularly in certain clinical presentations. Therefore, it's important to differentiate between these conditions when assessing oral soft tissue issues.

**3. Which type of instrument removes residual deposits of calculus?**

- A. Ultrasonic scaler**
- B. Periodontal file**
- C. Curette**
- D. Push scaler**

The correct answer is a periodontal file. A periodontal file is specifically designed to remove residual deposits of calculus that may remain after the bulk of calculus has been scaled away. Its unique design features several sharp edges that allow it to effectively smooth the root surface and remove stubborn deposits, making it particularly useful in periodontal therapy. The application of a periodontal file helps in preparing the tooth surface for further treatment or to promote healing in the periodontal tissues. The other instruments listed have different primary functions. An ultrasonic scaler, for instance, utilizes high-frequency vibrations to help dislodge calculus but is typically used for the initial removal of larger deposits rather than finer finishing. A curette is useful for scaling and root planing but is more aimed at removing debris and smoothing surfaces rather than specifically targeting residual calculus. A push scaler is designed for scaling but does not offer the specialized capability to address remaining calculus as effectively as a periodontal file.

**4. What will happen to elderly patients' teeth as they age?**

- A. The pulp chamber expands**
- B. Teeth become darker**
- C. Teeth become more sensitive**
- D. Gums will thicken**

As individuals age, a common change observed in their teeth is that they become darker. This darkening is often a result of several factors, which may include the accumulation of stains from foods, drinks, and tobacco use, as well as the natural changes in the dentin—the layer beneath the enamel. Over time, the enamel can wear down, allowing the darker dentin to become more visible. Additionally, age-related alterations in the mineral composition of the teeth can contribute to this color change. Other options do not accurately reflect the general trends seen in elderly patients regarding their dental health. While the pulp chamber does not typically expand, the other factors like tooth sensitivity and changes in the gums occur, but the prominent and notable change that impacts the overall appearance of elderly patients' teeth is the darkening.

## 5. What is the main purpose of the CQC guidelines?

- A. To ensure safe dental practices**
- B. To regulate dental fees**
- C. To provide training for dental nurses**
- D. To approve dental training programs**

The main purpose of the CQC (Care Quality Commission) guidelines is to ensure safe dental practices within healthcare settings, including dental practices. The CQC is responsible for regulating health and social care services in England, and its guidelines focus on promoting high standards of care, safeguarding patients from harm, and ensuring that dental practices operate safely and effectively. By adhering to CQC guidelines, dental practices help ensure that they meet essential standards regarding patient safety, clinical effectiveness, and a positive patient experience. This includes maintaining proper infection control protocols, ensuring qualified staff are employed, and providing a safe environment for treatment. Ultimately, the goal is to protect patients and ensure that they receive the highest quality of healthcare. The other options, while related to dental care, do not encapsulate the primary purpose of the CQC guidelines. Regulating dental fees, providing training for dental nurses, and approving dental training programs are important aspects of healthcare practice but do not specifically represent the core mission of the CQC, which revolves around ensuring quality and safety in health services.

## 6. Which muscle is primarily responsible for jaw protrusion?

- A. Medial Pterygoid**
- B. Masseter**
- C. Lateral Pterygoid**
- D. Temporalis**

The muscle primarily responsible for jaw protrusion is the lateral pterygoid. This muscle plays a critical role in the movement of the mandible. It has two heads, and when these muscle fibers contract, they pull the head of the mandible forward and downward. This action is essential for functions such as biting and grinding food, as well as for certain speech movements. In contrast, the medial pterygoid muscle primarily assists in the elevation of the mandible and contributes to lateral movements, but it does not significantly contribute to protrusion. The masseter is mainly involved in the elevation of the jaw and powerful biting down, while the temporalis muscle assists in elevating and retracting the mandible but is not primarily involved in protrusion. Understanding these specific roles helps clarify the movements of the jaw and the function of each muscle involved.

**7. How many roots do second molars generally have?**

- A. Two roots**
- B. Three roots (upper), Two roots (lower)**
- C. Single root**
- D. Four roots**

Second molars typically have differing root structures based on their location in the mouth. The upper second molars typically have three roots: two buccal (facing towards the cheeks) and one palatal (facing towards the tongue). On the other hand, lower second molars usually have two roots: one mesial (toward the middle of the mouth) and one distal (toward the back of the mouth). This mixed configuration reflects the complexity of the molar design, which allows them to handle the grinding and chewing functions effectively. Understanding the anatomy of second molars, including their roots, is important for various dental procedures, including extractions and root canal treatments. Recognizing that upper and lower second molars have different root counts can help dental professionals anticipate difficulties in procedures that involve these teeth.

**8. What grip type is associated with high-speed handpieces?**

- A. Latch grip**
- B. Friction grip**
- C. Suction grip**
- D. Direct grip**

The friction grip is the correct answer because it is specifically designed to secure rotary instruments in high-speed handpieces, which operate at significantly higher RPMs (revolutions per minute) compared to low-speed handpieces. This grip provides a stable hold on the bur, preventing slippage during use due to the forces generated at high speeds. High-speed handpieces often use burs that feature a smooth shank design allowing them to be tightly held in place through friction, ensuring precision and control while performing procedures such as cavity preparation or tooth polishing. The design of friction grip burs, which may not have any locking mechanism, relies solely on an interference fit that secures the tool within the handpiece when engaged. In contrast, the latch grip is utilized for low-speed handpieces, which use a different type of bur design featuring a notch for securing the instrument. The other types of grips, such as suction grip or direct grip, do not pertain to the method of securing tools in high-speed handpieces, making them not applicable in this context.

**9. Which type of tooth is closest to the midline in an arch?**

- A. Central incisor**
- B. Lateral incisor**
- C. Canine**
- D. First premolar**

The central incisor is the type of tooth that is closest to the midline in an arch. In dental anatomy, the midline refers to an imaginary vertical line that divides the mouth into left and right halves. The central incisor, which is located at the front center of the dental arch, plays a crucial role in the aesthetic and functional aspects of the anterior teeth. This tooth is primarily responsible for cutting food and is typically the first tooth that is visible when a person smiles. Its position at the midline allows for an even distribution of teeth on either side and facilitates proper alignment and occlusion. Understanding the positioning of various types of teeth is essential for dental professionals in areas such as orthodontics, restorative dentistry, and general practice.

**10. What is used to register a bite and ensure proper occlusion?**

- A. Try in prostheses**
- B. Articulating paper**
- C. Bite registration paste**
- D. Wax knife**

To register a bite and ensure proper occlusion, bite registration paste is utilized due to its unique properties that allow it to capture an accurate impression of the patient's occlusion. This material is specially designed to record the positional relationship of the dental arches when the patient bites down. It sets to a firm consistency, providing a stable record that dental practitioners can use to assess and adjust the alignment of dental restorations, such as crowns and bridges, ensuring they fit harmoniously within the patient's occlusion. In contrast, articulating paper is primarily used after a restoration is placed to check the contact points and bit interactions, rather than to register the bite itself. Try in prostheses involves evaluating how a denture or a prosthetic device fits, but it's not a method for capturing the occlusal relationship. A wax knife is a tool used to manipulate wax, typically for creating a custom impression tray or for other modeling tasks in dentistry, but it is not used for bite registration. Thus, bite registration paste stands out as the most appropriate and effective choice for obtaining an accurate occlusal record.

## 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://cityandguildslvl3dentalnursing.examzify.com>**

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

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