

CITY & GUILDS LEVEL 3 DIPLOMA IN DENTAL NURSING PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. Which of the following methods is NOT used for retention in dental fillings?**
 - A. Dentine pins
 - B. Acid etching
 - C. Chemical bonding
 - D. Radiography

- 2. A B.P.E reading of 3 indicates what condition?**
 - A. Pockets less than 3.5mm
 - B. Pockets between 3.5mm and 5.5mm with treatment including RSD
 - C. Pockets greater than 5.5mm
 - D. Clear gums with no treatment needed

- 3. Class 1 malocclusion is characterized by what?**
 - A. Poor alignment of all teeth
 - B. Normal molar relationship with possible crowding
 - C. Overbite alignment of the incisors
 - D. An excessive overjet

- 4. Minor Aphthous ulcers are described as?**
 - A. Large and painful
 - B. Small and shallow
 - C. Chronic and recurrent
 - D. Very small multiple ulcers

- 5. How is Overjet defined in dental terms?**
 - A. The distance between the upper incisors and the lower molars
 - B. The distance between the labial surface of the lower incisors and the palatal surface of the upper incisors
 - C. The vertical distance from the upper to lower dental arch
 - D. The space between posterior teeth in occlusion

- 6. What is the primary purpose of an apicectomy?**
 - A. Surgical removal of a decayed tooth
 - B. Surgical removal of the apex of an infected or damaged tooth root
 - C. To elevate the tooth for better visibility
 - D. To provide cosmetic enhancements to teeth

- 7. Which of the following is NOT a component of surgical instruments?**
- A. Calculus scaler
 - B. Surgical aspirator
 - C. Suture holder
 - D. Toothpaste dispenser
- 8. Visible erosion of the palatal surfaces of the upper anterior teeth is a common oral sign of which medical condition?**
- A. Anorexia
 - B. Bulimia
 - C. Diabetes
 - D. Celiac disease
- 9. What type of mixer is designed specifically for dental materials in capsule form?**
- A. Hand mixer
 - B. Dental amalgamator
 - C. Ultrasonic mixer
 - D. Centrifuge
- 10. Where do the occipital condyles allow articulation?**
- A. C1 vertebrae
 - B. C2 vertebrae
 - C. Skull base
 - D. Shoulder joint

Answers

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

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Explanations

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1. Which of the following methods is NOT used for retention in dental fillings?

- A. Dentine pins
- B. Acid etching
- C. Chemical bonding
- D. Radiography**

In dental practice, methods used for retention in dental fillings are aimed at ensuring that the filling material adheres securely to the tooth structure. Dentine pins, acid etching, and chemical bonding are all techniques utilized to enhance the retention of restorative materials. Dentine pins are small metal pins inserted into the dentine to provide additional support and retention for fillings, particularly in large cavities. Acid etching involves applying an acid solution to the tooth surface to create a rough texture, which increases the mechanical retention between the tooth and the filling material. Chemical bonding refers to the use of bonding agents that create a strong adhesive interface between the tooth structure and the restorative material. On the other hand, radiography is a diagnostic tool used to visualize the structures within the mouth, such as teeth and bone, using X-rays. It does not serve to retain filling materials but rather aids in assessing the condition of teeth, facilitating treatment planning and monitoring the results of dental work. Therefore, it is correctly identified as the method that is not used for retention in dental fillings.

2. A B.P.E reading of 3 indicates what condition?

- A. Pockets less than 3.5mm
- B. Pockets between 3.5mm and 5.5mm with treatment including RSD**
- C. Pockets greater than 5.5mm
- D. Clear gums with no treatment needed

A B.P.E (Basic Periodontal Examination) reading of 3 indicates that there are periodontal pockets measuring between 3.5mm and 5.5mm. This range suggests that the patient is experiencing some degree of periodontal disease, which typically requires intervention such as non-surgical periodontal therapy, including root surface debridement (RSD). A reading of 3 highlights the need for careful monitoring and possible treatment to prevent further progression of periodontal disease. The other readings would indicate either healthier periodontal status, which would not necessitate treatment, or more severe periodontal issues that may require more intensive interventions. Recognizing the implications of a reading of 3 helps dental professionals determine the appropriate course of action for managing periodontal health.

3. Class 1 malocclusion is characterized by what?

- A. Poor alignment of all teeth
- B. Normal molar relationship with possible crowding**
- C. Overbite alignment of the incisors
- D. An excessive overjet

Class 1 malocclusion is characterized by a normal molar relationship where the first molar of the lower jaw aligns complementary to the first molar of the upper jaw. In this class of malocclusion, the primary issue often lies in the positioning of the teeth rather than the overall dental relationships; this can include crowding, spacing, or other dental irregularities. This means that while the molars may fit together properly, there can still be individual teeth that are not aligned well, which can lead to issues such as crowding or rotations. Therefore, the distinction of having a normal molar relationship is crucial to defining Class 1 malocclusion, making option B the correct answer. Understanding this classification helps in diagnosing orthodontic needs, as a practitioner can identify the specific issues affecting the patient's dental alignment while maintaining an intact molar relationship.

4. Minor Aphthous ulcers are described as?

- A. Large and painful
- B. Small and shallow**
- C. Chronic and recurrent
- D. Very small multiple ulcers

Minor aphthous ulcers are typically characterized as small and shallow lesions that occur on the mucous membranes inside the mouth. These ulcers are often round or oval in shape and usually measure less than one centimeter in diameter. While they can be quite painful, particularly when eating or speaking, their small size and shallow depth distinguish them from other types of oral ulcers. Understanding the nature of minor aphthous ulcers is important for identifying and managing them effectively. They tend to heal within 7 to 14 days without scarring, which is a notable aspect of their presentation. In contrast, larger or more chronic ulcers would present differently and may require varying management approaches or indicate other underlying conditions. Recognizing these characteristics is crucial for dental professionals when providing care and advice to patients experiencing oral discomfort.

5. How is Overjet defined in dental terms?

- A. The distance between the upper incisors and the lower molars
- B. The distance between the labial surface of the lower incisors and the palatal surface of the upper incisors**
- C. The vertical distance from the upper to lower dental arch
- D. The space between posterior teeth in occlusion

Overjet is defined as the distance between the labial surface of the lower incisors and the palatal surface of the upper incisors. This measurement is significant in orthodontics and dental occlusion, as it helps assess the relationship between the upper and lower teeth, specifically in terms of how far forward or backward the upper teeth are in relation to the lower teeth. In clinical practice, measuring overjet can be essential for diagnosing malocclusions, planning treatment, and understanding the functional aspects of a patient's bite. An ideal overjet can indicate a healthy relationship between the upper and lower dental arches, while deviations can suggest issues such as overbite, underbite, or other orthodontic concerns. The other choices focus on different measurements in dentistry; for instance, the distance between the upper incisors and lower molars involves a broader assessment of dental alignment rather than the specific measurement of overjet. The vertical distance from the upper to lower dental arch and the space between posterior teeth in occlusion pertain to aspects of occlusion rather than the direct measurement of the relationship between the incisors involved in defining overjet. Thus, the correct measure specifically describing overjet is indeed the distance between the labial surface of the lower incisors and the palatal

6. What is the primary purpose of an apicectomy?

- A. Surgical removal of a decayed tooth
- B. Surgical removal of the apex of an infected or damaged tooth root**
- C. To elevate the tooth for better visibility
- D. To provide cosmetic enhancements to teeth

The primary purpose of an apicectomy is to remove the apex, which is the tip of a tooth's root, particularly when it has become infected or damaged. This procedure is typically undertaken when a conventional root canal treatment has failed, allowing for the targeted removal of infected tissue and the prevention of further complications. By addressing the issue at the root apex, the procedure helps to eliminate chronic infections and can often save the tooth from extraction, maintaining the integrity of the patient's dental structure. In contrast, the other options pertain to different dental procedures or processes that don't align with the specific goals of an apicectomy. The removal of a decayed tooth, for instance, points towards extraction rather than targeted surgery on the root surface. Elevating a tooth for better visibility refers more to preliminary steps in surgical procedures rather than focusing on infection or damage. Lastly, providing cosmetic enhancements to teeth is not related to the apicectomy's objective, which is strictly a therapeutic intervention for dental health rather than aesthetic improvement.

7. Which of the following is NOT a component of surgical instruments?

- A. Calculus scaler
- B. Surgical aspirator
- C. Suture holder
- D. Toothpaste dispenser**

The component that does not belong to the category of surgical instruments is the toothpaste dispenser. Surgical instruments are specifically designed tools used during procedures to perform tasks such as cutting, grasping, holding, and suturing. Calculus scalers, surgical aspirators, and suture holders each serve a distinct purpose in surgical settings – calculus scalers are used for cleaning teeth and removing deposits, surgical aspirators help in removing fluids from the surgical site, and suture holders assist in the placement and removal of sutures. In contrast, a toothpaste dispenser is a device unrelated to surgical procedures; it is typically used in dental hygiene settings for dispensing toothpaste rather than in surgical operations. Understanding these distinctions helps clarify the specific functions of instruments used in dental surgeries compared to regular dental hygiene tools.

8. Visible erosion of the palatal surfaces of the upper anterior teeth is a common oral sign of which medical condition?

- A. Anorexia
- B. Bulimia**
- C. Diabetes
- D. Celiac disease

The correct answer is bulimia, as visible erosion of the palatal surfaces of the upper anterior teeth is a hallmark sign of the dental erosion associated with this condition. Bulimia involves episodes of binge eating followed by purging, which can include self-induced vomiting. The acidic contents of stomach acid that come into contact with the teeth during vomiting can lead to the erosion of dental enamel, especially on the palatal surfaces of the upper anterior teeth. This specific pattern of erosion is indicative of the frequent exposure to this acid. In contrast, while conditions like anorexia, diabetes, and celiac disease may have dental manifestations or symptoms associated with oral health, they do not typically result in the characteristic erosion of teeth caused by exposure to stomach acid as seen in bulimia. Anorexia might lead to some dental issues, but the specific erosion pattern is not as prevalent. Diabetes can lead to other oral health problems like periodontal disease, but it does not primarily cause the type of enamel erosion seen in bulimia. Celiac disease may also affect oral health, often leading to dental enamel defects rather than erosion specifically resulting from acid exposure.

9. What type of mixer is designed specifically for dental materials in capsule form?

- A. Hand mixer
- B. Dental amalgamator**
- C. Ultrasonic mixer
- D. Centrifuge

The dental amalgamator is specifically designed for mixing dental materials that come in capsule form, such as dental amalgam. This device operates by delivering controlled, rapid mechanical forces to the capsules, resulting in a homogenous mix of the materials contained within. The amalgamator ensures proper mixing of components while minimizing the risk of air incorporation, which can adversely affect the material's properties and handling. In contrast, a hand mixer is not specialized for dental materials and may not provide the specific mixing action required for optimal results with dental amalgam. An ultrasonic mixer utilizes high-frequency sound waves to promote mixing but is not typically used for capsules and may not achieve the consistent results needed for dental applications. A centrifuge is designed to separate materials of different densities rather than mix them, making it unsuitable for the task of preparing dental materials in capsule form. This specificity of the amalgamator in addressing the unique requirements of dental materials solidifies its importance in dental practice.

10. Where do the occipital condyles allow articulation?

- A. C1 vertebrae
- B. C2 vertebrae
- C. Skull base
- D. Shoulder joint

The occipital condyles are smooth, rounded structures located on the underside of the occipital bone, which is part of the skull. These condyles articulate with the first cervical vertebra, known as C1 or the atlas. This articulation is crucial because it allows for the nodding motion of the head, which is essential for looking up and down. The connection between the occipital condyles and C1 forms the atlanto-occipital joint, enabling a range of motion at the top of the spinal column. The other choices do not accurately represent the site of articulation for the occipital condyles. The C2 vertebra, or axis, has a different role in the cervical vertebral column, primarily facilitating rotation of the head. The skull base is a broader term that encompasses various structures, and while the occipital condyles are part of the skull base, they specifically articulate with C1. The shoulder joint is entirely separate and involves different bones and articulations, thus not being relevant in this context.

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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.

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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