

National Dental Examining Board of Canada (NDEB) 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. Premolar with occlusal groove pattern of a Y is**
 - A. Mandibular P1**
 - B. Mandibular P2**
 - C. Maxillary P1**
 - D. Maxillary P2**
- 2. What are characteristic symptoms of acute suppurative pulpitis?**
 - A. Intermittent dull pain**
 - B. Spontaneous throbbing pain and prolonged pain initiated by heat**
 - C. Transient pain to cold stimuli**
 - D. Increased pain when biting down**
- 3. In permanent molars, acute pulpitis of 24-hour duration, what does the radiograph show?**
 - A. Widened periodontal ligament space**
 - B. Loss of lamina dura**
 - C. Normal appearance**
 - D. Periapical radiolucency**
- 4. The strongest stimulus to respiration is...**
 - A. Increase in arterial carbon dioxide**
 - B. Decrease in arterial oxygen**
 - C. Decrease in blood pressure**
 - D. Increase in blood sugar levels**
- 5. A child on antibiotic therapy would be more likely to develop what?**
 - A. Moniliasis**
 - B. Bronchitis**
 - C. Urticaria**
 - D. Anemia**

- 6. Which are important clinical signs of gingivitis?**
- A. BOP and enamel hypoplasia**
 - B. BOP and fluorosis**
 - C. BOP and cyanosis of tissue**
 - D. Cyanosis of tissue and dentinogenesis imperfecta**
- 7. If a patient loses a first molar before age 11, does the overbite increase?**
- A. Yes**
 - B. No**
 - C. Only if the second molar has not erupted**
 - D. Only in cases of severe crowding**
- 8. A large, deeply furrowed tongue is commonly found in a patient with:**
- A. Down Syndrome**
 - B. Cerebral Palsy**
 - C. Marfan Syndrome**
 - D. Ehlers-Danlos Syndrome**
- 9. Bilateral dislocated fractures of mandibular condyles result in...**
- A. Anterior open bite**
 - B. Improved mandibular movement**
 - C. Decreased oral opening**
 - D. Enhanced chewing ability**
- 10. Barbiturates are excreted by?**
- A. Liver**
 - B. Kidney**
 - C. Spleen**
 - D. Lungs**

Answers

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

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Explanations

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1. Premolar with occlusal groove pattern of a Y is

- A. Mandibular P1**
- B. Mandibular P2**
- C. Maxillary P1**
- D. Maxillary P2**

A premolar tooth with an occlusal groove pattern of a Y is indicative of a mandibular P2. This is because mandibular P1 teeth typically have a single-rooted structure and maxillary P1 teeth usually have a more complex occlusal pattern. Additionally, maxillary P2 teeth often have a larger occlusal surface compared to mandibular P2 teeth. Therefore, the answer B is the most suitable choice as it matches the characteristics of a premolar with a Y-shaped occlusal groove pattern.

2. What are characteristic symptoms of acute suppurative pulpitis?

- A. Intermittent dull pain**
- B. Spontaneous throbbing pain and prolonged pain initiated by heat**
- C. Transient pain to cold stimuli**
- D. Increased pain when biting down**

The correct answer is option B. Acute suppurative pulpitis is a condition in which the dental pulp becomes inflamed due to infection. This can cause spontaneous throbbing pain and prolonged pain when exposed to heat. The other options, such as intermittent dull pain, transient pain to cold stimuli, and increased pain when biting down, may also be symptoms of other dental conditions, but they are not characteristic of acute suppurative pulpitis. Therefore, they are not the best choice as a characteristic symptom for this particular condition.

3. In permanent molars, acute pulpitis of 24-hour duration, what does the radiograph show?

- A. Widened periodontal ligament space**
- B. Loss of lamina dura**
- C. Normal appearance**
- D. Periapical radiolucency**

Acute pulpitis is inflammation of the pulp of a tooth, which may be caused by trauma or infection. In permanent molars, it is characterized by severe and sudden onset pain, often lasting for 24 hours. In such cases, the radiograph typically shows a normal appearance, as there is no evidence of periodontal ligament space widening, loss of lamina dura, or periapical radiolucency. These findings would instead be suggestive of other, more severe conditions, such as periodontal disease or periapical pathology. Therefore, in the case of acute pulpitis of 24-hour duration in permanent molars, a normal appearance on radiograph is expected.

4. The strongest stimulus to respiration is...

A. Increase in arterial carbon dioxide

B. Decrease in arterial oxygen

C. Decrease in blood pressure

D. Increase in blood sugar levels

Carbon dioxide is the main stimulus to breathe because it is produced by our cells as they use oxygen. As carbon dioxide builds up in our blood, it causes a decrease in blood pH, which is detected by chemoreceptors in our brain. This triggers our brain to send signals to our respiratory muscles to increase our breathing rate and depth, in order to remove the excess carbon dioxide from our body. None of the other options have the same effect on our respiratory system. A decrease in arterial oxygen levels and an increase in blood sugar levels do not directly stimulate our breathing, although they can indirectly affect it. A decrease in blood pressure may trigger an increase in respiratory rate, but it is not considered the strongest stimulus. Therefore, the strongest stimulus to respiration is an increase in arterial carbon dioxide levels.

5. A child on antibiotic therapy would be more likely to develop what?

A. Moniliasis

B. Bronchitis

C. Urticaria

D. Anemia

Children who are taking antibiotics may experience an imbalance in the bacteria in their body, which can lead to the overgrowth of yeast and result in an infection called moniliasis. While bronchitis, urticaria, and anemia can also occur during antibiotic therapy, they are not directly caused by the medication and may be due to other factors such as allergies or nutritional deficiencies. Therefore, they are less likely to occur compared to the development of moniliasis.

6. Which are important clinical signs of gingivitis?

A. BOP and enamel hypoplasia

B. BOP and fluorosis

C. BOP and cyanosis of tissue

D. Cyanosis of tissue and dentinogenesis imperfecta

Clinical signs of gingivitis include bleeding on probing (BOP) and cyanosis of tissue. BOP is an early sign of gum disease and indicates inflammation of the gums. Fluorosis and enamel hypoplasia are conditions that involve defects in tooth enamel and are unrelated to gingivitis. Cyanosis of tissue refers to bluish discoloration of the gums, which can be caused by reduced blood flow as a result of inflammation from gingivitis. Dentinogenesis imperfecta is a rare genetic disorder affecting tooth development and is not a sign of gingivitis.

7. If a patient loses a first molar before age 11, does the overbite increase?

A. Yes

B. No

C. Only if the second molar has not erupted

D. Only in cases of severe crowding

If a patient loses a first molar before age 11, the overbite would not increase. This is because the loss of a first molar does not directly impact the overbite. The overbite is determined by the natural growth and development of the teeth and jaws, and the loss of a first molar at this age would not significantly alter that natural process. Option A Yes - this option is incorrect because, as mentioned, the loss of a first molar at this age does not lead to an increase in overbite. Option C: Only if the second molar has not erupted - this option is also incorrect because, although the second molar plays a role in overbite, its eruption alone would not cause a significant increase in the overbite. Option D: Only in cases of severe crowding - this option is incorrect because crowding may contribute to changes in overbite

8. A large, deeply furrowed tongue is commonly found in a patient with:

A. Down Syndrome

B. Cerebral Palsy

C. Marfan Syndrome

D. Ehlers-Danlos Syndrome

A large, deeply furrowed tongue is commonly found in patients with Down Syndrome. This is due to the genetic disorder causing developmental delays, which can affect muscle tone including the tongue. The other options, B, C, and D, are incorrect because they do not typically cause a large, deeply furrowed tongue. Cerebral Palsy affects muscle control, but not in the same way as Down Syndrome. Marfan Syndrome and Ehlers-Danlos Syndrome are both connective tissue disorders and do not have an impact on muscle tone in the tongue.

9. Bilateral dislocated fractures of mandibular condyles result in...

A. Anterior open bite

B. Improved mandibular movement

C. Decreased oral opening

D. Enhanced chewing ability

When the mandibular condyles of both sides of the jaw are dislocated, it results in an anterior open bite where there is a gap between the upper and lower front teeth when biting down. Option B is incorrect because the mandibular movement will actually be limited and hindered due to the dislocation. Option C is also incorrect because dislocated fractures can result in a wider oral opening due to the separation of the jaw bones. Option D is incorrect because the dislocation can actually lead to difficulty in chewing due to the misalignment of the jaw. Therefore, option A is the correct answer as it is the most likely outcome of bilateral dislocated fractures of the mandibular condyles.

10. Barbiturates are excreted by?

- A. Liver**
- B. Kidney**
- C. Spleen**
- D. Lungs**

Barbiturates are primarily excreted by the kidneys because they are water-soluble and can be filtered out of the bloodstream through the kidneys and into the urine. The liver is responsible for metabolizing barbiturates, but it does not directly excrete them from the body. The spleen and lungs also do not play a role in the excretion of barbiturates.

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://ndebcanada.examzify.com>

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