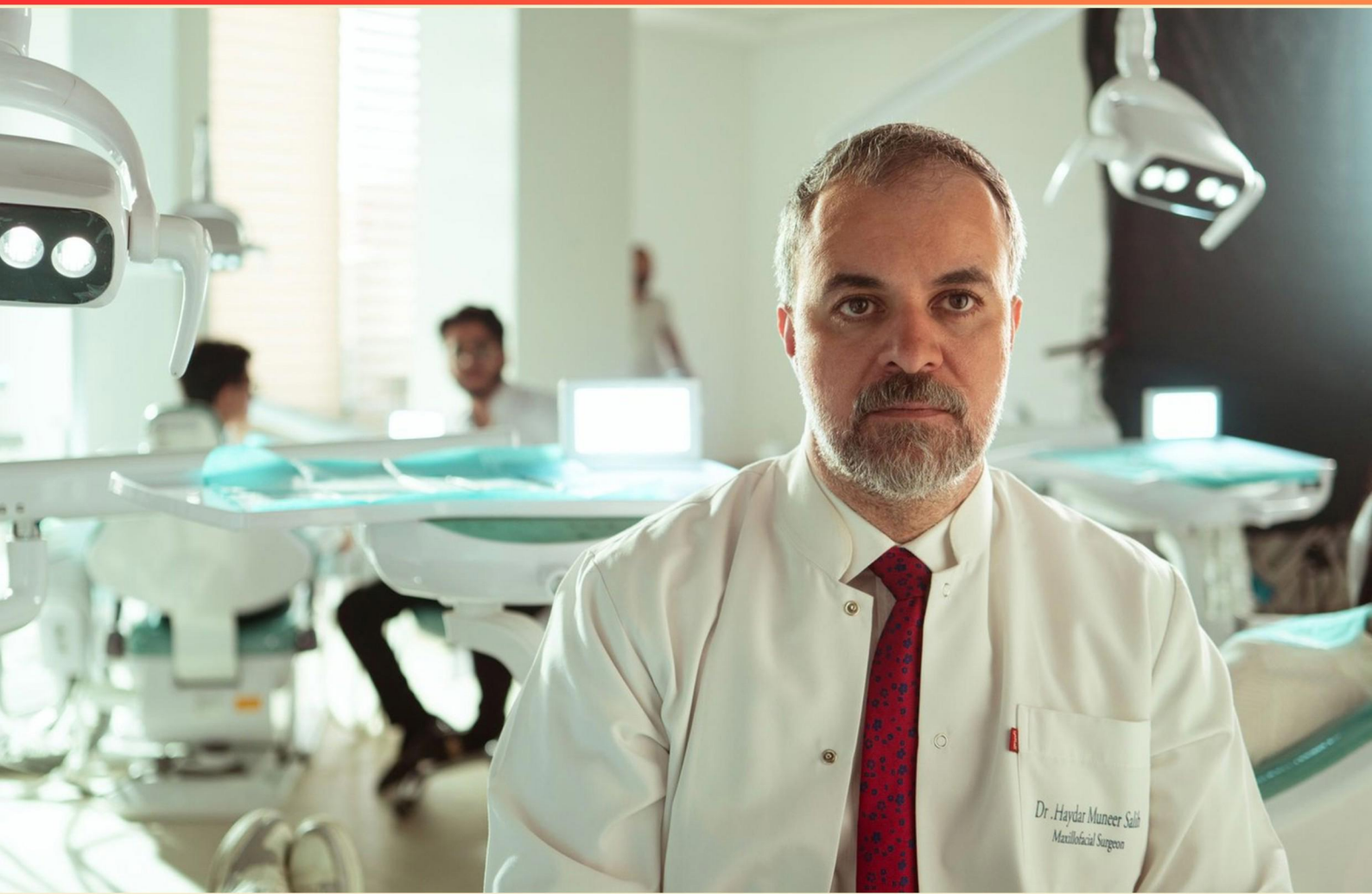


NATIONAL DENTAL HYGIENE CERTIFICATION EXAM (NDHCE) PRACTICE (SAMPLE) STUDY GUIDE



Prepare with structure. Pass with confidence



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

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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. What is zinc phosphate used for in dentistry?**
 - A. A bonding agent for composite materials
 - B. A liner for sensitive teeth
 - C. A cement for dental restorations
 - D. A topical anesthetic
- 2. How much toothpaste should a child younger than 3 years use?**
 - A. A pea-sized amount
 - B. A smear
 - C. Half a teaspoon
 - D. One full teaspoon
- 3. How does green stain become intrinsic?**
 - A. By being removed improperly
 - B. By staining over time
 - C. When incorporated with decalcified areas
 - D. Through the diet
- 4. Which is true regarding class I furcation compared to class IV furcation?**
 - A. Class I has more visible recession
 - B. Class I is not detectable with a probe
 - C. Class I lacks clinical visibility
 - D. Class IV displays more severe attachment loss
- 5. Patients with an ASA 4 classification are experiencing which of the following?**
 - A. Minimal systemic dysregulation
 - B. Stable chronic condition
 - C. Severe disease that poses a constant life threat
 - D. Controlled chronic condition
- 6. What percentage of saliva is produced by the parotid gland?**
 - A. 10%
 - B. 25%
 - C. 50%
 - D. 65%

- 7. Which lifestyle choice is a significant risk factor for developing periodontal disease?**
- A. Poor diet
 - B. Excessive sugar intake
 - C. Tobacco use
 - D. Regular flossing habits
- 8. What is sticky wax commonly used for in dental applications?**
- A. Modify impressions
 - B. Attach models
 - C. Cushion brackets
 - D. Provide a rigid connection
- 9. What is the main cause of primary herpetic gingivostomatitis?**
- A. Herpes Simplex Virus II
 - B. Herpes Simplex Virus I
 - C. Cytomegalovirus
 - D. Epstein-Barr Virus
- 10. What characterizes a class I furcation?**
- A. Concavity can be detected with the probe but cannot enter
 - B. Probe penetrates but does not pass through
 - C. Probe passes completely through
 - D. Clinically visible recession

Answers

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

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Explanations

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1. What is zinc phosphate used for in dentistry?

- A. A bonding agent for composite materials
- B. A liner for sensitive teeth
- C. A cement for dental restorations**
- D. A topical anesthetic

Zinc phosphate is primarily used in dentistry as a cement for dental restorations. Its composition allows it to provide strong adhesive properties and durability, making it suitable for cementing crowns, bridges, and inlays. The material also acts effectively under various conditions in the oral environment, contributing to reliable binding of the restoration to the tooth structure. While zinc phosphate can have some applications in providing thermal insulation, its primary role is rooted in cementation, particularly due to its strength and longevity which are crucial for maintaining the integrity of dental restorations over time. This characteristic is what differentiates it from other materials that may serve other purposes in dentistry, such as bonding agents or liners.

2. How much toothpaste should a child younger than 3 years use?

- A. A pea-sized amount
- B. A smear**
- C. Half a teaspoon
- D. One full teaspoon

For a child younger than 3 years, using a smear of toothpaste is recommended to ensure their safety and minimize the risk of swallowing excessive fluoride. At this age, children are still developing their ability to spit out toothpaste, making it crucial to limit the amount they are exposed to. A smear is just a thin coating of toothpaste that allows for effective cleaning without the risk associated with larger amounts. This approach is aligned with guidelines from dental health organizations, which advocate for a very small amount of fluoride toothpaste to be used for young children to help prevent dental caries while also protecting them from potential fluorosis if they ingest too much fluoride during early dental development.

3. How does green stain become intrinsic?

- A. By being removed improperly
- B. By staining over time
- C. When incorporated with decalcified areas**
- D. Through the diet

The process of green stain becoming intrinsic is primarily related to its incorporation with decalcified areas of the enamel. When green stain, often associated with certain bacterial deposits or materials like chromogenic bacteria, is present, it can penetrate the surface of the enamel where decalcification has occurred. This leads to the stain being absorbed into the tooth structure, thereby changing it from an extrinsic to an intrinsic stain. Intrinsic stains are those that are embedded within the tooth structure itself, as opposed to merely sitting on the surface. The presence of decalcified areas allows for the stain to become trapped and a part of the tooth, leading to a more permanent coloration that cannot be removed by standard polishing or cleaning procedures. This contrasts with extrinsic stains, which remain on the surface and can typically be easily removed through dental hygiene practices. Other options do not accurately describe the transformation of green stain into an intrinsic stain. While improper removal may lead to additional staining, it does not initiate the conversion to intrinsic staining. Similarly, while staining over time and dietary factors can certainly contribute to the overall appearance of teeth, they do not specifically explain the association between green stain and the intrinsic change related to decalcified areas.

4. Which is true regarding class I furcation compared to class IV furcation?

- A. Class I has more visible recession
- B. Class I is not detectable with a probe
- C. Class I lacks clinical visibility
- D. Class IV displays more severe attachment loss**

Class IV furcation involves significant periodontal destruction, which typically includes considerable attachment loss and the separation of the roots of the tooth due to advanced periodontal disease. In this state, the furcation area is clinically visible, often presenting a wide open space that can be accessed directly through the gingival tissues. In contrast, Class I furcation indicates a less severe condition, where the furcation area is still covered by soft tissue and is detectable with probing, although it usually does not show the extent of attachment loss seen in Class IV. Therefore, the assertion that Class IV displays more severe attachment loss is accurate, highlighting the difference in the severity of periodontal involvement between these two classifications. Understanding these distinctions is crucial in periodontal assessments and treatment planning.

5. Patients with an ASA 4 classification are experiencing which of the following?

- A. Minimal systemic dysregulation
- B. Stable chronic condition
- C. Severe disease that poses a constant life threat**
- D. Controlled chronic condition

Patients classified as ASA 4 are experiencing severe systemic disease that poses a constant threat to their life. The ASA (American Society of Anesthesiologists) classification system is used to assess the fitness of patients undergoing anesthesia and procedures. A classification of ASA 4 indicates that the patient has a serious medical condition that significantly compromises their health and may jeopardize their life during procedures. This could include conditions such as uncontrolled diabetes, severe heart disease, or advanced respiratory disorders, where the risk of complications is notably high. In contrast, other classifications denote less severe conditions. For instance, minimal systemic dysregulation suggests the patient is largely healthy with only slight issues, while a stable chronic condition implies that the disease is managed and doesn't pose immediate threats. A controlled chronic condition would indicate that the patient's medical condition is managed effectively, thereby presenting a lower risk during treatment. Understanding these classifications helps dental hygienists assess patient risks appropriately during treatment planning.

6. What percentage of saliva is produced by the parotid gland?

- A. 10%
- B. 25%**
- C. 50%
- D. 65%

The correct answer is that the parotid gland produces approximately 25% of the total saliva in the mouth. The parotid gland is the largest of the salivary glands and is located near the ear, primarily responsible for secreting serous saliva, which is rich in enzymes like amylase that help in the digestion of carbohydrates. Understanding the contribution of the parotid gland to overall saliva production is important for grasping the functional anatomy of the salivary glands and their role in oral health. The other glands, such as the submandibular and sublingual glands, produce larger proportions of saliva respectively, but the parotid gland's notable contribution is essential for proper oral function, such as aiding in chewing and swallowing, as well as maintaining oral moisture and pH balance.

7. Which lifestyle choice is a significant risk factor for developing periodontal disease?

- A. Poor diet
- B. Excessive sugar intake
- C. Tobacco use**
- D. Regular flossing habits

Tobacco use is a significant risk factor for developing periodontal disease due to its detrimental effects on oral health. When individuals use tobacco products, they expose their oral tissues to harmful chemicals that can impede the immune response, making it more difficult for the body to fight off infections and inflammation related to periodontal disease. Furthermore, tobacco use can lead to reduced blood flow to the gums, which impairs healing and increases the risk of gum disease progression. In addition to these factors, tobacco use is associated with higher plaque accumulation and a greater severity of periodontal symptoms when compared to non-users. Consequently, individuals who smoke or use other forms of tobacco are at a significantly greater risk of developing more severe forms of periodontal disease. Other lifestyle choices mentioned, like poor diet and excessive sugar intake, can contribute to overall oral health issues and may indirectly influence periodontal disease through mechanisms like increased plaque formation or systemic health effects, but tobacco use remains the most directly linked risk factor. Regular flossing habits, on the other hand, promote good oral hygiene and help in the prevention of periodontal disease.

8. What is sticky wax commonly used for in dental applications?

- A. Modify impressions
- B. Attach models**
- C. Cushion brackets
- D. Provide a rigid connection

Sticky wax is primarily used to attach models in dental applications. This type of wax has adhesive properties that allow it to bond together different components, such as dental casts or acrylic bases, during the fabrication of dental prosthetics. Its ability to hold pieces securely in place is crucial when assembling models for more intricate procedures, ensuring that they remain stable while further shaping or adjustments are made. In addition, sticky wax can be utilized for various temporary joining applications, which is essential for maintaining the integrity of models while also allowing for ease of removal when necessary. This usage is particularly important in orthodontics and prosthodontics, where precise alignments are critical. Other options, while relevant in other contexts, do not describe the primary function of sticky wax. For instance, modifying impressions typically involves using specific types of impression materials designed for that purpose. Similarly, while cushioning brackets could be a function of certain dental materials, sticky wax does not provide the necessary cushioning or flexibility that other materials, like orthodontic pads, would offer. Providing a rigid connection is more aligned with materials that harden or set rather than wax, which remains malleable and adaptable.

9. What is the main cause of primary herpetic gingivostomatitis?

- A. Herpes Simplex Virus II
- B. Herpes Simplex Virus I**
- C. Cytomegalovirus
- D. Epstein-Barr Virus

Primary herpetic gingivostomatitis is primarily caused by Herpes Simplex Virus I (HSV-1). This viral infection commonly occurs in children, leading to inflammation of the gingiva and mucosal tissues in the mouth. The clinical manifestation includes painful sores, blister-like lesions, and significant discomfort, all characteristic of this condition. Herpes Simplex Virus I is typically transmitted through direct contact with infected saliva or lesions. It is worth noting that while Herpes Simplex Virus II (HSV-2) is often associated with genital herpes, it can also cause oral infections; however, HSV-1 remains the principal etiological agent for primary herpetic gingivostomatitis. Cytomegalovirus and Epstein-Barr Virus, while both belonging to the herpesvirus family and causing different types of diseases, are not responsible for primary herpetic gingivostomatitis. Their clinical presentations differ significantly from those associated with HSV-1 infections, further supporting why HSV-1 is the recognized cause of this specific condition.

10. What characterizes a class I furcation?

- A. Concavity can be detected with the probe but cannot enter**
- B. Probe penetrates but does not pass through
- C. Probe passes completely through
- D. Clinically visible recession

A class I furcation is characterized by the presence of a concavity that can be detected with a periodontal probe, but the probe cannot enter the furcation area. This means that while there is some loss of periodontal attachment that allows detection of the concavity, it does not progress to the point where the probe can pass through the furcation. This classification is important in understanding the extent of periodontal disease and potential treatment options. It helps dental hygienists and clinicians assess the severity of the periodontal involvement and plan accordingly. The parameters defined in class I furcation help to differentiate it from other classes, such as class II where the probe can penetrate but does not completely pass through, and class III where it can pass completely through the furcation. Class I does not involve clinically visible recession, which is another distinction that helps to define its characteristics.

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://natldentalhygiene.examzify.com>

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

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