

New Mexico Dental Assisting License 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

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- 1. What type of wire is often placed within a bracket for orthodontic treatment?**
 - A. Elastic wire**
 - B. Preformed wire**
 - C. Arch wire**
 - D. Bonded wire**

- 2. What problem results from films being stuck together in chemical baths?**
 - A. Scratches on the film surface**
 - B. Unpredictable exposure**
 - C. Overlapped film producing dark or white areas**
 - D. Inconsistent development**

- 3. What is another name for Class II malocclusion?**
 - A. Protrusion**
 - B. Mesioclusion**
 - C. Distocclusion**
 - D. Crossbite**

- 4. Which type of cement is known for having reinforcing agents added for permanent cementation?**
 - A. ZOE type I**
 - B. ZOE type II**
 - C. Type I glass ionomer**
 - D. Type III glass ionomer**

- 5. What is a characteristic of a broach instrument used in root canal procedures?**
 - A. It has straight cutting edges**
 - B. It is flexible and tapered**
 - C. It is used exclusively for widening canals**
 - D. It is made of plastic material**

6. What is the composition of calculus that adheres to the tooth surface?

- A. Acids and bacteria**
- B. Calcium and phosphorus salts**
- C. Sugars and starches**
- D. Proteins and lipids**

7. What is a disadvantage of using resin as a cement?

- A. It has a short setting time**
- B. It lacks strength compared to other cements**
- C. It may lead to microleakage over time**
- D. It is difficult to clean**

8. What is the primary function of bird beak pliers in dental assisting?

- A. To cut wires**
- B. To form and bend wires**
- C. To remove bands**
- D. To contour teeth**

9. What procedure is performed when the pulp has been partially exposed and the tooth is still vital?

- A. Root canal treatment**
- B. Direct pulp cap**
- C. Tooth extraction**
- D. Dental filling**

10. Which orthodontic issue relates to the abnormal relationship of the teeth?

- A. Maxillary protrusion**
- B. Malposition of the teeth**
- C. Gingival recession**
- D. Tooth discoloration**

Answers

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

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Explanations

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1. What type of wire is often placed within a bracket for orthodontic treatment?

- A. Elastic wire**
- B. Preformed wire**
- C. Arch wire**
- D. Bonded wire**

The correct choice is arch wire, which plays a crucial role in orthodontic treatment. Arch wire is a flexible metal wire that connects all the brackets on a patient's teeth. Its primary function is to guide the movement of the teeth into their desired positions by applying continuous pressure. The arch wire is designed to fit the shape of the dental arch and is carefully selected based on the individual treatment plan and the specific needs of the patient. In orthodontics, arch wires are typically made from various alloys and can be found in different sizes and shapes to accommodate various treatment modalities. They are essential for creating the necessary force to align the teeth and are adjusted periodically as treatment progresses. The use of arch wires is fundamental in ensuring effective and efficient tooth movement, making them a vital component in any orthodontic appliance system. Other types of wires, such as elastic, preformed, and bonded wires, serve different specific functions in dental practices. For example, elastic wires may refer to materials used for ligating brackets or springs, while preformed wires are often used in specific shapes but do not have the same capacity for adjustment and manipulation as arch wires. Bonded wires can be used for retaining teeth or stabilizing them but are not integral to the active movement process that arch

2. What problem results from films being stuck together in chemical baths?

- A. Scratches on the film surface**
- B. Unpredictable exposure**
- C. Overlapped film producing dark or white areas**
- D. Inconsistent development**

When films are stuck together in chemical baths, the primary concern is that they do not receive uniform exposure to the chemicals. This results in overlapping films that can trap areas of film behind another, leading to the development of dark or white patches on the film. As the chemicals interact with the improperly separated film layers, the parts that are not in direct contact with the chemicals will not develop correctly, causing inconsistencies in the film's overall appearance. The appearance of these patches can significantly affect the quality of the dental radiographs produced. Dark areas may indicate overexposure to the developing chemicals, while white areas can signify areas that were shielded from development entirely. Properly maintaining separation between films during processing is essential to ensure that each film receives the appropriate treatment and achieves a quality result.

3. What is another name for Class II malocclusion?

- A. Protrusion
- B. Mesioclusion
- C. Distocclusion**
- D. Crossbite

Class II malocclusion is commonly referred to as distocclusion. This term specifically describes a dental relationship where the first molar of the lower jaw is positioned more towards the back of the mouth than the corresponding molar in the upper jaw. This alignment leads to a characteristic overbite, where the upper teeth significantly overlap the lower teeth when the jaw is closed. Understanding the classification of malocclusion is essential for dental professionals as it guides treatment options. Distocclusion can affect a person's bite and overall dental health, making it important to recognize and differentiate from other forms of malocclusion. The other terms do not accurately describe Class II malocclusion. Protrusion refers to a position where the teeth are extended facially beyond the ideal alignment, which is not specific to Class II. Mesioclusion is used to describe Class III malocclusion, characterized by the lower molars being positioned ahead of the upper molars. Crossbite denotes a condition where one or more teeth are not properly aligned with the opposing teeth, which can occur in various types of malocclusion but does not specifically identify Class II.

4. Which type of cement is known for having reinforcing agents added for permanent cementation?

- A. ZOE type I
- B. ZOE type II**
- C. Type I glass ionomer
- D. Type III glass ionomer

The type of cement known for having reinforcing agents added for permanent cementation is ZOE type II. This formulation is specifically designed to enhance durability and strength, making it suitable for long-term procedures. The inclusion of reinforcing agents helps to increase the cement's mechanical properties, such as its resistance to fracture and wear, which is crucial for permanent cementation applications. ZOE type II is particularly used in cases where additional strength is required, such as in the cementation of crowns and bridges, as well as in other restorations that need to withstand functional forces over time. This is a significant advancement compared to other types of zinc oxide-eugenol cements, which may not include these reinforcing agents and therefore may not offer the same level of strength and longevity in dental applications.

5. What is a characteristic of a broach instrument used in root canal procedures?

- A. It has straight cutting edges**
- B. It is flexible and tapered**
- C. It is used exclusively for widening canals**
- D. It is made of plastic material**

A broach instrument, commonly used in root canal procedures, is characterized by its flexibility and tapered design. This specific design allows the broach to navigate through the intricate and often curved anatomy of the root canal system effectively. The tapered shape helps in engaging and removing the soft tissue, particularly the pulp, while the flexibility aids in reaching those areas without risk of fracturing the instrument or damaging the canal walls. The features of broach instruments make them particularly effective for removing necrotic tissue and debris within the canal, which is essential for successful endodontic treatment. Their unique design is crucial in ensuring that they can adapt to the natural curvature of the root canals, enabling thorough cleaning. In contrast, instruments with straight cutting edges are typically used for different purposes and may not navigate curved canals as effectively. Additionally, while broaches may assist in widening canals as part of the overall procedure, their primary function is not exclusive to that task alone. The material composition is also relevant; while some dental instruments are indeed crafted from plastic for specific applications, broaches are generally made from metal to provide the necessary strength and durability during the challenging conditions of root canal treatment.

6. What is the composition of calculus that adheres to the tooth surface?

- A. Acids and bacteria**
- B. Calcium and phosphorus salts**
- C. Sugars and starches**
- D. Proteins and lipids**

Calculus, often referred to as tartar, forms as a hardened deposit on the tooth surface through the mineralization of dental plaque. The primary components of calculus include calcium and phosphorus salts, which are minerals sourced from saliva. These salts precipitate and crystallize, creating a calcified mass that can adhere strongly to both the teeth and the gum line. The presence of these minerals is significant as it underscores the ongoing biological process that occurs in the oral environment, wherein plaque, composed largely of bacteria, can lead to the formation of calculus if not adequately removed through proper oral hygiene practices. The calcification involves a complex relationship between plaque and these inorganic minerals, which ultimately results in the hard, rough surface associated with calculus. Understanding the composition of calculus is crucial for dental professionals in educating patients about the importance of regular dental cleanings and effective oral hygiene to prevent its formation and the subsequent risk of periodontal disease.

7. What is a disadvantage of using resin as a cement?

- A. It has a short setting time**
- B. It lacks strength compared to other cements**
- C. It may lead to micoleakage over time**
- D. It is difficult to clean**

Using resin as a cement can indeed lead to **micoleakage over time**, which is a significant disadvantage. Micoleakage refers to the small gaps that can form between the tooth structure and the restoration, allowing bacteria, fluids, and other substances to seep in. This can contribute to secondary caries (cavities that occur under or near a dental restoration) and can compromise the longevity and health of the tooth. While resin cements are often chosen for their aesthetic qualities and good bonding properties, if proper attention is not given to the application and curing process, micoleakage risks increase. Factors such as inadequate bonding, improper light-curing technique, or moisture contamination during placement can exacerbate this issue. This concern highlights the importance of technique and material selection in dental procedures, as optimal outcomes rely not just on the materials used but also on the practitioner's skill and adherence to best practices.

8. What is the primary function of bird beak pliers in dental assisting?

- A. To cut wires**
- B. To form and bend wires**
- C. To remove bands**
- D. To contour teeth**

Bird beak pliers play a crucial role in dental assisting primarily for the purpose of forming and bending wires. This tool is specifically designed with jaws that have a beak-like shape, which allows for precise manipulation of orthodontic wires during treatments. The ability to create angles and curves in the wire is essential for ensuring that the dental appliance fits correctly and effectively applies the necessary pressure to the teeth for alignment. Mastering the use of bird beak pliers is important for dental assistants working in orthodontics, as it contributes directly to the success of the orthodontic treatment process and the comfort of the patient. While pliers can serve various functions in a dental setting, such as cutting wires, removing bands, or contouring teeth, bird beak pliers are specifically tailored for wire work, making them an indispensable tool for that particular aspect of dental procedures. Their unique design enables dental professionals to make precise adjustments, which can lead to improved treatment outcomes.

9. What procedure is performed when the pulp has been partially exposed and the tooth is still vital?

- A. Root canal treatment**
- B. Direct pulp cap**
- C. Tooth extraction**
- D. Dental filling**

When the pulp has been partially exposed and the tooth remains vital, a direct pulp cap is the appropriate procedure. This technique involves placing a biocompatible material over the exposed area of the pulp. The goal is to protect the pulp, encourage healing, and preserve the vitality of the tooth. A direct pulp cap is typically indicated when there is a small exposure of pulp tissue due to decay or injury, and the pulp is otherwise healthy. In this situation, the pulp still has the potential to remain healthy and continue functioning, which is why a direct pulp cap is chosen over more invasive treatments. This procedure allows for a less traumatic approach to managing pulp exposure, often protecting the tooth from infection and further damage. Other procedures listed, such as root canal treatment, are indicated for more severe cases where the pulp is infected or necrotic, whereas tooth extraction is reserved for teeth that cannot be saved due to extensive damage or disease. Dental filling is a restorative procedure meant for cavities but does not address the specific concern of exposed pulp tissue.

10. Which orthodontic issue relates to the abnormal relationship of the teeth?

- A. Maxillary protrusion**
- B. Malposition of the teeth**
- C. Gingival recession**
- D. Tooth discoloration**

The relationship of the teeth is a key concept in orthodontics, focusing on how teeth align with one another in both the dental arches and the overall occlusion. Malposition of the teeth specifically refers to any situation where teeth are not positioned correctly within the dental arch, which can lead to issues such as overcrowding, gaps, and improper alignment that affects bite and aesthetics. In contrast, maxillary protrusion describes a specific condition where the upper front teeth extend too far forward, but it does not encompass all forms of abnormal relationships; it is one type of malposition. Gingival recession involves the receding of the gum tissue along the teeth, which is more related to periodontal health than the arrangement of teeth. Tooth discoloration concerns the color of the teeth and does not pertain to their positional relationship. Thus, malposition of the teeth directly addresses various forms of abnormal positioning and their impact on dental and facial aesthetics, distinguishing it as the correct response to the question regarding orthodontic issues related to the integrity of teeth alignment.

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://nmdentalassisting.examzify.com>

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

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