If you are applying for a license in South Dakota and have taken a patient based clinical competency examination within the previous 5 years, the Board will accept the exam components noted below. For any component not accepted, you may take that component through a different testing agency that is accepted. If you are currently licensed in another state, have completed more than 3,000 clinical practice hours, and are applying for a license via credential verification, the Board accepts SRTA, CRDTS, WREB, CITA or CDCA patient based clinical competency examinations.

CDCA	2014		2015		2016		2017		2018		2019	
	Regional Exam Meets Criteria (Y/N)?	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**
Clinical competency examination – License to practice as a dentist. The board may approve a **patient based** clinical competency examination pursuant to 20:43:03:01(4) that includes, at a minimum, a cut score of **seventy five percent** along with the following components:	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**
(1.) A **patient-based** periodontal component that includes at least the following:	Yes	**Accept**	Yes	**Accept**	Yes	**Accept if verified by CDCA.**	Yes	**Accept if verified by CDCA.**	**Optional**	**Accept if verified by CDCA.**	**Optional**	**Accept if verified by CDCA.**
i. Pocket depth detection;	Yes		Yes		Yes, but optional (SD specific add on)		Yes, but optional (SD specific add on)		Yes, but optional (SD specific add on)		Yes, but optional (SD specific add on)	
ii. Calculus detection and removal; and	Yes		Yes		Yes		Yes		Yes, if (1) patient based periodontal component option is selected		Yes, if (1) patient based periodontal component option is selected	
iii. An intra oral and extra oral assessment;	Yes		Yes		Yes		Yes		Yes, if (1) patient based periodontal component option is selected		Yes, if (1) patient based periodontal component option is selected	
(2.) A **patient-based** restorative component that includes at least the following:	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept if verified by CDCA.**	Yes	**Accept if verified by CDCA.**
i. A class II composite or amalgam preparation and restoration. Slot preparations will not be accepted as fulfilling this requirement; and	Yes		Yes		Yes		Yes		Yes (slot prep not accepted)		Yes (slot prep not accepted)	
ii. A class III anterior composite preparation and restoration;	Yes		Yes		Yes		Yes		Yes		Yes	
(3.) A **manikin-based** prosthodontic component that includes at least the following:	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**
i. An all ceramic anterior crown preparation; and	Yes		Yes		Yes		Yes		Yes		Yes	
ii. A three unit fixed bridge that includes:	Yes		Yes		Yes		Yes		Yes		Yes	
1. A cast gold posterior crown preparation; and	Yes		Yes		Yes		Yes		Yes		Yes	
2. A porcelain fused to metal crown preparation;	Yes		Yes		Yes		Yes		Yes		Yes	
(4.) A **manikin-based** endodontic component that includes at least the following:	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**
i. An anterior endodontic procedure that includes access opening, instrumentation, and obturation; and	Yes		Yes		Yes		Yes		Yes		Yes	
ii. A posterior endodontic procedure that includes access opening and canal location; and	Yes		Yes		Yes		Yes		Yes		Yes	
(5.) A remediation policy to address candidate deficiencies	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**

CDCA	2014		2015		2016		2017		2018		2019	
	Regional Exam Meets Criteria (Y/N)?	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**	**Regional Exam Meets Criteria (Y/N)?**	**Accepted for Initial Licensure in SD?**
Clinical competency examination – License to practice as a dental hygienist. The board may approve a **patient based** dental hygiene clinical competency examination pursuant to 20:43:03:08(4) that includes, at a minimum, a **cut score of seventy five percent** along with the following components:	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**
(1) Pocket depth detection;	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**
(2) Calculus detection and removal;	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**
(3) An intra oral and extra oral assessment; and	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**