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.

SRTA	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:	OPTIONAL	**Accept if verified by SRTA.**	OPTIONAL	**Accept if verified by SRTA.**	OPTIONAL	**Not Accepted**	OPTIONAL	**Not Accepted**	OPTIONAL	**Not Accepted**	OPTIONAL	**Not Accepted**
i. Pocket depth detection;	Yes		Yes		Yes		No		No		No	
ii. Calculus detection and removal; and	Yes		Yes		Yes		Yes		Yes		Yes	
iii. An intra oral and extra oral assessment;	Yes		Yes		No		No		No		No	
(2.) A **patient-based** restorative component that includes at least the following:	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept if verified by SRTA.**	Yes	**Accept if verified by SRTA.**	Yes	**Accept if verified by SRTA.**
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 (slot prep not accepted)		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**

SRTA	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	No	**Not Accepted**	No	**Not Accepted**	No	**Not Accepted**	No	**Not Accepted**	Yes	**Accept**	Yes	**Accept**
(4) A remediation policy to address candidate deficiencies.	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**	Yes	**Accept**