



# OHIO STATE DENTAL BOARD

## JURISPRUDENCE EXAM ANSWER SHEET – Dental Hygienist

**Applicant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This examination covers the statutes and administrative rules governing the practice of dental hygiene in Ohio. This is an open book exam using the Dental Practice Act. Each question has one correct answer. Mark the appropriate letter box that corresponds to the correct answer. This document must be notarized and uploaded to your online application. During the administrative review of a submitted application, the jurisprudence exam will be graded. Applicants must receive a 75% or higher to pass. If a retest is required, applicants will be notified via email.

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|---|--|--|--|
| 1. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 8. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  | 14. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 20. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |
| 2. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 9. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  | 15. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 21. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |
| 3. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 10. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 16. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 22. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |
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| 5. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 12. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 18. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 24. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |
| 6. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 13. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 19. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | 25. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |
| 7. <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E |  |  |  |

### AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are Chapter 4715 of the Ohio Revised and Administrative Codes (Dental Practice Act). I have read the Ohio Dental Practice Act in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source. I further understand that in accordance with Chapter 4715 of the Ohio Revised Code, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon finding that the licensee or applicant has knowingly made misleading, deceptive, untrue or fraudulent representations in the practice of dental hygiene or on any document connected therewith.

Witnessed my signature, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

**Signature of Affiant**

Affirmed to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

**Notary Public**

My Commission Expires: \_\_\_\_\_ Notary Seal/Stamp