AGD FELLOWSHIP PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. Following administration of an inferior alveolar nerve block, what should be the clinician's routine next step concerning a buccal nerve block?

A. Both statements are TRUE

B. Both statements are FALSE

C. The first statement is TRUE; the second is FALSE

D. The first statement is FALSE; the second is TRUE

2. When mandibular permanent central incisors are erupting lingually to primary incisors, what should be the course of action?

A. Extract primary incisors at ages 6-7.

B. Extract primary incisors and lateral incisors.

C. Consider extraction if firm with full roots, by age 7 ½-8 ½.

D. Extract only if they are loose by age 7 ½-8 ½.

3. What characteristic of a tooth makes it best suited for use as an abutment?

A. Multi-rooted

B. Single rooted

C. Conically shaped root

D. Broader mesiodistally than labiolingually

4. Which of the following is a characteristic of the AGD Fellowship exam?

A. Focuses on patient management skills

B. Includes open-book testing

C. Only covers oral surgery topics

D. Consists of multiple-choice questions

5. Anesthesia of mandibular teeth in adults by the infiltration method is best achieved by which anesthetic?

A. 1.8 mL of Prilocaine 4% + epinephrine 1:100,000

B. 1.8 mL of Bupivacaine 0.5% + epinephrine 1:200,000

C. 1.8 mL of Mepivacaine 2% + levonordefrin 1:20,000

D. 1.8 mL of Articaine 4% + epinephrine 1:100,000

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6. A panoramic radiograph shows well-defined bone destruction appearing "punched out." This is consistent with which condition?

A. Gardner's syndrome

B. Multiple myeloma

C. Cementoblastoma

D. Nevoid basal cell carcinoma syndrome

7. What characterizes the articular disk in terms of vascular and nerve supply?

A. It is highly vascularized and innervated

B. It is generally devoid of nerves or blood vessels

C. It contains a rich supply of nerves but not blood vessels

D. It is poorly vascularized, but well innervated

8. What is a common feature of peripheral giant cell granuloma?

A. Non-painful raised growth

B. Often associated with HPV infection

C. Typically appears as a bluish mass

D. Frequently causes significant bone loss

9. In endodontics, which is the first step to take regarding a separated instrument?

A. Attempt to remove it immediately

B. Obturate the canal as it is

C. Assess the situation and decide on a plan

D. Fill the canal with biocompatible material

10. What type of questions does the AGD Fellowship exam primarily consist of?

A. Essay questions

B. Case studies

C. Multiple-choice questions

D. True or false questions

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Answers

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

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Explanations

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1. Following administration of an inferior alveolar nerve block, what should be the clinician's routine next step concerning a buccal nerve block?

A. Both statements are TRUE

B. Both statements are FALSE

C. The first statement is TRUE; the second is FALSE

D. The first statement is FALSE; the second is TRUE

In considering the administration of an inferior alveolar nerve block (IANB) and the subsequent steps regarding a buccal nerve block, it's essential to understand the relationship between these two procedures. After achieving anesthesia with an inferior alveolar nerve block, it is advantageous to follow up with a buccal nerve block if additional buccal soft tissue anesthesia is required, as IANB primarily anesthetizes the mandibular teeth and structures. The first statement, which may pertain to the immediate need or appropriateness of administering a buccal nerve block after IANB, would be considered incorrect if it implies that there is no need for further buccal anesthesia in that context. However, if the clinical scenario suggests that it is not routine practice to administer the buccal block immediately after the IANB, the first statement would rightly be deemed false. The second statement, which likely confirms the necessity or sequence of administering the buccal nerve block in such a situation, would be true if it indicates recommending the buccal block to ensure adequate anesthesia for procedures that involve buccal soft tissues. This step is typically an expectation based on the procedure being conducted and the areas needing anesthesia. Thus, the accurate interpretation leads to recognizing

2. When mandibular permanent central incisors are erupting lingually to primary incisors, what should be the course of action?

A. Extract primary incisors at ages 6-7.

B. Extract primary incisors and lateral incisors.

C. Consider extraction if firm with full roots, by age 7 ½-8 ½.

D. Extract only if they are loose by age 7 ½-8 ½.

When mandibular permanent central incisors are erupting lingually to primary incisors, the recommended course of action is to consider extraction if the primary incisors are firm and have fully developed roots, by the age of 7½ to 8½ years. This approach is based on the developmental timeline of the teeth and the implications for proper occlusion and alignment. The reason this option is appropriate is that it allows for evaluation of the primary teeth's mobility and root development. If the primary incisors are still firm, removing them prematurely could lead to issues with space management and potential dental crowding. Monitoring the primary teeth until the child reaches the specified age ensures that any decision made regarding extraction is based not only on the eruption of the permanent incisors but also on the readiness of the primary teeth to be lost naturally. In contrast, the other choices suggest more aggressive approaches, such as extracting the primary incisors indiscriminately or including adjacent teeth, which may not be necessary and could disrupt the established dental arch without proper justification. The emphasis on assessment of root maturity and timing ensures a more conservative and thoughtful strategy that prioritizes the child's dental health and development.

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3. What characteristic of a tooth makes it best suited for use as an abutment?

A. Multi-rooted

B. Single rooted

C. Conically shaped root

D. Broader mesiodistally than labiolingually

The characteristic that makes a tooth best suited for use as an abutment is its multi-rooted structure. Multi-rooted teeth, such as molars, provide greater support and stability due to their two or more roots that anchor securely into the jawbone. This increased surface area allows for a better distribution of forces, which is crucial when the abutment tooth must support a restoration or prosthetic device like a bridge. Additionally, the presence of multiple roots contributes to the tooth's resistance to lateral forces that can occur during chewing, reducing the risk of failure or loosening of the restoration. In contrast, single-rooted teeth, while they can still serve as abutments, do not offer the same level of support as multi-rooted teeth. Conically shaped roots may not provide adequate surface area for stability, especially under the forces exerted by dental appliances. The broader mesiodistally dimension can aid in providing stability, but it is still not as advantageous as the multi-rooted design in terms of overall support for an abutment tooth. Thus, the multi-rooted characteristic distinctly enhances the reliability and longevity of the dental restoration involved.

4. Which of the following is a characteristic of the AGD Fellowship exam?

A. Focuses on patient management skills

B. Includes open-book testing

C. Only covers oral surgery topics

D. Consists of multiple-choice questions

The AGD Fellowship exam is designed to assess a broad range of knowledge and competencies in various dental topics, and a key characteristic of this exam format is that it consists of multiple-choice questions. This format allows for a wide range of topics to be included, testing the candidate's knowledge in areas such as restorative dentistry, periodontics, endodontics, and more. The use of multiple-choice questions also facilitates a standardized method of assessment, enabling candidates to demonstrate their knowledge and decision-making skills within dentistry efficiently. The exam does not focus solely on patient management skills, nor does it specifically limit itself to oral surgery topics, which means it encompasses a wider array of dental practices. Additionally, it is not an open-book test, which is designed to ensure that candidates must rely on their knowledge and understanding of the material rather than referring to resources during the exam. Thus, the multiple-choice format stands out as a defining characteristic of the AGD Fellowship exam.

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5. Anesthesia of mandibular teeth in adults by the infiltration method is best achieved by which anesthetic?

A. 1.8 mL of Prilocaine 4% + epinephrine 1:100,000

B. 1.8 mL of Bupivacaine 0.5% + epinephrine 1:200,000

C. 1.8 mL of Mepivacaine 2% + levonordefrin 1:20,000

D. 1.8 mL of Articaine 4% + epinephrine 1:100,000

The use of Articaine 4% with epinephrine 1:100,000 is optimal for achieving anesthesia of the mandibular teeth through the infiltration method due to several key factors. Articaine is unique among local anesthetics because it has a higher lipid solubility and a smaller molecular weight compared to other common anesthetics, which enhances its ability to penetrate bone and soft tissue. This characteristic makes it particularly effective in anesthetizing the mandibular region, which often poses challenges due to the dense nature of mandibular bone. Additionally, the 4% concentration of Articaine provides a greater density of anesthetic agent at the site of infiltration, contributing to a more profound and quicker onset of anesthesia. The presence of epinephrine at a dilution of 1:100,000 serves to prolong the duration of anesthesia and minimize bleeding in the surgical field, further enhancing its efficacy in dental procedures. Other anesthetics presented in the options, while effective, do not possess the same penetrating capability or concentration profile that Articaine does, making them less effective choices for this specific application in adults.

6. A panoramic radiograph shows well-defined bone destruction appearing "punched out." This is consistent with which condition?

A. Gardner's syndrome

B. Multiple myeloma

C. Cementoblastoma

D. Nevoid basal cell carcinoma syndrome

The appearance of well-defined bone destruction that is described as "punched out" on a panoramic radiograph is most consistent with multiple myeloma. This type of lesion is characterized by the presence of osteolytic lesions, which are areas where bone density is lost due to the proliferation of abnormal plasma cells. In multiple myeloma, these lesions can occur in various locations throughout the skeleton and are often particularly pronounced in the skull, spine, and pelvis. The classic radiographic finding of these lesions is that they are well-defined, which distinguishes them from other conditions that may cause bone changes. The term "punched out" refers to the round, sharply circumscribed defects that can be easily identified on the radiograph. Understanding this radiographic appearance is crucial for diagnosis since other conditions may present with different bony lesions or patterns of destruction. In the context of the listed conditions, multiple myeloma is the only one that typically presents with this specific pattern of bone involvement.

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7. What characterizes the articular disk in terms of vascular and nerve supply?

A. It is highly vascularized and innervated

B. It is generally devoid of nerves or blood vessels

C. It contains a rich supply of nerves but not blood vessels

D. It is poorly vascularized, but well innervated

The articular disk, also known as the meniscus in some joints, is primarily characterized by its lack of blood vessels and nerve supply. This unique structure is composed of fibrocartilage, which is designed to facilitate smooth movement within the joint while providing support and stability. The absence of a vascular supply means that the articular disk relies on diffusion from the synovial fluid for nutrients and waste removal. This lack of blood supply is important for its function in joint mechanics, as it helps maintain a low-friction surface during movement. The articular disk also typically lacks a significant nerve supply, which is why it does not have the same level of sensation as other tissues in the body. This characteristic allows it to serve a supportive role without transmitting pain signals directly from damage to this structure. Understanding this lack of neural and vascular components is crucial, as it influences the healing capacity of the articular disk and informs clinical approaches to joint injuries and conditions affecting the disk.

8. What is a common feature of peripheral giant cell granuloma?

A. Non-painful raised growth

B. Often associated with HPV infection

C. Typically appears as a bluish mass

D. Frequently causes significant bone loss

A common feature of peripheral giant cell granuloma is that it presents as a non-painful raised growth. This lesion typically occurs in the gingival or edentulous areas and is often found in adults. The appearance is usually dome-shaped, and while it can vary in size, it typically does not cause discomfort to the patient, which distinguishes it from other oral lesions that may be painful. While other options may contain elements related to oral pathology, they do not accurately describe the characteristics of peripheral giant cell granuloma. For instance, this granuloma is not primarily associated with HPV infection, nor does it typically present as a bluish mass. Additionally, although it can cause localized bone resorption, it does not frequently result in significant bone loss as a characteristic feature. Understanding these distinctions can aid in the diagnosis and management of oral lesions effectively.

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9. In endodontics, which is the first step to take regarding a separated instrument?

A. Attempt to remove it immediately

B. Obturate the canal as it is

C. Assess the situation and decide on a plan

D. Fill the canal with biocompatible material

In the context of dealing with a separated instrument during endodontic treatment, the first step is to assess the situation and decide on a plan. This approach allows for a thorough evaluation of several critical factors, including the location of the separated instrument, the extent of the canal system involved, the condition of the tooth, and the overall treatment objectives. By taking the time to assess the situation, the clinician can determine the best course of action, whether that involves attempting to remove the instrument, leaving it in place based on its position, or considering other treatments such as creating a bypass or managing the case differently. This careful assessment is crucial, as it helps ensure that any subsequent actions taken do not compromise the outcome or exacerbate the situation. In contrast, attempting to remove the instrument immediately may lead to further complications, such as additional fracture or canal obstruction. Conversely, obturating the canal or filling it with biocompatible material without a thorough assessment could overlook significant issues that would affect the success of the treatment. Therefore, the strategic step of evaluating the case first is essential for effective endodontic management when encountering a separated instrument.

10. What type of questions does the AGD Fellowship exam primarily consist of?

A. Essay questions

B. Case studies

C. Multiple-choice questions

D. True or false questions

The AGD Fellowship exam primarily consists of multiple-choice questions. This format allows for a wide range of topics to be covered efficiently, testing candidates' knowledge on various aspects of general dentistry. Multiple-choice questions are beneficial in assessing specific knowledge areas, as they can present potential scenarios and ask for the best or most appropriate response, thereby evaluating the depth of understanding and critical thinking skills of the candidates. Furthermore, the use of multiple-choice questions aids in standardizing the assessment process. By providing a set list of possible answers, it allows for easier grading and comparison across candidates, which is essential for maintaining the integrity and reliability of the exam. This approach also facilitates quick feedback for those taking the exam, enabling them to identify areas of strength and weakness in their knowledge.

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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://agdfellowship.examzify.com

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

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