# National Examining Board for Dental Nurses Answer Sheet

## MARKING INSTRUCTIONS

- *Mark like this* ~~A~~
- *Use an HB pencil.*
- *Please do NOT tick, cross or circle*

Please write your centre and candidate number and code underneath.

*For example:*

| CENTRE NUMBER | | |
|---|---|---|
| 2 | 0 | 3 |

| CANDIDATE NEBDN NUMBER | | | | |
|---|---|---|---|---|
| 2 | 1 | 0 | 3 | 2 |

Name

Date of Birth

Examination

Date

| CENTRE NUMBER | | |
|---|---|---|
| | | |

| CANDIDATE NEBDN NUMBER | | | | |
|---|---|---|---|---|
| | | | | |

| | | | |
|---|---|---|---|
| 1 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 16 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 31 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 46 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 2 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 17 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 32 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 47 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 3 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 18 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 33 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 48 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 4 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 19 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 34 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 49 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 5 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 20 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 35 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 50 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 6 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 21 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 36 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 51 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 7 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 22 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 37 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 52 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 8 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 23 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 38 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 53 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 9 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 24 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 39 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 54 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 10 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 25 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 40 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 55 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 11 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 26 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 41 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 56 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 12 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 27 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 42 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 57 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 13 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 28 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 43 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 58 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 14 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 29 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 44 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 59 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |
| 15 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 30 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 45 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ | 60 ⊏A⊐ ⊏B⊐ ⊏C⊐ ⊏D⊐ |

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