

National Examining Board for Dental Nurses

Answer Sheet

MARKING INSTRUCTIONS

- Use HB pencil only
- Mark **T** for True
- Mark **F** for False

Please do **NOT** tick, cross or circle.

Please write your candidate NEBDN number and code underneath

For example:

9	8	2	5
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0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Name
Date of Birth
Examination
Date

CENTRE NUMBER		
-0-	-0-	-0-
-1-	-1-	-1-
-2-	-2-	-2-
-3-	-3-	-3-
-4-	-4-	-4-
-5-	-5-	-5-
-6-	-6-	-6-
-7-	-7-	-7-
-8-	-8-	-8-
-9-	-9-	-9-

CANDIDATE NEBDN NUMBER				
-0-	-0-	-0-	-0-	-0-
-1-	-1-	-1-	-1-	-1-
-2-	-2-	-2-	-2-	-2-
-3-	-3-	-3-	-3-	-3-
-4-	-4-	-4-	-4-	-4-
-5-	-5-	-5-	-5-	-5-
-6-	-6-	-6-	-6-	-6-
-7-	-7-	-7-	-7-	-7-
-8-	-8-	-8-	-8-	-8-
-9-	-9-	-9-	-9-	-9-

1	A	B	C	D	E	21	A	B	C	D	E
2	A	B	C	D	E	22	A	B	C	D	E
3	A	B	C	D	E	23	A	B	C	D	E
4	A	B	C	D	E	24	A	B	C	D	E
5	A	B	C	D	E	25	A	B	C	D	E
6	A	B	C	D	E	26	A	B	C	D	E
7	A	B	C	D	E	27	A	B	C	D	E
8	A	B	C	D	E	28	A	B	C	D	E
9	A	B	C	D	E	29	A	B	C	D	E
10	A	B	C	D	E	30	A	B	C	D	E
11	A	B	C	D	E	31	A	B	C	D	E
12	A	B	C	D	E	32	A	B	C	D	E
13	A	B	C	D	E	33	A	B	C	D	E
14	A	B	C	D	E	34	A	B	C	D	E
15	A	B	C	D	E	35	A	B	C	D	E
16	A	B	C	D	E	36	A	B	C	D	E
17	A	B	C	D	E	37	A	B	C	D	E
18	A	B	C	D	E	38	A	B	C	D	E
19	A	B	C	D	E	39	A	B	C	D	E
20	A	B	C	D	E	40	A	B	C	D	E