

**TABULATION OF SCALED SCORE
REMOVABLE PROSTHODONTICS**

FACTOR	EXAMINER A	EXAMINER B
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
TOTAL		
SCALED SCORE		

FINAL SCALED SCORE _____

I hereby certify the forgoing is true and correct.

Signature _____ **Date** _____

Rem Pros Scaled Score Conversions
9 scoring factors

Raw Score (x)	Scaled Score
45	100
44	99
43	97
42	96
41	94
40	93
39	92
38	90
37	89
36	87
35	86
34	85
33	83
32	82
31	81
30	79
29	78
28	76
27	75
26	74
25	72
24	70
23	68
22	66
21	65
20	63
19	61
18	59
17	57
16	55
15	53
14	51
13	49
12	48
11	46
10	44
9	42
8	40
7	38
6	36
5	34
4	33
3	31
2	29
1	27
0	25

Rem Pros Scaled Score Conversions
12 scoring factors

Raw Score (x)	Scaled score	Raw Score (x)	Scaled score
60	100	9	38
59	99	8	36
58	98	7	35
57	97	6	33
56	96	5	32
55	95	4	31
54	94	3	29
53	93	2	28
52	92	1	26
51	91	0	25
50	90		
49	89		
48	87		
47	86		
46	85		
45	84		
44	83		
43	82		
42	81		
41	80		
40	79		
39	78		
38	77		
37	76		
36	75		
35	74		
34	73		
33	71		
32	70		
31	68		
30	67		
29	66		
28	64		
27	63		
26	61		
25	60		
24	59		
23	57		
22	56		
21	54		
20	53		
19	52		
18	50		
17	49		
16	47		
15	46		
14	45		
13	43		
12	42		
11	40		
10	39		