



**“NOT FOR SALE”**

**PROFESSIONAL REGULATORY BOARD OF DENTISTRY**

**REVISED PROGRAM OF THE DENTISTS LICENSURE EXAMINATION (WRITTEN PHASE)  
ON MAY 4, 5 AND 6, 2026**

<b>DATE AND TIME</b>	<b>SUBJECTS</b>	<b>% WEIGHT</b>
<b><u>MONDAY, MAY 4, 2026</u></b>		
7:00 A.M. – 7:45 A.M.	<b>GENERAL INSTRUCTIONS AND FILLING OUT OF FORMS</b>	
8:00 A.M. – 10:00 A.M.	General and Oral Anatomy and Physiology	15%
11:00 A.M. - 1:00 P.M.	General and Oral Pathology, General and Oral Microscopic Anatomy and Embryology and Microbiology	15%
2:00 P.M. - 4:00 P.M.	Restorative Dentistry, Community Dentistry and Public Health	10%
<b><u>TUESDAY, MAY 5, 2026</u></b>		
8:00 A.M. – 10:00 A.M.	Fixed, Removable Partial, Complete Denture Prosthodontics and Dental Materials	10%
11:00 A.M. - 1:00 P.M.	Roentgenology, Oral Diagnosis and Oral Surgery	10%
2:00 P.M. - 4:00 P.M.	Anesthesiology and Pharmacology	10%
<b><u>WEDNESDAY, MAY 6, 2026</u></b>		
8:00 A.M. – 10:00 A.M.	Pediatric Dentistry and Orthodontics	10%
11:00 A.M. - 1:00 P.M.	Dental Jurisprudence and Ethics and Practice Management	10%
2:00 P.M. - 4:00 P.M.	Periodontics and Endodontics	10%
		<b><u>TOTAL</u></b> <b>100%</b>

**GENERAL INSTRUCTIONS**

1. Check or verify your school/building assignments at the PRC official website ([www.prc.gov.ph](http://www.prc.gov.ph)).
2. Report to the school/building assignment before 6:30 a.m on the first day of examination to verify your room and seat number. **Be punctual. Late examinees will not be admitted.**
3. **Examinees are required to wear their school uniform per Res. 311 dated MAY 18, 1994.**

4. Bring the following on the days of the examination
  - a. Notice of Admission
  - b. Two or more pencils (No. 2)
  - c. Regular ballpens (not sign pen, friction pen, or technical pen) with **BLACK** ink only and with transparent casing
  - d. One (1) piece long brown envelope
  - e. One (1) piece long transparent/plastic envelope (for keeping your valuables and other allowed items)
  - f. Packed snacks, meals, and necessary medications, including hygiene and sanitary kits in TRANSPARENT/CLEAR containers/cellophanes, with sufficient drinking water supply for the day. The proctors/room watchers shall not allow any person, including food delivery service, to give or distribute food to any examinees while the examination is in progress.
  
5. The following items are **STRICTLY PROHIBITED** inside the examination premises/rooms.
  - a. Books, notes, review materials, and other printed materials containing coded data/ information/formula.
  - b. **ALL KINDS OF CALCULATORS.**
  - c. **APPLE, SAMSUNG AND OTHER SMART WATCHES/EYEGLASSES (such as Ray-ban prescriptive Meta AI eyeglasses), CELLULAR PHONES, EAR PLUGS, TRANSMITTERS, PORTABLE COMPUTERS, BLUETOOTH AND OTHER ELECTRONIC GADGETS/DEVICES WHICH MAY BE USED TO STORE OR RETRIEVE DATA/INFORMATION AND/OR TO COMMUNICATE FOR WHATEVER PURPOSES.**
  - d. Bags of any kind (ladies bag, shoulder bags, attaché case, backpacks, etc.)
  - e. Other examination aids not stated in this program.

The rules on the conduct of bodily search, inspection of personal belongings of the examinees, and the seizure/confiscation of prohibited items during the licensure exam (Annex A of PRC Memorandum Order No. 57, s. 2020) shall be strictly observed.

6. Examinees and examination personnel are encouraged to observe the minimum health standards per DOH Circular No. 0324 (s. 2023)<sup>1</sup> throughout the conduct of the examination.
  
7. Read carefully and follow the instructions on your **NOTICE OF ADMISSION.**

**NOTE: PERSONAL BELONGINGS BROUGHT BY AN EXAMINEE SHALL BE FOR HIS/HER OWN ACCOUNT. THE PRC WILL NOT BE ANSWERABLE FOR ANY SUCH ITEM OR PERSONAL BELONGING THAT MIGHT BE LOST DURING THE EXAM WITHOUT FAULT OR NEGLIGENCE ON ITS PART.**

This supersedes examination program dated 10 March 2026.

Manila, Philippines  
March 31, 2026

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<sup>1</sup> Updated Health Protocols Following the Lifting of the COVID-19 Public Health Emergency

APPROVED:

  
**MERLIN A. GO, DMD**  
Chairperson

CERTIFIED CORRECT:

  
**ATTY. LOVELIKA T. BAUTISTA**  
Chief, PRB Secretariat Division

**PROCEDURE ON THE CONDUCT OF THE BODILY SEARCH,  
INSPECTION OF PERSONAL BELONGINGS OF THE EXAMINEES  
AND THE SEIZURE/CONFISCATION OF PROHIBITED ITEMS  
DURING THE LICENSURE EXAM**

All examination personnel, with the assistance of the representatives from law enforcement agencies, shall conduct a bodily search and inspection of the personal belongings of the examinees, subject to the following guidelines:

1. The least intrusive means of search or inspection shall be employed, either thru visual inspection, use of metal detectors, x-ray/scanners, weighing scale for calculators, rods/sticks (instead of bare hands). Bodily searches may involve physical contact but only if reasonably necessary to complete the search, i.e. if mere visual search is not sufficient to achieve the purpose of the search as when needed to check for hidden prohibited articles/items. Should physical contact be necessary, the same must always be carried out by examination personnel of the same sex.
2. The examinee, in the course of the bodily search, may be requested to remove certain pieces of his/her clothing (e. g. jackets, shoes, belts, eyeglasses, etc.) but only as far as necessary and proportionate to the purpose of the search. In no case shall the conduct of bodily search be too intrusive or excessive.
3. The bodily search should be done privately, if the examinee so requests or if deemed necessary under the circumstances.

For Muslim woman examinees, they shall be required to momentarily remove their face veils (*niqab*) for verification purposes. This procedure shall be done in seclusion or privately, with the assistance of an examination personnel or the assigned Floor or Building Supervisor, who must also be a female.

4. In all cases, the examinees must be informed of the purpose of the search. The NOA and the Board Examination Program must bear a stipulation that the examinee submits and agrees to the inspection of his/her person and belongings, and that in case prohibited items are found in his/her possession, the same shall be placed in the custody of the Commission for investigation purposes.
5. Manual opening of the calculators may only be resorted to if there is a well-founded belief or suspicion that the calculator is or will be used for illegal purpose (e.g. if with tampered or broken seal, or if the same appears to be heavier than the ordinary or with an unusual display or configuration).
6. The search or inspection herein described shall be conducted before the start of the exam and may be repeated at any time thereafter, if deemed necessary.
7. All prohibited items shall be seized/confiscated. The seized/confiscated item/s shall be marked with proper identification by the examination personnel concerned. The examination personnel shall prepare an incident report, using the prescribed template, for submission to the Board.

No seized/confiscated item shall be returned to the examinee until the decision on the case shall have become final and executory.



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

July 23, 2023

**DEPARTMENT CIRCULAR**  
No. 2023- 0324

**TO: ALL DEPARTMENT UNDERSECRETARIES AND ASSISTANT SECRETARIES; MINISTER OF BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (BARMM); CENTERS FOR HEALTH DEVELOPMENT, BUREAU AND SERVICE DIRECTORS; SPECIAL AND SPECIALTY HOSPITAL DIRECTORS; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND OTHER CONCERNED OFFICES**

**SUBJECT: Updated Health Protocols following Lifting of the COVID-19 Public Health Emergency**

On July 21, 2023, the President declared the lifting of the Public Health Emergency throughout the Philippines due to COVID-19 through Proclamation No. 297. In light of this, the Department of Health (DOH) clarifies the following changes in the COVID-19 protocols:

**Table 1. Updated protocols on Minimum Public Health Standards**

<b>PROTOCOLS</b>	<b>FROM</b>	<b>TO</b>
Masking	Required in healthcare facilities, medical transport vehicles, and public transportation	<b>For Health Facilities</b> While no longer mandated, the DOH <u>recommends</u> retention of the mandatory use of masks in health facilities to protect vulnerable patients and reduce nosocomial infection. Infection Prevention and Control Committees (IPCC) of health facilities can choose to retain mandatory masking and issue specific guidelines applicable to their facility.  For all other stationary or mobile healthcare providers without IPCC, DOH still <u>recommends</u> masking to be continued.

PROTOCOLS	FROM	TO
	<p>Mask wearing recommended for</p> <ul style="list-style-type: none"> <li>● Elderly;</li> <li>● Individuals with comorbidities;</li> <li>● Immunocompromised individuals;</li> <li>● Pregnant women;</li> <li>● Unvaccinated individuals; and</li> <li>● Symptomatic individuals</li> </ul>	<p><b>For Public Transportation</b> Wearing masks is no longer mandatory but not prohibited, especially for those who wish to protect themselves and others from COVID-19 or other respiratory infections.</p> <p>Mask wearing still recommended especially in crowded or poorly ventilated public spaces for:</p> <ul style="list-style-type: none"> <li>● Elderly;</li> <li>● Individuals with comorbidities;</li> <li>● Immunocompromised individuals;</li> <li>● Pregnant women;</li> <li>● Unvaccinated individuals; and</li> <li>● Symptomatic individuals.</li> </ul>
Minimum Public Health Standards	Good hygiene, frequent hand washing, observance of physical distancing, and good ventilation	Good hygiene, frequent hand washing, and good ventilation; especially in situations where close interaction with vulnerable populations cannot be avoided such as the elderly population, those with comorbidities and immunocompromised individuals.
Vaccination	Recommended	Recommended

As to clinical guidelines, the following are the updated *recommendations* informed by the Philippine COVID-19 Living Recommendations, World Health Organization, U.S. Centers for Disease Control and Prevention (CDC) and recommended by the members of the DOH Scientific Advisory Group of Experts for Emerging and Re-Emerging Infectious Diseases (EREID SAGE). As with all other diseases, patients are advised to consult their health care provider, most especially if presenting with moderate to severe symptoms.

The DOH also reiterates that neither repeat testing (showing a negative COVID-19 test) nor requiring medical certificates are required for resumption of work or entrance to school.

**Table 2. Updated masking, quarantine and isolation protocols**

	<b>Masking / Quarantine / Isolation Protocols</b>
<b>Asymptomatic close contact exposed to confirmed COVID-19 positive individual</b>	<ul style="list-style-type: none"> <li>• No need to quarantine; and</li> <li>• Wear a well-fitted face mask for 10 days.</li> </ul>
<b>Asymptomatic but confirmed COVID-19 positive case</b>	<ul style="list-style-type: none"> <li>• Home isolation for <b>5 days <u>OR</u></b> until afebrile/fever-free for <b>at least 24 hours</b> without using antipyretics (e.g., Paracetamol) and with improvement of respiratory symptoms, whichever is earlier; and</li> <li>• Wear a well-fitted face mask for <b>10 days</b>.</li> </ul> <p><i>Note:</i> Isolation may be shortened upon the advice of your healthcare provider.</p>
<b>Confirmed COVID-19 positive case with mild symptoms OR individuals with acute respiratory symptoms</b>	
<b>Confirmed COVID-19 positive case with moderate to severe symptoms, OR immunocompromised</b>	<ul style="list-style-type: none"> <li>• Isolation for at least <b>10 days</b> from onset of signs and symptoms <b>following advice of the attending physician, including whether to be admitted in a health care facility;</b> and</li> <li>• Wear a well-fitted face mask for <b>10 days</b>.</li> </ul> <p><i>Note:</i> For severe disease and immunocompromised, discontinue isolation only upon the advice of your healthcare provider.</p>

Whilst the state of public health emergency has already been lifted, the health sector shall continue to remain vigilant to ensure adequate health system capacity in the event that it is required. Continued surveillance is necessary to minimize the risk of outbreaks and/or severe disease in settings with high-risk individuals. Regarding modifications in surveillance, reporting and public risk communication, please refer to the table below:


**Table 3. Reporting and Risk Communication**

<b>PROTOCOLS</b>	<b>FROM</b>	<b>TO</b>
Surveillance	COVID-19 surveillance as a stand-alone surveillance system	COVID-19 surveillance protocols (case definitions, confirmatory testing, whole genome sequencing, case investigation forms, etc.) shall continue to be implemented until its integration into the <b>pilot pan-respiratory surveillance system by Q4 2023</b> .
Disease Reporting Unit reporting to the	Mandatory reporting of all cases and laboratory results	Continue mandatory reporting of cases and laboratory results to

PROTOCOLS	FROM	TO
DOH		official information systems.
DOH reporting to the public	<ul style="list-style-type: none"> <li>● Weekly case bulletins are released</li> <li>● DOH COVID-19 tracker updated daily</li> </ul>	<ul style="list-style-type: none"> <li>● Weekly to include other notifiable diseases</li> <li>● Weekly to include other notifiable diseases</li> </ul>

Finally, updated guidelines for incoming travelers (e.g. vaccination, testing, and isolation/quarantine requirements), issuance of vaccine certificates, implementation of the eTravel Pass, and the COVID-19 Alert Level System will be issued by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) through the concerned agencies.

For dissemination and strict compliance of all concerned.



**TEODORO J. HERBOSA, MD**  
Secretary of Health